Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

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 performance et de la conformité

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 16, 17, 18, 22, 23, 24, 28, 29, Jun 5, 19, 25, 27, Jul 3, 6, 12, 13, 2012	2012_060127_0024	Other

Licensee/Titulaire de permis

GRACE VILLA LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

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

GRACE VILLA NURSING HOME
45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5

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

RICHARD HAYDEN (127)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the administrator, assistant director of care, environmental services manager, registered staff, non-registered staff, residents and family members regarding H-000936-12.

During the course of the inspection, the inspector(s) toured all areas of the home, reviewed maintenance- and housekeeping-related documentation and observed staff practices.

This inspection was conducted concurrently with RQI inspection 2012_066107_0008/H-000806-12 and Complaint inspection 2012_066107_0009/H-000094-12.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Infection Prevention and Control

Safe and Secure Home

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. 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.

Findings/Faits saillants :

1. The licensee failed to ensure that every window that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimetres.

On May 17, 2012, the inspector observed windows that opened to the outdoors and is accessible to residents could be opened more than 15 centimetres. The windows were observed in the following areas:
a. 18 resident rooms;
b. 2nd Floor Main Lounge (1 window);
c. 2nd Floor East Lounge (8 windows); and
d. 3rd Floor East Lounge (3 windows).

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following subsections:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii.equipped with a door access control system that is kept on at all times, and
iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :

1. The licensee failed to comply with the rules for all doors leading to the outside of the home to be kept locked, equipped with a door access control system that is kept on at all times and equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

On May 17, 2012, the inspector observed the resident accessible door in the 1st floor South Lounge that leads to the outside was not locked and allowed access to an unsecured outdoor patio. There was a fire exit style push bar on the door that allowed it to be opened. The door alarm was set to bypass. A resident could climb over the low wall (~1 metre high) and leave the property without staff knowledge.

On May 17, 2012, the inspector observed the resident accessible door in the1st floor South Lounge that leads to the outside was locked from the inside but the deadbolt lock could be manually unlocked and led to an outdoor unsecured area.

On May 17, 2012, the inspector observed the resident accessible door in the1st floor Dining Room that leads to the outside was not locked. There was a fire exit style push bar on the door that allowed it to be opened.

On May 17, 2012, the inspector observed the resident accessible door in the 1st floor Activity Room that leads to the outside could not be locked as the door was not equipped with a lock. The door leading to the secure outside patio that precludes exit by a resident had a fire exit style push bar to open the door from inside. The door could not be locked to prevent unsupervised access to the patio.

The environmental manager advised the doors identified by the inspector were only lockable to prevent entry from the outside but that they can be pushed open from inside.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: 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.TABLEHomes to which the 2009 design manual appliesLocation - LuxEnclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughoutAll corridors - Minimum levels of 322.92 lux continuous consistent lighting throughoutIn all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 luxAll other homesLocation - LuxStairways - Minimum levels of 322.92 lux continuous consistent lighting throughoutAll corridors - Minimum levels of 215.28 lux continuous consistent lighting throughoutIn all other areas of the home - Minimum levels of 215.84 luxEach drug cabinet - Minimum levels of 1,076.39 luxAt the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 luxO. Reg. 79/10, r. 18, Table.

Findings/Faits saillants :

1. The licensee failed to maintain the minimum lighting requirements throughout the home.

On May 22, 2012, the inspector measured lighting levels during daylight hours in several areas of the home and recorded the following:
a. At the bed of 36 residents when the bed was at the reading position, the lux values ranged from less than 107 to 323. The required minimum level is 376.73 lux;
b. At drug cabinets in medication rooms, the lux values ranged from 516 up to 968. The required minimum level is 1079.39 lux;
c. In corridors, the lux values ranged from less than 107 up to 430. The inspector observed 63 light bulbs in the corridors that were either not working or the light fixture in which they were contained was malfunctioning. The required minimum level is 215.28 lux continuous lighting throughout; and
d. In the Chapel, the lux value was less than 107. In all other areas of the home, the required minimum level is 215.28 lux.

