



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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé  
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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
May 14, 2013	2013_189120_0025	H-000087- 13	Other

**Licensee/Titulaire de permis**

HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON, L8J-2J3

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

HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON, L8J-2J3

**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 an Other inspection.

This inspection was conducted on the following date(s): April 12, ~~18~~ and 18, <sup>11,</sup> 2013 *SS*

Compliance Order #005 was previously issued on July 12, 2012 for an inspection conducted on March 7, 2012 (H-000571-12) for failure to keep hazardous chemicals from resident access. During this inspection, all hazardous substances were noted to be kept in locked bathing rooms. The Compliance Order is being cleared, see below.

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

During the course of the inspection, the inspector(s) toured all areas of the home, including the kitchen, bathing areas, dining rooms and common areas, took light readings, tested the dishwasher, reviewed policies, procedures, audits and service reports.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

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**

<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 O.Reg 79/10, s. 15. Bed rails  
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**



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**Findings/Faits saillants :**

The home commissioned an external contractor to complete a bed entrapment zone audit of all the resident bed systems in early February 2013. The contractor used the Health Canada Guidelines titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards", (2008) as a guide to determine which beds passed or failed the specified parameters. The results of the audit concluded that over 60% of the beds failed one or more zones of entrapment which could potentially cause injury to the resident. Since that time, the management of the home have not instituted any measures to minimize or mitigate potential risk to the residents and have not conducted any clinical assessments of the residents that currently sleep on failed beds to determine if the bed system they have been provided is appropriate for their individual needs.

During a tour of the home, obvious gaps between head boards and mattresses and bed rails and mattresses were observed. These are areas that failed bed safety parameters during the audit. The home has a mix of bed models and mattresses of different ages. Some beds are furnished with 1/4 length assist bed rails and others with 3/4 length bed rails. Bed mattresses were noted to be either too long or too short for the bed frames. Mattresses that are too short create excessive gaps at the head or foot of the bed (entrapment zone 7). Mattresses that are too long can bunch in the center and may not lie flat. A number of bed frames had missing mattress keepers to keep the mattresses from sliding side to side. When beds without mattress keepers were tested, the mattresses easily slid off the frame of the bed.

Therapeutic surfaces were also noted on bed frames in identified rooms and some of the residents were sleeping on the mattresses with both bed rails fully engaged. These surfaces have inherent entrapment risks based on their design (soft edges, height and compressible nature).

The management of the home has future plans to replace beds and mattresses but was not able to provide any current plans outlining specifically what will be instituted to mitigate risk to residents who continue to sleep in beds that have identified safety risks. [s. 15(1)(b)]



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***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control  
Specifically failed to comply with the following:**

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

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**Findings/Faits saillants :**



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Immediate action is not taken to deal with pests, specifically flies and mice.

Several pests were identified in the home during the inspection. On April <sup>12</sup>~~18~~, 2013, *sl* after a tour of the kitchen, 1st floor dining room and garbage room, mice droppings and phorid flies were observed.

The only immediate action taken by the home was to contact their licensed pest control operator, which they have an established contract with and who visits once per month. Service reports reviewed for 2012 and 2013 revealed regular visits by a pest control service person who confirmed evidence of mice in the home, but not the phorid flies (which resemble fruit flies and breed in wet environments with organic matter). The pest control operator's actions for the mice was to place bait stations in key areas and to inform the home to improve sanitation and to seal entrance points. Home staff attempted to control the phorid flies independently by pouring degreaser products down the floor drains which is ineffective for such flies. No other actions were taken to manage the phorid flies by the home or the pest control operator.

During a tour of the kitchen, garbage room and dietary office, mice droppings were noted, along with bait stations. Gaps were noted under many of the doors leading to the kitchen via the delivery area and garbage room. Holes were noted in the walls inside the garbage room which backs onto the kitchen dietary office. The sanitation of the kitchen and garbage room were noted to be unsatisfactory and appeared to have been in an unsanitary state for many weeks based on the accumulation of matter.

Numerous phorid flies were identified flying in and around the dish wash area as well as inside of a rotted wood cabinet underneath a sink in the 1st floor dining room. The interior of the cabinet also had a bucket full of stagnant water and juice syrup spillage. The conditions were ideal for breeding (leaking plumbing, rotted wet wood, syrup).

Actions, which include but are not limited to sanitation, blocking rodent entrance points, using appropriate insecticides, monitoring, bait stations and mechanical traps are all necessary to deal with pests. [s. 88(2)]



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***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 immediate action is taken to deal with pests, to be implemented voluntarily.***

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**WN #3: 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).**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,**

**(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).**

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**Findings/Faits saillants :**



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A tour of the home was conducted on April <sup>11,</sup> ~~18,~~ <sup>18</sup> 2013 of all three floors and numerous resident bedrooms. The following was identified; 81

\* Approximately 50% of the resident bedroom doors in the home have some damage to the edges of the door, near the hinges which also spreads outward and onto the front side of the door. The doors are covered in a laminate layer which has broken away, leaving behind a rough, splintered edge with exposed wood and particle board.

\* Approximately 50% of the bathroom door trim on the 3rd floor and 30% of the bathroom door trim on both 1st and 2nd floors has peeled, exposing the metal layer underneath. The result is a rough surface that cannot be easily cleaned.

\* The wood handrails on the 1st and 2nd floors located in the corridors have rough surfaces in certain sections. Wood filler was used in the past to try and smooth out the rough areas, however many rough areas still remain.

According to maintenance department staff, the above noted areas are typically scheduled when students are hired to work over the summer. No procedures or routine remedial or preventive schedules could be provided for review.

