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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
Jun 12. 13. 19. 20, 22 , 2012	2012_072120_0049	Other

Licensee/Titulaire de permis

IDLEWYLD MANOR
449 SANATORIUM ROAD, HAMILTON, ON, L9C-2A7

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

IDLEWYLD MANOR
449 SANATORIUM ROAD, HAMILTON, ON, L9C-2A7

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Food Services Supervisor, Environmental Services Supervisor, registered staff, non-registered staff and residents.

During the course of the inspection, the inspector(s) toured all home areas, including random resident rooms, tub and shower rooms, utility rooms, common areas, the laundry room, several serveries and kitchenettes, took food temperatures, air temperatures, tested 4 bed pan flushers, tested exhaust systems and evaluated linen quality and quantities, reviewed policies and procedures and service reports.(H-001104-12/H-001638-11)

This inspection was conducted in conjunction with the Resident Quality Inspection(RQI) which began on May 30, 2012. See report #2012-065169-0010/H-000993-12.

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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

The licensee has not ensured that the home is a safe and secure environment for residents.

(i) Several serveries and kitchenettes, which are shared between two dining rooms, were left open and accessible to residents on numerous days and at different times of the day. Serveries have a solid door on each side of the room with a lock on them and the small kitchenettes have one small swing door with a lock on them. The Food Services Supervisor confirmed that staff are to close and lock the doors behind them when the areas are not attended. On June 5, 2012 the doors to the Orchard View kitchenette and servery were left open at 10:10 a.m. The Rose Garden kitchenette and servery doors were left open on June 12, 2012 at 3:15 p.m. and on June 19, 2012 at 1:30 & 2:42 p.m. The Gateside servery and kitchenette doors were left open on June 22, 2012 at approximately 11:20 a.m. Staff were either not present in the area or observed to be working in the dining rooms on the opposite side. Residents are able to wander into these areas, where hot water machines are accessible, hot holding equipment and cleaning chemicals.

(ii) A shower room located in the Spruce View home area was left unlocked and unattended by staff at 10:40 a.m. on June 6, 2012. Disinfectant was accessible in the room. A personal support worker confirmed that it should have been locked. The Oakwood shower room was left unlocked and unattended by staff on June 18, 2012. A bottle of disinfectant was observed to be hanging of the grab bar in the shower area. A housekeeping closet, containing hazardous substances was left unsecured in the Creekside home area on June 5th at 13:10 p.m.

(iii) Several tub rooms (Rose Garden, Orchard View, Oakwood, Creekside) were noted to have pooling water on the floor with evidence that the pooling water is a daily event. Scale was evident in various areas throughout all of the tub rooms, an indication that water sits in place and does not move towards the floor drain located under the tub. Staff have been provided squeegee brooms to push the water into the drain. When this was attempted during the inspection, an excessive amount of time and effort was required to push the water into the drain. When the force was not adequate, water would move back away from the drain to a depression in the floor. The staff using these rooms to bathe residents raised concerns that the puddles of water are a slip hazard and a hazard for residents who are transferred into the tub lift chair. The chair, when moved away from the tub, sits on an uneven floor surface and may tip. In one tub room, a rubber mat was provided to prevent the slip hazard, however, the mat presents a greater hazard with respect to using the tub lift chair.

(iv) On June 19, 2012, a plastic commode chair frame with a green mesh backing came apart when the chair was lifted in the Creekside shower room. A screw was observed to be missing from the back support. A nursing aide was present at the time and the disrepair brought to their attention.

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 is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: 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 :

[O. Reg. 79/10, s. 89(1)(b)& (c)] The licensee of the long term care home has not ensured that,

(b) a sufficient supply of clean linens and face cloths are always available in the home for use by residents.

On June 12, 2012, in the early afternoon, a visual inventory was taken of peri care cloths, hand towels and face cloths in the 6 home areas and in the main laundry room. Staff reported that they did not have any peri care cloths available to them in any of the 6 home areas. Each of the 2 linen closets in each home area were observed to be empty of peri care cloths, hand towels and face cloths. Each tub, shower and clean utility room was checked in each of the 6 home areas for available linens. No peri care cloths could be located. Randomly the resident rooms were checked for linens and it was noted that some residents had a bath towel and face cloth, and very few actually had a hand towel or peri care cloth accessible to them.

Interviews with laundry staff revealed that a linen quota based on resident needs was developed in 2011 by a laundry aide and a nursing manager. This quota was posted in the laundry room for laundry aide reference at the time of inspection. In addition, a photo of the required linen stock was posted in the laundry room to help guide the aides in determining how to stock the laundry carts. During the inspection, over the course of several days, the required linens were not available to stock the carts as required by the established quotas.