Inadequate illumination levels in the building was issued as an Area of Non-Compliance under NHA R.R.O. 832, s. 21(1) on April 22, 2008; re-issued on March 10, 2010; and remained outstanding on April 16, 2010, and June 6, 2010. Correction of the non-compliance was noted on the inspection report dated July 28, 2010.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control

Specifically failed to comply with the following subsections:

s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that immediate action was taken to deal with pests.

On May 17, 2012, the inspector observed mouse droppings on the floor in ten resident rooms. An identified resident reported to the inspector that a mouse was on his/her bed during the previous night. Several other residents and staff reported to the inspector that they had seen mice in the building.

On May 24, 2012, the inspector observed mouse droppings on the floor in nine resident rooms. The inspector also removed ceiling tiles in the Chapel and several mouse droppings and chewed nesting material fell to the floor.

On May 24, 2012, the inspector reviewed the Maintenance Departmental Operations Audits dated January 27, 2012, and April 24, 2012. Both audit reports showed indicator #5 as unmet or failed. Indicator #5 stated, "There is no evidence of pests, inside or outside the facility." The pest control service records did not indicate any heightened response to the identified pest problem.

Pest control related to mice in the building was issued as an Area of Non-Compliance under NHA R.R.O. 832, s. 21(1) on April 22, 2008; re-issued on March 10, 2010; and remained outstanding on April 16, 2010, and June 6, 2010. Correction of the non-compliance was noted on the inspection report dated July 28, 2010.

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: 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. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee failed to ensure that all hazardous substances at the home are kept inaccessible to residents at all times.

At approximately 1400hrs on May 28, 2012, the inspector observed the door to the 2nd floor tub room East was propped open and the room was left unattended. A spray bottle containing R2a Disinfectant cleaner was accessible to residents. The warning label indicated, "Caution: Avoid contact with eyes." The 2nd floor is the secured unit for cognitively-impaired residents. The inspector closed the door and ensured it was secured at 1405 hrs.

Resident access to hazardous substances was noted as an unmet criteria on the inspection report dated June 8, 2010, and as a WN on the inspection report dated July 28, 2010.

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #6: 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 subsections:

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

1. The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary and are maintained in a safe condition and a good state of repair.

On May 17, 18 and 24, 2012, the inspector toured the home and observed the following:
a. Bedside table surfaces were chipped and/or were missing drawer knobs in nine resident rooms;
b. Wall and door repairs had not been repainted in nine resident rooms;
c. Showers were out of order due to cracked flooring and walls in the 1st floor south tub room, 2nd floor east tub room and 3rd floor south tub room. The shower in the 2nd floor east tub room was tagged April 9, 2012, with a "Broken Equipment Notice" due to floor damage. On May 24, 2012, the floor had not repaired but the "Broken Equipment Notice" had been removed and the shower had been used. Staff members who were interviewed advised the showers had not been functional for several months;
d. Chair lifts were either not functioning or not provided in 1st floor south tub room and 3rd floor south tub room. One employee reported that residents are showered in the middle of the tub room with the shower head from the bath tub hose as no lifts were available to transfer residents into the tub. The employee stated residents complain they are cold;
e. An out of order Arjo Opera Lift was stored in the 2nd floor east tub room. The lift was tagged April 17, 2012 with a "Broken Equipment Notice" due to a frayed lift belt;
f. An out of order Arjo Lift was stored in the 3rd floor south tub room. The lift did not have a battery and the floor plate that supports resident weight was not secured in place; and
g. At approximately 1500 hrs on May 24, 2012, a LTCH Inspector was unable to exit a resident room for approximately 45 minutes as the door handle would not disengage from the door jamb. The environmental manager had to force the door open with a hammer. The 2nd floor unit houses cognitively impaired residents.
2. On May 2, 2012, the inspector observed dietary carts in the first floor dining room were soiled and stained. (130)

On May 17 and 18, 2012, the inspector observed mouse droppings on the floor in ten resident rooms; heavily soiled bed rails, wheelchairs and falls mats in eight resident rooms; and six (6) heavily soiled/stained arm chairs in 2E lounge, 2nd floor lounge near nursing station and 3rd floor near elevators. The falls mattresses in two resident rooms were also torn, preventing proper cleaning.

