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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
February 14, 2011	2011-120-1056-28FEB141817	H-00387 – Other

Licensee/Titulaire

Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga ON L5R 4B2

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

Dover Cliffs, 501 St. George St., Port Dover, ON, N0A 1N0

Name of LTC Homes Inspector(s)/Nom de l'inspecteur(s) de les foyer de soins de longue duree

Bernadette Susnik – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to address areas of non-compliance identified during a tour of the home following the submission of a critical incident related to a burst water pipe.

During the course of the inspection, the above noted inspector spoke with the Administrator, Maintenance Manager and Director of Care. During the course of the inspection, resident rooms, washrooms, bathing rooms and common areas such as dining rooms and lounges were also inspected.

The following Inspection Protocols were used during this inspection:

- *Safe and Secure Home*
- *Accommodation Services - Maintenance*
- *Infection Prevention and Control*

Findings of Non-Compliance were found as a result of this inspection. The following action was taken:

5 WN
5 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activities

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: ***The licensee has failed to comply with O. Reg. 79/10, s. 23.*** Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

Findings:

Mechanical lift slings are not inspected for wear and condition, prior to each use, according to the manufacturers' instructions. Numerous slings were identified with worn out tags that could not be read. According to the sling manufacturer (Arjo), the tags are to display the date of manufacture and on some types of slings, will also display the size and make of the sling. Five slings were identified where the label was completely worn and the size of the sling could not be determined. 5 slings were identified with a year of 2005 on the label. According to the manufacturer, slings are to be removed from circulation after a specified period of time (approx. 5 years) and when the tag labels become worn.

No documentation, schedules or procedures could be provided to determine if the slings are part of a routine inspection process as per manufacturer's instructions.

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance in respect to ensuring that staff use all equipment and supplies in the home in accordance with manufacturers' instructions.

WN#2: ***The licensee has failed to comply with O. Reg. 79/10, s. 91.*** Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labeled properly and are kept inaccessible to residents at all times.

Findings:

1. The tub room door on the first floor was left unlocked prior to lunch and the door was found wide open after lunch. The room contained bottles of disinfectant in an open area, easily accessible to residents.
2. The medication/supply room was left unlocked on the 2nd floor in the morning on Feb. 14th. The room contained numerous types of antiseptics and disinfectants.

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance in respect to ensuring that all

hazardous substances at the home are kept inaccessible to residents at all times, to be implemented voluntarily.

WN#3: *The licensee has failed to comply with O. Reg. 79/10, s. 90(2)(g), (h) and (k).*

The licensee shall ensure that procedures are developed and implemented to ensure that,

90(2)(g) the temperature of the water serving all bathtubs, showers and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature; and

90(2)(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius; and

90(2)(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

Findings:

The home's water temperature logs for Dec. 2010, Jan. 2011 and Feb.2011 were reviewed. Many temperatures were missing, some of the recorded temperatures exceeded 49C with no follow-up action documented in the log and the reasons for the high temperatures were not explored.

Dec. 2010 - 10 shifts missing, 5 shifts identified water over 49C and only 1 follow-up note.

Jan. 2011 - 7 shifts missing for dates 1,14,16,22,28,29 and 30th (all on nights). Water temperatures spiked over 49C on the 26, 27 and 28th on the evening shifts. Follow-up not identified for all of these occurrences.

Feb. 2011 - 7 shifts missing for dates 2D, 2E, 6D, 6E, 7D, 7E, 12N, 13D, 13E, 13N. The N (night) shift temperature for February 14th, 2011 was already found to be logged as 49.7C. Water temperatures were recorded between 51.3 and 53.9C on various evening shifts in Feb. 2011 with no follow-up action noted.

The thermometer used to record the water temperatures was noted to be out of calibration by 3.3C. Therefore temperatures taken with this thermometer are not accurate and indicate higher than actual temperatures.

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance in respect to ensuring that the temperature of the water serving all bathtubs, showers and hand basins used by residents does not exceed 49 degrees Celsius, that immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius; and the water temperature is monitored once per shift in random locations where residents have access to hot water, to be implemented voluntarily.

WN#4: *The licensee has failed to comply with O. Reg. 79/10, s. 229(4).* The licensee shall ensure that all staff participate in the implementation of the program.

Findings:

The home has developed instructions for staff to use a sanitizer on washbasins and bedpans after cleaning. Signage dated Feb. 6/06 was found to be posted in the 1st floor soiled utility room along with a D10 sanitizer dispensing unit (hanging on the wall) for spray bottle refilling etc. According to the Provincial Diseases

Advisory Committee "Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in all Health Care Facilities", D10 sanitizer is not a disinfectant. The product to be used on articles such as washbasins are to receive disinfection with a low level disinfectant, and not a sanitizer which is used in the food service industry on dishes and food contact surfaces.

The cleaning and disinfection of re-useable personal articles such as bedpans and washbasins are not being conducted after each use, preventing the spread of micro-organisms. According to the Director of Care (DOC), staff are not monitored with respect to cleaning and disinfection procedures.

A number of the washbasins were noted to have been recycled, with old masking tape stuck to the exterior surface of the article. Some of the names were still visible from previous residents.

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance in respect to ensuring that all staff participate in the infection prevention and control program, to be implemented voluntarily.

WN#5: *The licensee has failed to comply with the LTCHA 2007, S.O. 2007, c.8, s. 15(2)(c).* Every licensee of a long-term care home shall ensure that,

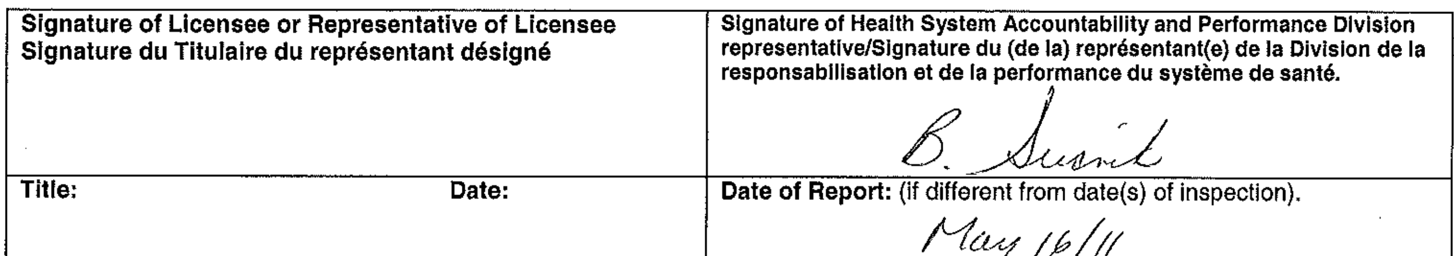
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. Numerous shelving units located in resident rooms or washrooms noted to be worn down to the particle board, which is not smooth and easy to clean.
2. Very loose toilet seats identified in 2 resident washrooms.
3. A resident bed frame noted to be rusty in 1 resident room.
4. The flooring material is split at the seam, running the width of the room near the fire separation doors on the first floor near the nurses' station.
5. An electric Hill Rom bed noted in one resident room has bed rails that do not comply with Health Canada's "*Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards*". This bed also has a 5 inch gap between the mattress and the footboard. Two beds were identified to have mattresses that are of an inappropriate length for the bed (mattress was bunched up at the foot and head boards). A bed in one reoom has had both bedrails removed and the mattress slides side to side.

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, in respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.



Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** B. Susnik
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). May 16/11