



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
Dec 27, 2012	2012_189120_0015	H-002154-12	Complaint

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 7, 10 & 12, 2012

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, assistant director of care, food services supervisor, environmental services supervisor, housekeeping staff, personal support workers and residents regarding equipment maintenance and housekeeping services.

During the course of the inspection, the inspector(s) toured all 3 floors, resident rooms, common areas, the kitchen, utility rooms, serveries, dining rooms and bathing rooms for cleanliness and visually observed mechanical lifts and associated batteries, reviewed policies and procedures and service reports.

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

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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 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.

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

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 LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :



The home has not evaluated their preventive pest control program to determine if all necessary strategies have been implemented and whether or not the strategies they have implemented to date have been effective. Strategies in an organized pest control program extend beyond traps and bait and include structural and procedural modifications that reduce the food, water, living space, and access used by pests. Structural procedures include but are not limited to a home maintained in good condition and preventing the entrance of mice into the home and if inside of the home, their travel within the home. Procedural modifications include but are not limited to general sanitation, limits to food and water, monitoring and reporting.

1. The home has a history of non-compliance related to pest control. An abundance of mice droppings were identified throughout the home during an inspection in December 2009. At that time the home already had a pest control contractor visiting the home once per month. The contract however only consisted of routine monitoring and baiting in common areas, service areas and the kitchen. Resident bedrooms were not monitored by the pest control contractor unless home staff identified a problem in a room. The strategies at the time consisted of bait, glue boards and mechanical traps. Structural modifications were not made to any of the exterior doors to prevent the entrance of mice and maintenance repairs were not being completed (holes in walls & ceiling tiles, water leaks etc). General sanitation of the resident's rooms and tub/shower rooms was not adequate. During the inspection in December 2009, mice sightings were being reported to Ministry inspectors by both residents and workers and the inspection revealed that no immediate action was being taken at the time.

On July 13, 2012, an Order (#002) was issued related to s. 88(2) of Ontario Regulation 79/10 for non compliance related to the pest control program. Specifically, the issues identified were similar in nature as identified in 2009. On July 18, 2012, the home had their pest control contractor conduct an audit of the home to identify better management strategies to control the mice. The contractor's report advised that the home increase the monitoring visits to 2x per month, add additional traps both inside and outside of the facility, add door sweeps on mechanical room doors, maintain a flower bed and to clean the droppings with a vacuum under all radiators. The pest control contractor reported that the home was provided with note pads for staff to document any sightings or activity and that they be contacted immediately. The contractors do not monitor resident rooms and rely on staff to identify any problems. A Ministry inspector conducted a follow-up inspection on September 27, 2012 which revealed that the home implemented the measures, improved sanitation and that



monitoring and reporting was in place. The activity of the mice had decreased and was being managed.

However, during this inspection, sanitation levels were inadequate and an abundance of mice droppings was found throughout the building, especially in resident rooms. Fresh and old droppings were noted under radiators, on cleaned surfaces, on top of resident's belongings, in resident's closets, in the kitchen, activity room and in all dining rooms. Staff are not removing the droppings and are not recording their observations or reporting activity as requested by the pest control contractor. The pest control contractor reported that outside of their twice monthly visits, only 2-3 calls were placed over the last 2 months to indicate that there are any problems in resident rooms. The contractor reported that no live or dead mice have been found in any of the mechanical traps, that the bait is actively being eaten and that they do not check (unless a problem is reported) resident rooms where glue boards have been installed. Based on the amount of droppings observed, it appears that the number of mice in the building has increased and the home has not identified the evidence and reported it to the pest control contractor, has not managed the sanitation issues and is not ensuring that staff and residents co-operate with the pest control program.

2. The home has not evaluated the environmental services program to determine if the available staffing compliment and their assigned duties is capable of meeting Ministry regulations with respect to maintaining the level of cleanliness and the level of repair needed for the size and age of the building.

The home has a long history of non-compliance related to housekeeping and maintenance which when identified by Ministry inspectors, takes many months to rectify and is not sustained. Non-compliance with respect to sanitation or maintenance was identified on May 16, 2012, July 28, 2010, April 16, 2010, March 10, 2010, December 2, 2009, August 13, 2009 and in 2008, 2007 and 2006. Most of the issues identified were identical from inspection to inspection, some were identified only once. A plan of corrective action was submitted by the home after each inspection to correct the non-compliance, however the plans did not address how the increased level of auditing, cleaning and maintenance could be sustained with the same number of staff from year to year.