On May 24, 2012, the inspector observed mouse droppings on the floor in nine resident rooms as well as heavily soiled falls mats in five resident rooms.

On May 29, 2012, the inspector observed dust/dirt on the heater, mouse droppings beneath the heater, a soiled falls mat and dirt on the floor in the corners in an identified resident room. The Deep Cleaning Individual Records for individual bed spaces were dated within the previous 4 days.

Additional Required Actions:

CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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 ensuring the home, furnishings and equipment are kept clean and sanitary and are maintained in a safe condition and a good state of repair, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with. [r. 8(1)(b)]

The home's methicillin-resistant staphylococcus aureus (MRSA) policy dated effective October 2011 indicates:
"A gown should be worn when providing direct care to a resident with MRSA"
"Staff should consider wearing a mask when providing direct care to a resident with MRSA (to avoid hand-to-nose contact and nasal acquisition by staff).
"Post signs indicating the precautions required at the entrance to the resident's room."
"Additional precautions may be discontinued when 3 successive negative cultures taken at least 1 week apart have been obtained."

An identified resident's wounds were swabbed and found to be positive for MRSA in 2012. A swab was taken while the inspector was in the home - results were pending. No swabs taken of wounds during the previous month were reported to be negative for MRSA.

Signage related to infection control precautions was noted to be absent from the identified resident's door on two separate observation days by the inspector. Staff interviewed was not aware of the MRSA status of the resident and the daily line listing did not identify the resident as MRSA positive. The plan of care did identify the resident to be positive for MRSA and indicated the use of gloves when providing care.

Personal care was observed by the inspector being provided to the resident by two personal support workers. Neither worker was wearing personal protective equipment such as gowns or masks during the provision of care.

Wound care was observed by the inspector being provided to the resident by a registered practical nurse and another employee. Personal protective equipment such as gowns and masks were not worn by the staff providing wound care. (192)

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 following the home's MRSA policy, to be implemented voluntarily.

WN #8: 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 subsections:

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 failed to ensure that all staff participate in the implementation of the infection prevention and control program.

On May 28, 2012, the inspector observed one employee assist a registered practical nurse with taking resident blood pressures. The employee failed to disinfect the blood pressure cuff after use on 2 observed residents. The inspector observed two personal support workers (PSWs) both fail to perform hand hygiene after removing gloves. Following this, the inspector observed both PSWs assist residents and then don new gloves without performing hand hygiene.

The home's Infection Control Manual, Section 1.22 Hand Hygiene Protocol stated,
"Hand Hygiene Moments: Hands should be washed routinely before and after removing gloves..."

"All staff are to clean their hands with ABHR upon entering and leaving a unit and a resident room."

Section 1.21 Routine Practices stated,
"...g) Gloves should be removed immediately after completion of a specific procedure or after care of the resident and discarded in the resident's room
h) Hands should be washed immediately after removing gloves."

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 home's hand hygiene and glove use policies, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 86. Infection prevention and control program

Specifically failed to comply with the following subsections:

s. 86. (2) The infection prevention and control program must include,
(a) daily monitoring to detect the presence of infection in residents of the long-term care home; and
(b) measures to prevent the transmission of infections. 2007, c. 8, s. 86. (2).

Findings/Faits saillants :

1. The licensee failed to ensure that measures were in place to prevent the spread of infections.

An identified resident was identified to be positive for methicillin-resistant staphylococcus aureus (MRSA) in wounds and precautions were put in place. Registered staff and Personal Support Workers interviewed identified that the resident had been positive for MRSA and that precautions were in place.

