



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
 Direction de l'amélioration de la performance et de la conformité

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Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input checked="" type="checkbox"/> Copie de la Publique	
Date(s) of inspection/Date de l'inspection July 15, 16, & 19, 2010		Inspection No/ d'inspection 2010_101_2723_15Jul 100433	Type of Inspection/Genre d'inspection Follow-up
Licensee/Titulaire Fairview Nursing Home Limited			
Long-Term Care Home/Foyer de soins de longue durée Fairview Nursing Home 14 Cross Street, Toronto ON M6J 1S8			
Name of Inspector(s)/Nom de l'inspecteur(s) Amanda Williams			
Inspection Summary/Sommaire d'inspection			

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 constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de la Loi de 2007 sur les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 sur les foyers de soins de longue durée* à trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

The purpose of this inspection was to conduct a Follow-up inspection in respect to previously identified unmet standards and criteria as per the Long Term Care Program Manual.

The inspection was conducted by 1 inspector identified above. The inspection occurred on July 15, 16, & 19, 2010.

During the course of the inspection, the inspector(s) spoke with:
The members of the management team that included the Administrator, Director of Care, Care Coordinators, Food Service/Environmental Services Manager, Laundry and Maintenance Manager; Registered Nursing staff, Personal Support Workers and Housekeeping staff.

The following Inspection Protocols were used in part or in whole during this inspection:

- Safe and Secure
- Infection Prevention and Control
- Accommodation- Housekeeping
- Accommodation- Laundry
- Personal Support Services

3 Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

18 Findings of Non-Compliance were found during this inspection. The following action was taken:

18 WN

7 VPC

10 CO: CO#001, #002, #003, #004, #005, #006, #007, #008, #009, #010

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Plan of correction/Plan de redressement

DR – Director Referral/Régisseur envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités



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 constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN#1: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.15(2)(c):
Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.**

Findings:

1. Resident bed frames and bed rails were observed to be rusted in the following rooms:
 - 309-2;
 - 204-2 (L)
 - 106-2 (R)
 - 105-2(L)
 - 102-1(R)

VPC- Pursuant to LTCHA, 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 s. 15(2)(c) in respect to ensuring all resident beds and furnishings are kept in good repair. This is implemented voluntarily.

Inspector ID#: 101

Required Compliance Date: October 29, 2010

**WN#2: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.5
Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.**

Findings:

1. Protruding bed cranks were observed in the following rooms creating potential trip hazards:
 - Room 306 (4)/ Bed 2 (R)
 - Room 205(4)/ Bed 1 (L)
 - Room 206 (2)/ Bed 1
2. The elevator door sensor was observed to be inoperable, therefore causing the door to not detect motion and close on any obstruction (i.e. a resident, walker, cane, cart, etc).
3. The Home's front doors are difficult and unsafe for independent, non-ambulatory residents to enter and exit the building.
 - July 16, 2010- an ambulatory resident was observed to assist a wheelchair dependent resident out of the building as they were struggling with the door.
 - July 19, 2010- The office manager- Flo was observed to assist a resident out of the building because they were struggling to maneuver out of the building. Earlier in the day a visitor to the building was observed to assist a wheelchair dependent resident into the building.
4. Bed rails in the up position were not latched securely.
 - Room 307-1(L)
 - Room 312-2
 - Room 312-1
5. One identified bed rail did not latch securely because the latch was broken.
 - Room 307 Bed 1 (L)
6. The following resident beds had zones of entrapment 6 & 7 as per Health Canada's Guidance Document entitled "*Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability,*

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 constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

and Other Hazards":

- Room 309-2 (Zone 6)
- Room 312-2 (Zone 6)
- Room 205-1 (L) (both zones 6 & 7)
- Room 207-2 (Zone 6)
- Room 207-1 (Zone 7)
- Room 208-1 (Zone 6)
- Room 105-2(R) (Zone 7)
- Room 105-1 (L) (Zone 6)

Inspector ID#: 101

Required Compliance Date: September 17, 2010

Compliance Order #001, #002 and #003 will be served on the Licensee.

WN#3: The Licensee has failed to comply with: O.Reg.79/10, s. 129(1)(a)(ii)

Every licensee of a long-term care home shall ensure that, drugs are stored in an area or a medication cart, that is secure and locked.

Findings:

1. A stackable plastic container with resident prescribed treatment creams was left outside the medication room, unattended and accessible to residents on the 3rd floor at ~ 10:00 AM on July 19, 2010.

Inspector ID#: 101

Required Compliance Date: Immediately

Compliance Order # 003 will be served on the Licensee.

