

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

Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 10, 2019	2019_781729_0019	018646-19	Other

Licensee/Titulaire de permis

Clurelea Ltd.
c/o Good Samaritan Nursing Home 481 Victoria Street East Alliston ON L9R 1J8

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

Good Samaritan Nursing Home
481 Victoria Street East Alliston ON L9R 1J8

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

KIM BYBERG (729), JANET GROUX (606)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): October 2, 3, and 7, 2019.

Log #018646-19, related to a Service Area Office Initiated Inspection (SAOI)

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Food Service Supervisor (FSS), Clinical Nurse Leader (CNL), Environmental Services Supervisor (ESS), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Dietary Aide (DA), and Residents.

During the course of the inspection, inspector(s) toured and observed resident care areas and common areas; observed meal service and a medication administration pass, observed residents and the care provided to them, reviewed relevant clinical records, policies and procedures, home's investigation notes and observed the general maintenance, cleanliness, safety and condition of the home.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Medication

Reporting and Complaints

Residents' Council

Safe and Secure Home

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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 O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents could not be opened more than fifteen centimeters (cm).

During observations on a specified date, the window in a resident room was observed to open to twenty-eight cm.

ESS #106 and Administrator #103 stated that they were unaware that the window in the resident room opened greater than fifteen cm. They also stated that an audit of the windows had not been completed in the home. ESS #106 shared that the windows were manufactured to only open fifteen cm and were installed by the manufacturer.

The licensee failed to ensure that the window in a resident's room did not open more than fifteen cm. [s. 16.]

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 every window in the home cannot be opened greater than fifteen centimeters, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

During the initial tour of the home, the Inspectors observed residents' personal care items unclean and stored in an improper or unclean manner. In two shared resident rooms, were unlabelled bars of soap, wash basins, urinals, black combs, and toothpaste tubes were noted. In the other resident care areas, there were unlabelled deodorant roll/sticks, a black comb and a number of dirty and rusted nail cutters stored in a bin.

PSW #101 and RPN #100 acknowledged that resident personal care items such as deodorants, combs, urinals and washbasins should be labelled with the resident's name and stored in their room. PSW #101 acknowledged that the nail cutters were rusted and that they should have been disinfected after resident use.

The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program by making sure residents' personal care equipment were clean and stored in a clean manner. [s. 229. (4)]

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 all personal care items are labelled with each residents name, disinfected and stored in a clean area, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in a locked area.

On a specified date, the container that the home used to store discontinued controlled substances was observed on the floor in a locked room. The container was not a separate double locked container or in a stationary cupboard and was easily moved by the inspector.

DOC #104 acknowledged that the container to store discontinued controlled medication was not double locked, was stationary and did not meet the legislative requirements.

The licensee failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in a locked area. [s. 129. (1) (b)]

Issued on this 11th day of October, 2019

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

Original report signed by the inspector.