On May 24, 2012 staff working with the resident indicated they were unclear of the MRSA status of the resident and failed to use precautions to prevent the spread of MRSA as outlined in the home's MRSA policy. An isolation linen bag was in the room, but no personal protective equipment was provided for anyone providing personal care to the resident and no signage was evident on the door of the resident's room. Interview and documentation review with registered staff confirmed that no negative MRSA swabs had been obtained for the resident and that precautions should be in place.

On May 28, 2012, it was again noted that precautions to prevent the spread of MRSA were not in place for the identified resident and staff interviewed remained confused about the MRSA status of the resident. No action was taken by the staff present on May 24, 2012, to ensure that the need for precautions was communicated or that signage and personal protective equipment were provided for care providers. (192)

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following subsections:

s. 89. (1) 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,
(a) procedures are developed and implemented to ensure that,
(i) residents' linens are changed at least once a week and more often as needed,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents' lost clothing and personal items;
(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;
(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and
(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that a sufficient supply of face cloths and bath towels are always available in the home for use by residents.

On May 17, 2012, the inspector toured the home and entered 24 randomly selected resident rooms. No facecloths were observed.

On May 23, 2012, the inspector toured the home and entered 24 randomly selected resident rooms. Only three towels and two facecloths were observed. The 1st and 3rd floor Linen Storage Rooms did not have any facecloths or towels stored inside. The 2nd floor Linen Storage Room did not have any face cloths and had only 5 bath towels. The four care carts in the 1st floor South Tub room had 22 hand towels and 21 face cloths, combined.

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
O.Reg 79/10 r. 16.	WN #1	2012_060127_0024	127
O.Reg 79/10 r. 16.	CO #901	2012_060127_0024	127

Issued on this 16th day of July, 2012

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

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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 performance et de la conformité

NOTE: This Order(s) of the Inspector has been revised to reflect an amendment to an Order(s). This revised report replaces the original report issued July 13, 2012. (Ed)

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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	RICHARD HAYDEN (127)
Inspection No. / No de l'inspection :	2012_060127_0024
Type of Inspection / Genre d'inspection:	Other
Date of Inspection / Date de l'inspection :	May 16, 17, 18, 22, 23, 24, 28, 29, Jun 5, 19, 25, 27, Jul 3, 6, 12, 13, 2012
Licensee / Titulaire de permis :	GRACE VILLA LIMITED 284 CENTRAL AVENUE, LONDON, ON, N6B-2C8
LTC Home / Foyer de SLD :	GRACE VILLA NURSING HOME 45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~LYNETTE TYLER~~ WENDY HALL (Ed)

To GRACE VILLA LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 901

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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.

Order / Ordre :

The licensee, Grace Villa Limited, shall:
1. audit all windows at Grace Villa Nursing Home, 45 Lockton Crescent, Hamilton, ON L8V 4V5 that open to the outside and are accessible to residents to determine which are able to open more than fifteen (15) centimetres. AND
2. repair or modify each of the identified windows such that they can not be opened more than fifteen (15) centimetres.

Grounds / Motifs :

1. On May 17, 2012, the inspector observed that windows that opened to the outdoors and is accessible to residents could be opened more than 15 centimetres. The windows were observed in the following areas:
A. 18 resident rooms;
B. 2nd Floor Main Lounge (1 window);
C. 2nd Floor East Lounge (8 windows); and
D. 3rd Floor East Lounge (3 windows). (127)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Immediate

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Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
   i. kept closed and locked,
   ii.equipped with a door access control system that is kept on at all times, and
   iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
      A. is connected to the resident-staff communication and response system, or
      B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :

The licensee, Grace Villa Limited, shall:

1. Install locks on the following four (4) doors at Grace Villa Nursing Home, 45 Lockton Crescent, Hamilton, ON L8V 4V5:
a. The door leading to the outside from the 1st floor South Lounge;
b. The door leading to the unsecured patio from the 1st floor South Lounge;
c. The door leading to the outside from the 1st floor Dining Room; and
d. The door leading to the secured patio from the 1st floor Activity Room.

2. Keep the doors listed as 1. a., 1. b. and 1.c. closed and locked.

3. Keep the door listed as 1.d. locked to restrict unsupervised access to the secured outside area that precludes exit by a resident.