The home has job descriptions (HR 01 & 019) for both "Maintenance Personnel" and "Environmental Services Supervisor". The maintenance personnel is accountable to



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the Environmental Supervisor. The home has had and currently only has an environmental services supervisor. An employee who is responsible for some housekeeping duties (floors) has been allocated some minor maintenance duties to assist the supervisor.

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 develops and implements a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long term care home, to be implemented voluntarily.

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

Housekeeping

Specifically failed to comply with the following:

- s. 87. (2) 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; O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :



[O. Reg. 79/10, s. 87(2)(a)(i) & (ii)] As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee has not ensured 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

Policies and procedures have been developed for resident room cleaning, and are detailed as to the expectations of staff to damp wipe all flat surfaces, however no procedures have been developed for resident room deep cleans and common area cleaning such as activity room, dining rooms and tub/shower rooms. Staff are required to deep clean each room once per month and clean each room daily.

1. Resident's rooms on the first floor were observed to be overall very dusty. Accumulation of dust was very evident under the head of beds, behind beds, behind furniture, in resident's closets, on light covers in washrooms, on heater surfaces, wardrobes and on resident bed frames and bed rails.
2. The activation area on the first floor was observed to have a heavy amount of dust on the heater surface, under and behind appliances and a heavy amount of spider webbing under the lower cabinets. Large objects or items in the room in front of the heater had not been moved for a period of time.
3. Wall & door surfaces were visibly soiled in some resident bedrooms on 1st floor and on walls in washrooms on 2nd and 3rd floors (mostly under vanity counters by garbage cans). Stained privacy curtains noted in several rooms on the 1st floor.
4. Mice droppings and remnants of their activity (chewed insulation) were visible in resident rooms on the 1st floor (under heaters) and mice droppings were visible in most rooms on 2nd and 3rd floor bedrooms (including in some resident's closets) and on top of and under heaters in each dining room.
5. The tub/shower room floors which have heavily textured flooring material to prevent slips were visibly soiled and looked black. The current method of mopping the floors



has not been successful in removing the dirt. A number of resident room floors have patches of old discoloured floor refinishing product and some have paint chips embedded in a layer of refinishing product. A floor care program policy and procedure consists of buffing resident room floors, dining rooms, lounge areas and corridors which are completed on a schedule, however a top scrubbing or stripping and re-waxing program has not been implemented. At the time of the inspection, an audit was being performed to determine which floors required stripping.

6. Two housekeeping carts used by housekeepers on the 1st floor were observed to be very soiled. The job routines for housekeepers do not include a task to clean the carts on a regular basis.

7. The 2nd floor dining room chairs were observed to be soiled on the frames below the seat on December 10 and 12, 2012. Job descriptions for dietary aides have been developed to clean dining room furnishings daily. The 2nd floor job routine (Job #5) does not direct staff to clean the chairs in any way. Other job descriptions for other floors, such as Job #6 and #1 direct staff to "wash tables and chair rails or handles". The wall and floor surface near table #1 in the 2nd floor dining room were observed to be heavily stained with a red substance. The food carts in general are heavily stained but clean.

8. The flooring material in the main kitchen was observed to be dirty under fixed equipment in the dish wash area and food production area. Accumulated debris noted in corners, along baseboards and visible food matter noted on the floor under the equipment. A cleaning schedule for staff to mop the floor each night is posted and the floor is deep cleaned with a machine routinely, however the machine cannot reach areas under fixed equipment. Staff are not mopping completely under the equipment and corner areas are neglected.

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 procedures and policies are developed and implemented for cleaning of the home, to be implemented voluntarily.



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WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 23. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions. O. Reg. 79/10, s. 23.

Findings/Faits saillants :



The licensee of the long-term care home is not ensuring that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturer's instructions.

The home is not ensuring that staff clean the Arjo tubs as per manufacturer's instructions and that they use the mechanical lift batteries as per manufacturer's instructions.

1. The tub located in the 1st floor east side tub room is required by the manufacturer to be disinfected between resident use using the disinfection system built into the tub. On December 7, 2012, the disinfectant container was found to be empty. On December 12, 2012, the disinfectant was checked and still found to be empty. Additional full containers were made available in clean utility rooms. A staff member confirmed that residents had been bathed using the tub on days and evenings between December 7 and 12, 2012. The staff member reported using a disinfectant from a spray bottle instead of the system connected to the tub. The disinfectant in the tub has a higher concentration of bacteria killing agents compared to the product in the spray bottle.

