



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 2, 2013	2013_204133_0018	S-000223- 13, S- 000224-13	Complaint

Licensee/Titulaire de permis

**VALLEY EAST LONG TERM CARE CENTRE INC.
689 YONGE STREET, MIDLAND, ON, L4R-2E1**

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

**ELIZABETH CENTRE
2100 Main Street, Val Caron, ON, P3N-1S7**

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): July 17th 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered and Non Registered Nursing staff, a lead hand for the environmental services program, a member of the housekeeping services department and a resident.

During the course of the inspection, the inspector(s) reviewed a critical incident report, reviewed documentation related to this reported incident, reviewed components of a residents health care record, reviewed housekeeping audits for December 2012 and February 2013- June 2013.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance**

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 90 (2)(d) in that while a procedure has been developed and implemented, the procedure has failed to ensure that a resident's toilet was kept free of cracks.

As was reported in a Critical Incident Report, and as per documentation obtained during the inspection, July 17 2013, resident #001 slipped on water on their bathroom floor on a day in May 2013 and sustained a serious injury. Resident #001 subsequently underwent surgery. The fall occurred at approximately 23:25hrs. Earlier that night, at approximately 21:00hrs, nursing staff had noted that the resident's toilet was leaking and that there was approximately 2 inches of water on the floor. The water was turned off, yet water continued to leak onto the floor. It is reported that eventually the water appeared to stop and nursing staff cleaned up the water with mops, buckets and towels. While this was occurring, nursing staff contacted the on call Nurse Manager who authorized staff to contact the home's Environmental Services Manager (ESM), for guidance and direction on how to proceed. The ESM could not be reached, and the on call Nurse Manager, a new employee at the time, did not become involved or provide direction apart from authorizing the call to the ESM. At 23:25hrs, on a day in May 2013, two Registered Nurses (RNs) heard resident #001 calling out. Resident #001 was found lying on the bathroom floor. Water was observed on the floor, including under the vanity. Resident #001 told the RNs that they had used the toilet and when they got up, they then slipped in the water. During the inspection, on July 17 2013, the Administrator informed the inspector that the toilet tank had cracked, and although nursing staff though they had resolved the problem, it appears that some water leakage continued until the tank was completely emptied. The Director of Care (DOC) confirmed, to the inspector, that nursing staff did not return to the resident's bathroom to check the floor after the situation initially appeared to have been resolved.

Following the incident, a new algorithm to guide on call Nurse Managers, when they are contacted by staff with a concern about issues such as floods, complaints, gas leaks, temperature variances and faulty equipment, was created. As well, a new process was created specifically for the event of a toilet failure. The process, provided to the inspector by the Administrator, was posted in clean utility rooms at the time of the inspection. It is titled "In the Event of a Toilet Failure – Steps to Follow to Manage Resident Safety". The Administrator explained that a focus of this new process is that staff are to regularly return to a site where there has been a water issue to ensure that water has not returned. The inspector spoke with two registered nursing staff



members and one non registered nursing staff member (#S100-#S102) and they did not demonstrate an awareness of this requirement. The inspector asked the DOC how this new process has been communicated to staff, and was informed that posting the process in clean utility rooms has been the main method of communication. The DOC indicated that further communication strategies were being planned for.

During the inspection, July 17th 2013, the inspector spoke with the lead hand for the environmental services program and ascertained that each month, one quarter of the resident bedrooms are formally audited by the lead hand or by the environmental services manager. Item # 5 on the audit asks "are sinks and toilets free of hard water build up and in good repair?". Prior to the incident, resident #001's bedroom was last formally audited in December 2012, and no concerns were identified with regards to the repair of the toilet. The lead hand also indicated to the inspector that housekeeping staff are expected to observe the overall condition of a toilet when they are cleaning it.

Although a procedure has been developed and implemented, the procedure failed to ensure that resident #001's toilet was kept free of cracks. As a result, resident #001 slipped on water on their bathroom floor, which was there because of a crack in their toilet, on a night in May 2013. Resident #001 sustained serious injury, and required surgery as a result of their fall. [s. 90. (2) (d)]

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 with the requirement that residents toilets are maintained and kept free from corrosion and cracks, to be implemented voluntarily.



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Issued on this 2nd day of August, 2013

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

Jessica Jopenseé