4. Install connections from the door access control system to the doors listed as 1. a., 1. b. and 1.c.

5. Install an audible door alarm that allows calls to be cancelled only at the point of activation at the doors listed as 1. a., 1. b. and 1.c.; and

6. Keep the door access control system for doors listed as 1. a., 1. b. and 1.c. on at all times.

Grounds / Motifs :

1. On May 17, 2012, the inspector observed the resident accessible door in the 1st floor South Lounge that leads to the outside was not locked and allowed access to an unsecured outdoor patio. The door alarm was set to bypass. A resident could climb over the low wall (~1 metre high) and leave the property without staff knowledge.

2. On May 17, 2012, the inspector observed the resident accessible door in the1st floor South Lounge that leads to the outside of the home was locked from the inside but could be manually unlocked and led to an outdoor unsecured area.

3. On May 17, 2012, the inspector observed the resident accessible door in the1st floor Dining Room that leads to the outside was not locked.

4. On May 17, 2012, the inspector observed the resident accessible door in the1st floor Activity Room that leads to the outside secured patio that precludes exit by a resident could not be locked. The door leading to the patio had a fire exit style push bar to open it from inside. The door could not be locked to prevent unsupervised access to the patio. (127)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2012

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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.TABLEHomes to which the 2009 design manual appliesLocation - LuxEnclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughoutAll corridors - Minimum levels of 322.92 lux continuous consistent lighting throughoutIn all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 luxAll other homesLocation - LuxStairways - Minimum levels of 322.92 lux continuous consistent lighting throughoutAll corridors - Minimum levels of 215.28 lux continuous consistent lighting throughoutIn all other areas of the home - Minimum levels of 215.84 luxEach drug cabinet - Minimum levels of 1,076.39 luxAt the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 luxO. Reg. 79/10, r. 18, Table.

Order / Ordre :

The licensee, Grace Villa Limited, shall meet the lighting requirements set out in the Table to O. Reg. 79/10, s.18, in all areas of Grace Villa Nursing Home, 45 Lockton Crescent, Hamilton, Ontario.

Grounds / Motifs :

1. Inadequate illumination levels in the building was issued as an Area of Non-Compliance under NHA R.R.O. 832, s. 21(1) on April 22, 2008; re-issued on March 10, 2010; and remained outstanding on April 16, 2010, and June 6, 2010. Correction of the non-compliance was noted on the inspection report dated July 28, 2010.

2. On May 22, 2012, the inspector measured lighting levels during daylight hours in several areas of the home.
a. At the bed of 36 residents when the bed is at the reading position, the lux values ranged from less than 107 to 323. The required minimum level is 376.73 lux.
b. At drug cabinets in medication rooms, the lux values ranged from 516 up to 968. The required minimum level is 1079.39 lux.
c. In corridors, the lux values ranged from less than 107 up to 430. The inspector observed 63 light bulbs in the corridors that were either not working or the light fixture in which they were contained was malfunctioning. The required minimum level is 215.28 lux continuous lighting throughout.
d. In the Chapel, the lux value was less than 107. In all other areas of the home, the required minimum level is 215.28 lux. (127)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : September 28, ~~Aug 31~~, 2012

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).

Order / Ordre :

The licensee, Grace Villa Limited, shall:

1. Remove all ceiling tiles in the drop ceiling in all areas of the home, clean out all droppings and destroy rodent nesting sites in the ceiling space at Grace Villa Nursing Home, 45 Lockton Crescent, Hamilton, Ontario;

2. Prepare and submit a plan to the inspector at Richard.Hayden@ontario.ca outlining the steps to be taken to effectively deal with the ongoing pest control problems at Grace Villa Nursing Home;

3. Implement the plan referred to in #2; and

4. Provide continuous surveillance of rodent activity within the home and take immediate action to deal with such pests, if any.