WN#4: The Licensee has failed to comply with: O.Reg.79/10, s. 15(1)(b)

Every licensee of a long-term care home shall ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment;

Findings:

1. Zones 6 & 7 as per Health Canada's Guidance Document entitled "*Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards*" were identified throughout the home on the following resident beds:
 - Room 309-2 (Zone 6)
 - Room 312-2 (Zone 6)
 - Room 205-1 (L) (both zones 6 & 7)
 - Room 207-2 (Zone 6)
 - Room 207-1 (Zone 7)
 - Room 208-1 (Zone 6)
 - Room 105-2(R) (Zone 7)



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

Le suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 sur les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur la *Loi de 2007 sur les foyers de soins de longue durée* a été trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

- Room 105-1 (L) (Zone 6)

VPC- Pursuant to LTCHA, 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 s. 15(1)(b) in respect to ensuring all resident beds are free from entrapment zones. This is implemented voluntarily.

Inspector ID#: 101

Required Compliance Date: Immediately

Compliance Order #001 and #005 will be served on the Licensee.

WN#5: The Licensee has failed to comply with: O.Reg.79/10, s. 15(1)(c)

Every licensee of a long-term care home shall ensure that where bed rails are used, other safety issues related to the use of bed rails are addressed, including height and latch reliability.

Findings:

1. Bed rails in the up position were not latched securely.
 1. Room 307-1(L)
 2. Room 312-2
 3. Room 312-1
2. One identified bed rail did not latch securely because the latch was broken.
 - Room 307 Bed 1 (L).

VPC- Pursuant to LTCHA, 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 s. 15(1)(c) in respect to ensuring resident bed rails are securely latched when in the up position. This is implemented voluntarily.

Inspector ID#: 101

Required Compliance Date: Immediately

Compliance Order #006 will be served on the Licensee.

WN#6: The Licensee has failed to comply with: O.Reg.79/10, s. 229(3)

The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

- a) infectious diseases;
- b) cleaning and disinfection;
- c) data collection and trend analysis;
- d) reporting protocols; and
- e) outbreak management.

Findings:

1. The licensee has not designated an infection control coordinator who has education and experience in all the infection prevention and control practices outlined above.



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 constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

Inspector ID#: 101
Required Compliance Date: October 29, 2010

WN#7: 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:

1. PSW conducted care and clean-up with one pair of gloves, then carry soiled items, uncovered down hallway for disposal while pushing clean cart with other hand.

VPC- Pursuant to LTCHA, 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 s.229(4) in respect to ensuring all staff are aware of and practice measures to prevent the spread of infection in the Home. This is implemented voluntarily.

Inspector ID#: 101
Required Compliance Date: August 30, 2010

WN#8: The Licensee has failed to comply with: O.Reg.79/10, s. 229(5)
The licensee shall ensure that on every shift,

- (a) **The licensee shall ensure that on every shift, symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and**
- (b) **The licensee shall ensure that on every shift, the symptoms are recorded and that immediate action is taken as required.**

Findings:

1. Staff are unaware of ongoing and resolved infections of residents and;
 - a) The Home's current communication tool for identifying and communicating infections in the home to staff and visitors is inaccurate. This is evidenced by the following:
 - An identified isolation precaution sign was posted on a resident's room door, however supporting documentation to identify the status and type of infection present was not available.
 - A resident with a previous identified infection did not have appropriately isolation precaution signage present nor current status of infection present in the residents' chart. As a result there is no clear direction to staff, visitors and family regarding required isolation precautions if necessary.

VPC- Pursuant to LTCHA, 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 s. 229(5) in respect to ensuring staff are educated and aware of active and resolved infections in the Home. This is implemented voluntarily.

Inspector ID#: 101
Required Compliance Date: August 30, 2010



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 constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 sur les foyers de soins de longue durée.

Non-respect avec les exigences sur la *Loi de 2007 sur les foyers de soins de longue durée* à trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN#9: The Licensee has failed to comply with: O.Reg.79/10, s.229(9)

The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents.

Findings:

1. The home has completed a recognized hand hygiene program- "Just Clean Your Hands"; however the program has not been implemented.

Inspector ID#: 101

Required Compliance Date: October 29, 2010

WN#10: The Licensee has failed to comply with: O.Reg.79/10, s. 87(2)(a)

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

Findings:

1. Heavy dirt and wax build-up was noted on the floor in the following areas:
 - activity room floor,
 - non-residential areas such as staff lunch room and changing rooms;
 - 2nd floor corridor and resident rooms
2. The floor care schedule is not being followed. The home is currently behind schedule.
3. A shower chair in the 3rd floor tub room was soiled with feces on July 19, 2010.

Inspector ID#: 101

Required Compliance Date: August 27, 2010

Compliance Order #007 will be served on the Licensee.

WN#11: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 15(2)(a), Every licensee

of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary.

Findings:

1. Three resident rooms had soiled therapeutic mattresses present.
2. Four resident rooms had soiled privacy curtains present.



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

Le suivant constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

Inspector ID#: 101
Required Compliance Date: Immediately

Compliance Order #008 will be served on the Licensee.

