



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Includes handwritten note: Log # O-000982-12

Licensee/Titulaire de permis

COMMUNITY LIFECARE INC 1955 Valley Farm Road, 3rd Floor, PICKERING, ON, L1V-1X6

Long-Term Care Home/Foyer de soins de longue durée

COMMUNITY NURSING HOME (ALEXANDRIA) 92 CENTRE STREET, ALEXANDRIA, ON, K0C-1A0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the maintenance/housekeeping/laundry Manager, one Registered Nurse(RN), two Registered Practical Nurses(RPN) and several Home Support Workers(PSW)

During the course of the inspection, the inspector(s) reviewed the resident health care records and reviewed the Housekeeping task list.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10 s. 33 (1) in that resident #1 did not receive a bath at a minimum of twice a week between the period of March 31, 2012-July 31, 2012.

The daily monitoring sheet filed by the PSW indicated that resident#1 did not receive a bath twice a week on the following weeks:

March 31, April 14, May 12, May 26, June 16, June 30, July 7 and July 14, 2012.

It is documented in the bathing survey signed on April 1, 2011, that resident#1 requested to receive a bath twice a week. The informant expressed concerns because resident #1 baths are often cancelled for a variety of reasons, which were identified to have been reported by staff to resident, which includes: bath are cancelled as there is no hot water, or the tub is leaking, or they are short staff.

Discussion with the Director of Care(DOC)who indicated that she was aware that bahts were cancelled as they were short of staff at time.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids
Specifically failed to comply with the following subsections:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :



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The licensee has failed to comply with O. Regs 79/10 s. 37. (1) (a) in that the home did not ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, labelled within 48 hours of admission and of acquiring, in the case of new items.

On October 11, 2012, in the afternoon, the tub room was inspected by Inspector#126. A used, unlabelled anti-perspirant was observed on a shelf in the tub room. Discussion with several Personal Support Workers and no one new who the anti-perspirant belong to. The PSW's indicated that the new bath nursing staff started today. The bath nursing staff could not recall who the anti-perspirant belong to and stated that she did not use it today on any resident.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,
 - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
- (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
 - (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
 - (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
 - (iii) contact surfaces;
- (c) removal and safe disposal of dry and wet garbage; and
- (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

The licensee has failed to comply with O. Regs 79/10 s. 87. (2) (a) in that the licensee did not implement cleaning of the home especially in resident#1 bedroom, the bedside table was noted to have a dust build up on top of the table surface. On October 11, 2012 around 13:30 in resident #1 bedroom it was noted that there was a dust build up on the resident bedside table surface and that it was not dusted for several days. Discussion with the Administrator and the Housekeeping Manager and they indicated that the expectation is that the bedside table should be free of dust build up.

Issued on this 16th day of October, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs