



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

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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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 4, 2013	2013_189120_0078	H-000057-13	Complaint

Licensee/Titulaire de permis

FOYER RICHELIEU WELLAND
655 Tanguay Ave, WELLAND, ON, L3B-6A1

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

FOYER RICHELIEU WELLAND
655 TANGUAY AVENUE, WELLAND, ON, L3B-6A1

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 30, 2013

During the course of the inspection, the inspector(s) spoke with administrator, maintenance person, registered and non-registered staff.

During the course of the inspection, the inspector(s) toured the home, including resident rooms, washrooms, bathing areas, common areas, medication rooms, took light illumination levels and reviewed maintenance logs.

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



Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).
-

Findings/Faits saillants :



The licensee did not ensure that the home was maintained in a safe condition and in a good state of repair.

Flooring material located just outside and just inside of room #3 was observed to be bubbled and was not level. Flooring material that was identified to have split and cracked in the south wing during an inspection conducted on November 23, 2011 was not repaired properly. The cracks and splits were filled with glue just outside room #32. The flooring material was observed to be raised and rough. The split vinyl floor seams that were identified in bedrooms #7 and #17 were cut out and replaced with ceramic tile. The sheet vinyl material is not compatible with the ceramic tile and the material cannot be easily adhered to one another. As a result, the sheet vinyl flooring has come away from the ceramic tile in room #17. A strip of flooring material at the transition to the west wing shower/tub room and to the north wing medication room were observed to be missing.

Large holes were noted in the west wing medication room where the medication cart is typically parked. The north wing common washroom was observed to have holes in the wall and in the ceiling tiles. Staff reported that the holes in the walls have been present for many months and that they have made requests to have the holes filled however no requisitions were found in the homes electronic maintenance log for 2013.

Vanities located in washrooms #50, 47, 46, 12, 30 and 21 were observed to be missing pieces of laminate, exposing a rough and absorbent layer of particle board underneath.

Cabinet hinges were loose on cabinets in the north and west medication rooms. [s.15 (2)(c)]

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 to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :



The licensee has not ensured that the lighting requirements set out in the Table are maintained.

Non-compliance with the lighting requirements were previously identified during an inspection conducted on November 23, 2011.

Lighting levels were measured in the west, north and south corridors, resident washrooms and common areas. Corridors were measured to be approximately 200 lux under each fixture and 0-50 lux between light fixtures. A consistent and continuous lux of 215.28 is required. Resident washrooms were measured to be 100 lux in the centre of the washroom. The minimum requirement is 215.84 lux. Common areas ranged between 200 and 50 lux, depending on the lighting fixture type and style.

Within the last 2 months, the management of the home have replaced some bulbs with new high lux bulbs in the west corridor as a trial. The illumination levels were measured and noted to be between 1000 and 300 lux, well above the required minimum. [s. 18]

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 to ensure that the lighting requirements set out in the Table to this section are maintained, to be implemented voluntarily.



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Rapport d'inspection sous la
Loi de 2007 sur les foyers de
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Issued on this 4th day of November, 2013

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

B. Sosnik