WN#12: The Licensee has failed to comply with: O.Reg.79/10, s. 87(2)(d)
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, addressing incidents of lingering offensive odours.

Findings:

1. Lingering pervasive odours were noted in identified areas of the Home July 16, 2010 and July 19, 2010. Odours were noted to permeate from identified residents, surfaces and rooms.

VPC- Pursuant to LTCHA, 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 s. 87(2)(d) in respect to ensuring lingering, pervasive odours are identified and addressed promptly. This is implemented voluntarily.

Inspector ID#: 101
Required Compliance Date: August 27, 2010

WN#13: The Licensee has failed to comply with: O.Reg.79/10, s.87(3)
The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

Findings:

1. No disinfectant was present for cleaning and disinfecting of shared personal care equipment between resident uses was noted in the 3rd floor Tub Room July 15, 2010.

Inspector ID#: 101
Required Compliance Date: Immediately

Compliance Order #009 will be served on the Licensee.

WN#14: The Licensee has failed to comply with: O.Reg.79/10, s.89(1)(a)(iii)
As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, procedures are developed and implemented to ensure that, residents' soiled clothes are collected, sorted, cleaned and delivered to the resident,

Findings:

1. Three resident wardrobe closets had misplaced articles present within them.



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 constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

2. Three resident wardrobes had unlabelled articles present within them.

Inspector ID#: 101
Required Compliance Date: August 27, 2010

Compliance Order #010 will be served on the Licensee.

WN#15: The Licensee has failed to comply with: O.Reg.79/10, s. 9.1.ii
Every licensee of a long-term care home shall ensure that the following rules are complied with: All doors leading to stairways and the outside of the home must be, equipped with a door access control system that is kept on at all times,

Findings:

1. The Home's emergency exit doors do not have an access control device present on their doors.

Inspector ID#: 101
Required Compliance Date: November 30, 2010

WN#16: The Licensee has failed to comply with: O.Reg.79/10, s. 9.2
Every licensee of a long-term care home shall ensure that the following rules are complied with: All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

Findings:

1. The doors leading to the Home's non-residential area (i.e. the area leading to the laundry room, maintenance shop and north stairwell) is not equipped with locks to restrict unsupervised access to the area by residents.

Inspector ID#: 101
Required Compliance Date: November 30, 2010

WN#17: 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 labelled properly and are kept inaccessible to residents at all times.

Findings:

1. A housekeeping cart with a chemical accessible to residents was left unattended on the 3rd floor on July 15, 2010.

VPC- Pursuant to LTCHA, 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 s. 91 in respect to ensuring chemicals are kept inaccessible to residents when not in use. This is implemented voluntarily.



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

Le suivant constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

Inspector ID#: 101
Required Compliance Date: Immediately

WN#18: The Licensee has failed to comply with: O.Reg.79/10, s. 92(2)(b)
The designated lead must have, knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable

Findings:
2. The licensee has not designated a lead that has knowledge of evidence-based practices and/or prevailing practices relating to housekeeping.

Inspector ID#: 101
Required Compliance Date: November 30, 2010

CORRECTED NON-COMPLIANCE Non-respectés a Corrigé			
REQUIREMENT EXIGENCE	ORDER ORDRE	EQUIVALENT UNDER THE LTCHA, 2007, S.O. 2007, c.8 and O.Reg.79/10	INSPECTOR ID #
Reg. 832 s. 5(2) NHA R.S.O. Ch 7, s. 2(2)18		O.Reg 79/10 s. 17(1)(a)	101
Reg. 832 s. 5(2)		O.Reg 79/10 s. 90(2)(a)	101
NHA R.S.O. Ch 7, s. 20.11		O.Reg 79/10 s. 229(6)	101
Signature of Licensee of Designated Representative 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.	
Title:	Date:	Date of Report (if different from date(s) of inspection). August 17, 2010	



Public

ORDER(S) of an Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O.2007,c.8

Inspector Name:	Amanda Williams
Inspection ID #:	2010_101_2723_15Jul100433
Type of Inspection:	Follow-up
Licensee:	Fairview Nursing Home Limited
LTC Home:	Fairview Nursing Home 14 Cross Street, Toronto, ON M6J 1S8
Name of Administrator:	Judy Donnelly

To Fairview Nursing Home Limited, you are hereby required to comply with the following order(s) by the date(s) set out below;

Compliance Order #: 001
Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s.5, **Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents**

The licensee shall ensure residents are safe and secure at all times as to be free from potential trip, fall and entrapment hazards.

Grounds:

- Bed cranks were protruding from 3 resident beds.
- Eight resident beds have entrapment zones present as per Health Canada's Guidance Document entitled "*Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards*".
- Three resident bed rails in the up position were not latched securely.
- One resident bed rail was unable to latch securely because the latch was broken.