Grounds / Motifs :

1. Pest control related to mice in the building was issued as an Area of Non-Compliance under NHA R.R.O. 832, s. 21(1) on April 22, 2008; re-issued on March 10, 2010; and remained outstanding on April 16, 2010, and June 6, 2010. Correction of the non-compliance was noted on the inspection report dated July 28, 2010.

2. On May 17, 2012, the inspector observed mouse droppings on the floor in ten resident rooms. An identified resident reported to the inspector that a mouse was on his/her bed during the previous night. Several other residents and staff reported to the inspector that they had seen mice in the building.

3. On May 24, 2012, the inspector observed mouse droppings on the floor in nine resident rooms. The inspector also removed ceiling tiles in the Chapel and several mouse droppings and chewed nesting material fell to the floor.

4. On May 24, 2012, the inspector reviewed the Maintenance Departmental Operations Audits dated January 27, 2012, and April 24, 2012. Both audit reports showed indicator #5 as unmet or failed. Indicator #5 stated, "There is no evidence of pests, inside or outside the facility." The pest control service records did not indicate any heightened response to the identified pest problem. (127)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2012

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 004

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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. O. Reg. 79/10, s. 91.

Order / Ordre :

The licensee, Grace Villa Limited, shall:

1. Ensure that all hazardous substances at Grace Villa Nursing Home, 45 Lockton Cresent, Hamilton, Ontario are kept inaccessible to residents at all times;

2. Provide an education session or sessions for all staff at Grace Villa Nursing Home which identifies all hazardous substances in the home and emphasizes that these substances must be kept inaccessible to residents at all times; and

3. Keep a record of attendance for the education session.

Grounds / Motifs :

1. At approximately 1400 hrs on May 28, 2012, the inspector observed the door to the 2nd floor tub room East was propped open and the room was left unattended. A spray bottle containing R2a Disinfectant cleaner was accessible to residents. The warning label indicated, "Caution: Avoid contact with eyes." The 2nd floor is the secured unit for cognitively-impaired residents. The inspector closed the door and ensured it was secured at 1405 hrs.

Resident access to hazardous substances was noted as an unmet criteria on the inspection report dated June 8, 2010, and as a WN on the inspection report dated July 28, 2010. (127)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2012

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 005

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(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).

Order / Ordre :

The licensee, Grace Villa Limited, shall:

1. Repair the walls and floors of the showers in 1st floor south, 2nd floor east and 3rd floor south tub rooms at Grace Villa Nursing Home, 45 Lockton Cresent, Hamilton, Ontario;

2. Repair the Arjo lifts that are currently not working or tagged out due to safety concerns and return them to use within the home;

3. Prepare and submit a plan to the inspector at Richard.Hayden@ontario.ca that outlines how staff can access a functioning chair lift in each tub room for the safe transfer of residents into the tub should they choose that type of bathing; and

4. Implement the plan referred to in #3.

Grounds / Motifs :

1. Showers were out of order due to cracked flooring and walls in the 1st floor south tub room, 2nd floor east tub room and 3rd floor south tub room. The shower in the 2nd floor east tub room was tagged April 9, 2012, with a "Broken Equipment Notice" due to floor damage. On May 24, 2012, the floor had not repaired but the "Broken Equipment Notice" had been removed and the shower had been used. Staff members who were interviewed advised the showers had not been functional for several months.

2. Chair lifts were either not functioning or not provided in 1st floor south and 3rd floor south tub rooms. One employee reported that residents are showered in the middle of the tub room with the shower head from the bath tub hose as no lifts were available to transfer residents into the tub. The employee stated residents complain they are cold.

3. An out of order Arjo Opera Lift was stored in the 2nd floor east tub room. The lift was tagged April 17, 2012 with a "Broken Equipment Notice" due to a frayed lift belt.

4. An out of order Arjo Lift was stored in the 3rd floor south tub room. The lift did not have a battery and the floor plate that supports resident weight was not secured in place. (127)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : ~~Aug 31~~ September 28, 2012

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this ~~13th~~ 9th **day of** ~~July~~ August**, 2012**

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : RICHARD HAYDEN

Service Area Office / Bureau régional de services : Hamilton Service Area Office