\* The flooring material in the kitchen near a floor drain and walk-in cooler has lifted and is no longer tight fitting and impervious to moisture. An MOHLTC inspector also identified the issue on February 6, 2013 during an inspection and was informed that it would be addressed. The management staff stated that they had scheduled someone to repair the floor, however no specific date could be provided during this inspection.

\* The lower cabinetry under the sink in the 1st floor dining room and the white cabinet with the hand sink were noted to be in poor condition, with wet, split and deteriorated particle board. The condition of these cabinets was in advanced stages of rot indicating a long period of maintenance inaction. No procedures or remedial or preventive maintenance schedule was in place for these cabinets. [s. 90(1)(b)]

\* A dishwasher in the kitchen was not kept in good repair on April 18, 2013. When tested, the rinse cycle was not rinsing for a full 18 seconds as per the manufacturer's specifications which were posted on the machine. The dishes were not effectively being sanitized at the required 82C (180F) for a full 18 seconds. When tested, the cycle was only running for 8 seconds and the water temperature was only able to





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reach a maximum of 150F in that time period. The home has an established routine for preventive dishwasher maintenance and has a contract for remedial maintenance by an external company. However, the rinse cycle is not part of the contracted preventive check. The home has a policy and procedure for the use of and care of the machine and it does indicate that the rinse cycle is to be at 10 seconds at a minimum (as required by the Food Premises Regulation). Dietary staff are required to record wash and rinse temperatures on a daily log but not the rinse cycle length. [s. 90(2)(a)]

***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 there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.***

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**WN #4: 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).**

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**Findings/Faits saillants :**



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The home is not kept clean and sanitary.

The kitchen was toured on April <sup>12</sup>13, 2013 and the following identified: *BD*

- \* Excessive food matter stuck to the floor under cooking equipment and other fixed equipment
- \* Excessive food matter stuck to the exterior surface of the one-compartment stainless steel sink next to the dishwasher
- \* Excessive dust and grease coating the exhaust hood filters
- \* Moderate amounts of accumulated debris under the dishwasher
- \* Garbage containers soiled on the exterior surfaces
- \* Moderate amount of dust and grease on wire rack shelving and other equipment surfaces

Procedures and cleaning frequencies for the above noted areas were reviewed and are available to staff.

The first floor dining room was toured on April 13, 14 and 18th and the following identified;

- \* Walls and baseboards under window areas visibly soiled.
- \* Window blinds visibly soiled with food/liquid matter.

Other areas of the home;

- \* exhaust grille covers heavily laden with dust in the A,B & E shower rooms and 3rd floor tub room (secure area).
- \* visible wall splatter by the computer work station in the 2nd floor dining room
- \* some visible soiling of lower cabinets in 3rd floor dining room (non-secure area)
- \* dead flies in light covers near #283 and #350 (in corridor) [s. 15. (2) (a)]



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**WN #5: 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.**

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**Findings/Faits saillants :**



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The lighting requirements set out in the lighting table are not maintained.

Light illumination levels were taken of some areas of the home, using a self calibrating Sekonik Handy Lumi light meter, held at waist height with the light source either above the meter or in front of the meter. Outdoor conditions were overcast during the measurements. Areas not measured do not automatically indicate that they are compliant.

\*Main floor dining room - one half of the room is lit with large chandelier lights and one half with pot lights. The half with the pot lights was 400-600 lux. The side with the chandeliers was as follows:

\*175 lux above table #2

\*100 lux under chandelier above table #1

\*100 lux between tables 7 & 5

\*190 lux under the chandelier over table #6 and by the window

\*50 lux in and around the steam table and cabinets, 40 lux by the juice machine

A number of the bulbs on the chandeliers were burnt out. There were two ceiling fans in the room with lights turned off without any way for them to be turned on. The cords were out of reach and no wall switches were connected to the lights. The minimum required lighting level is 215.28 lux.

\*Chapel area has 18 recessed pot lights and the lux directly under the pot lots was 100 lux. The lux in between the lights was 0 lux. The minimum lighting level is 215.28 lux.

\*First floor corridors, wings A and B - down the centre, no light fixtures provided, only along the sides of the corridor. Down the centre was 150 lux continuous lighting. When directly under the fluorescent lights, 220 lux. Second floor corridors, wings C,D,E - 100-150 lux down centre of the corridors and 100-190 along the edges of the corridors. The minimum lighting requirement level is 215.28 continuous consistent lighting.

\*All 1st and 2nd floor bedrooms - one hanging light fixture about 10 feet into the room where the ceiling height increases. Directly below this light, 20 lux. All of the drapes in room #116 were closed and all of the over bed lights (both top and bottom bulb) were



turned on. The lux of these lights was approximately 510. A measurement was taken by standing at the foot of one bed, which was central to the room and the lux was 10. No difference whether the over bed light was on or off for general room lighting. No other light fixtures provided in the room. The minimum lighting level is 215.28 lux.

- \*Shower/tub room A and B - 150 lux over the tub and 50 lux in the shower stall (opaque cover over a pot light which is not recessed)
- \*Shower/tub room C - two diff light bulbs were provided in the shower stall, one fixture was 250 and the other 100 lux
- \*Shower/tub room D - 50 lux in the shower stall
- \*Shower/tub room E - 100 lux over toilet area, 170 lux over the tub and 10-20 lux in shower under lights

Tub and shower room minimum lighting requirement is 215.28 lux. [s. 18.]

**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:**

**COMPLIED 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 s. 91.	CO #005	2012_066107_0006	120



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Issued on this 14th day of May, 2013

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

*B. Susnik*