Inspector ID# 101
This order must be complied with by: Immediately

Compliance Order #: 002

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s.5, Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee shall ensure that the elevator sensor is repaired and maintained in good working order through monitoring.

Grounds:

- The elevator sensor was not operational throughout the time of the review

Inspector ID# 101

This order must be complied with by: August 20, 2010

Compliance Order #: 003

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s.5, Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee shall ensure a wheelchair accessible button is installed on the front entrance to allow easy accessibility into and out of the building by all of its residents.

Grounds:

- Lack of an automated access button at the front door of the building was noted to allow for easy accessibility to wheelchair dependent residents.

Inspector ID# 101

This order must be complied with by: September 17, 2010

Compliance Order #: 004

Pursuant to: O.Reg.79/10, s. 129(1)(a)(ii), Every licensee of a long-term care home shall ensure that, drugs are stored in an area or a medication cart that is secure and locked.

The licensee shall ensure that the all drugs, including prescribed treatment creams are kept locked and secured at all times when not in use.

Grounds:

- Prescribed treatment creams were left unattended on a resident home area and accessible to residents by a contracted external service provider on July 19, 2010.

Inspector ID# 101

This order must be complied with by: Immediately

Compliance Order #: 005

Pursuant to: O.Reg.79/10, s. 15(1)(b), **Every licensee of a long-term care home shall ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.**

1. The licensee shall ensure that all bed rails and mattresses are free from potential entrapment hazards for residents.

Grounds:

- Eight resident beds have entrapment zones present as per Health Canada's Guidance Document entitled "*Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards*".

Inspector ID# 101

This order must be complied with by: Immediately

Compliance Order #: 006

Pursuant to: O.Reg.79/10, s. 15(1)(c), **Every licensee of a long-term care home shall ensure that where bed rails are used, other safety issues related to the use of bed rails are addressed; including height and latch reliability.**

The licensee shall ensure that all bed rails are latched properly when in the up position.

Grounds:

- Three resident bed rails in the up position were not latched securely.
- One resident bed rail was unable to latch securely because the latch was broken.

Inspector ID# 101

This order must be complied with by: Immediately

Compliance Order #: 007

Pursuant to: O.Reg.79/10, s. 87(2)(a), **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

The licensee shall ensure that a plan outlining the privacy curtain, therapeutic mattress cleaning and floor care schedules are developed and followed. The licensee shall submit the plan to this inspector at the above noted address.

Grounds:

- Three resident beds had soiled therapeutic mattresses present.
- Four resident rooms had soiled privacy curtains present.
- Floor surfaces had heavy dirt and wax build-up present.

Inspector ID# 101

This order must be complied with by: August 27, 2010

Compliance Order #: 008

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s. 15(2)(a), Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary.

The licensee shall ensure that all furnishings and equipment are kept clean and sanitary.

Grounds:

- Three resident beds had soiled therapeutic mattresses present.
- Four resident rooms had soiled privacy curtains present.

Inspector ID# 101

This order must be complied with by: Immediately

Compliance Order #: 009

Pursuant to: O.Reg.79/10, s.87(3), The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

The licensee shall ensure that a hospital grade disinfectant to clean and disinfect all shared personal equipment is readily available to staff at all times.

Grounds:

- No disinfectant was present for cleaning and disinfecting of shared personal care equipment between resident use in the 3rd floor Tub Room on July 15, 2010.

Inspector ID# 101

This order must be complied with by: Immediately

Compliance Order #: 010

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s. 15(2)(b), Every licensee of a long-term care home shall ensure that,

(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered.

1. The licensee shall ensure that each resident's personal clothing is sorted and delivered to them.
2. The licensee shall develop and submit a plan outlining processes to ensure accurate sorting and delivery of resident personal clothing. The licensee shall submit the plan to this inspector at the above noted address.

Grounds:

- Three resident closets had misplaced clothing within them.

Inspector ID# 101

This order must be complied with by: August 27, 2010.

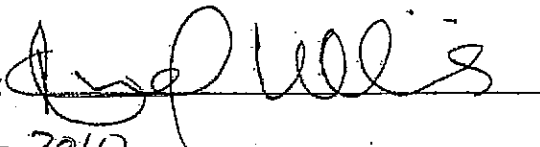
TAKE NOTICE:

- A licensee has the right to request a review of this Order by the Director and to request a stay of the Order by the Director as per section 163 of the *Long-Term Care Homes Act 2007*.
- The request for review by the Director must be made in writing and within 28 days of the date the Order is served.
- The request for the Director's review must be delivered personally or by registered mail to the address below, or by fax to the number below.

Director
c/o Appeals Clerk
Performance and Improvement Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto ON M4V 2Y2

Fax: 416-327-7603

Signature of Inspector(s):



Date: August 17, 2010

Time Order is Served: 2:40pm