2. Procedures for the care and use of batteries and chargers has not been developed or the instructions have not been made available to staff. Batteries and chargers in the home are annually inspected by a technician of the manufacturer who reported that the staff are not following proper procedures for handling and charging batteries. The technician reported that the life span of a battery should last 3-4 years if charged properly and only one year if they are not. The technician has made numerous visits regarding failed batteries as well as mishandling of mechanical lifts. Lift maintenance policy titled "Resident Lift Devices" dated March 2006 requires staff to visually inspect the lifts, once per week, however batteries and chargers are not mentioned in the policy. Nursing staff are required by the home's policies titled "Mechanical Lifts" and "Use of Tempo/Hoyer" to conduct a visual inspection of the lift before using it, however the policies do not include any information about the batteries. The manufacturer requires that batteries be fully charged for 8 hours before each use and that staff would identify a fully charged battery by a green indicator light on the charger. During the inspection, it was identified that staff are not charging the batteries properly as per manufacturer's instructions. Staff reported that some workers take batteries from the chargers before they are fully charged and leave the lift with a partially charged battery in it. The lift will then fail, with a resident suspended in the



lift. Some staff reported that they thought the chargers were faulty and didn't always work and others stated that they have borrowed lifts from another floor, leaving other floors with a shortage of lifts. On December 10, 2012 a Maxi Move lift located in the east tub room had a dead battery attached to it and it was non-functional. The battery was found charging in the soiled utility room. A Maxi Move in the 2nd floor south tub room had no battery attached to it and several batteries charging in the soiled utility room. The two identified lifts therefore were out of service and unavailable for immediate use for resident transfers. No spare lifts or fully charged batteries were available in the home. A battery not on a charger will slowly discharge when not in use. Each mechanical floor lift has been allocated two batteries each, one that is being charged while the other is connected to the lift and in use. [s. 23.]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 86.

Accommodation services programs

Specifically failed to comply with the following:

s. 86. (3) The licensee shall ensure that there are written policies and procedures to monitor and supervise persons who provide occasional maintenance or repair services to the home pursuant to the agreement referred to in subsection (2). O. Reg. 79/10, s. 86 (3).

Findings/Faits saillants :

[O. Reg. 79/10, s.86(3)] Written policies and procedures to monitor and supervise persons who provide occasional maintenance or repair services to the home pursuant to the written agreement in r. 86 (2) are not available.

A lighting contractor was hired to add additional lighting fixtures to the home. On December 10, 2012, the contractor was performing work that did not adhere to the home's plan for resident safety. Dust control procedures were inadequate and work was being performed in a room while a resident remained in their bed. Nursing staff were aware of the work being performed and did not take any action to stop the work until such time that residents could be re-directed. The concern was forwarded to the home's management staff. In general the home does not have any written policies or procedures to monitor and supervise persons who provide occasional maintenance repair services to the home.



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WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :



[O. Reg. 79/10, s. 90(1)(b)] As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee of a long-term care home has not ensured that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

1. The home has established a schedule to audit flooring throughout the home once per week. However no procedure has been developed to provide the home's expectations as to what flooring condition is acceptable and what steps are to be taken should an unacceptable condition be observed.

The flooring material in the kitchen is not in good condition. A seam has split near the dish wash area, near a floor drain. The seam split is approximately 3 feet long and has had water seepage underneath. A hole in the flooring material was also observed in another area of the kitchen.

The 3rd floor soiled utility room on the south side was observed to have a long split in the flooring material at the wall/floor junction to the left of the hopper.

2. The Curtis 3-door freezer and and Curtis refrigerator in the main kitchen does not receive the cleaning and preventive maintenance as laid out in the manufacturer's instructions and no schedule or procedure is in place for routine, preventive and remedial maintenance. Annual cleaning of the equipment requires the dismantling of the evaporator for chemical cleaning, chemical cleaning of evaporator coils, cleaning of condenser coils, evaporator fan blades and evaporator drain pans, clearing of condensation drain lines, checking of all electrical components, settings and refrigerant and oil charge. Confirmation was made that the current maintenance personnel in the building do not have training or experience to complete these tasks and have only vacuumed the exterior components. The current process as reported by staff is to call a company to repair or inspect the refrigerator and or freezer when it appears to be failing (not cooling). A preventive component is not included.



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

B. Susnik