The laundry processing program relies heavily on staff to return soiled items to the laundry room before any linens can be cleaned and returned to the home areas.

(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.

Policy HL-03-02-15 regarding linen condition has not been implemented. Staff reported that they cannot always follow the policy to discard unfit linens because they are so short on peri care cloths. Peri care cloths that were ripped and frayed were removed from 2 small linen care carts which were parked in two separate corridors. Several badly frayed cloths were identified in the laundry room. When staff were questioned about the cloths, they reported that the cloths were made into peri care cloths by ripping a bath towel into four pieces to accommodate resident needs for peri care.

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 a sufficient supply of clean linens and face cloths are always available in the home for use by residents and 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, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

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;
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

[O. Reg. 79/10, s. 90(2)(c)] The licensee has not ensured that procedures are developed and implemented to ensure that the heating, ventilation and air conditioning systems are clean, in a good state of repair and inspected at least every six months by a certified individual and that documentation is kept of the inspection.

No policies or procedures have been developed to ensure that the ventilation system is kept clean and in a good state of repair. The home's policy relating to the home's ventilation system identifies that it is inspected by a certified outside contractor on a quarterly basis but does not provide any other directions related to keeping the system clean and in a good state of repair. No internal system checks are conducted by in-house staff as confirmed by the Environmental Services Supervisor. Service reports from the contracted service provider were reviewed.

The exhaust system for the showers in home areas (Creekside, Oakwood, Rose Garden) located on one side of the building was not operational during the inspection on June 19 & 20, 2012. The shower rooms were stuffy and odourous. The Heating/Ventilation technician was in the building at the time of the inspection and verified that the exhaust unit was not in good working order.

The exhaust system in all six tub rooms and most of the shower rooms also had excessive amounts of dust clogging the air exhaust grills. The exhaust grills in the resident washrooms located in Creek Side and Spruce View were also observed to be very dusty. Housekeeping staff reported that they could not reach these ceilings which are higher than other ceilings in the home. The maintenance supervisor reported that staff have been provided with extension poles for the higher ceilings.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

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;
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces;
(c) removal and safe disposal of dry and wet garbage; and
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

[O. Reg. 79/10, s.87(2)(a)(ii)& 87(2)(b)(i)&(ii)] The licensee has not ensured that procedures are developed and implemented for:

(a) cleaning of the home, including,(ii) common areas, including carpets, furnishings, contact surfaces and walls surfaces.

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces

The home's policy FS-02-01-04 requires that full time dietary aides clean the "dining room" but does not specifically identify what is to be cleaned. Daily task sheets posted in each kitchenette describe that the aides are to sweep up large items from dining room floors and to vacuum the carpets after breakfast on the 6:30 to 2:30 shift. No specific task identified the need to clean the carpets of ground in stains, chair seats or chair frames. The housekeeping policy HL-02-01-01 require housekeepers to clean public areas as per their checklist. The daily housekeeping checklist specifies that they are to "spot clean" the carpet daily but gives no other details. The Environmental Services Supervisor stated that he has an external contractor steam clean the dining room carpets monthly.

* The dining room chair frames, legs and seats were observed to be stained or soiled in all six home areas between June 12, 13, 19 & 20, 2012. Most of the stains remained on the seats/frames over the course of several days.

* Most of the serveries, located in dining rooms, which have decorative wood paneling on the walls were stained with food/liquid matter over the course of the 4 days the areas were inspected.

* All six home area dining rooms were identified to have large visible pieces of food on the carpet from one meal to the next. Pieces of egg from the breakfast meal remained into the lunch meal in several dining rooms. The carpets in all of the dining rooms observed to have ground in food and liquid stains and the same stains remained on each of the 4 days the areas were inspected.

Policies and procedures have not been developed for the cleaning of the floor drains in tub rooms. Housekeeping staff reported that they do not and have not cleaned out the drains. All six tub rooms were observed to have excessive hair and other matter on and around the drain covers which are located under the tubs. Maintenance staff reported that the tub/shower room drains have not been deep cleaned to date.

Although policies and procedures have been developed for nursing aides to clean and disinfect the tubs after each use, the tub surfaces were observed to be coated in a layer of hard water residue and some had visible iron-coloured residue. The manufacturer of the tub reported that tub surfaces are to be descaled using a specific descaling product if the water content contains a lot of minerals. Employees reported that the descaling product is not available for use in the home. The policies and procedures available to staff do not address the need to descale tubs or other equipment, frequency or who would descale the equipment.

The home's policy #MA-06-02-02 related to flooring and carpets does not provide staff with a cleaning frequency or who is responsible for cleaning floors and carpets. The flooring material in all tub rooms and some shower rooms was observed to have heavy scale build-up and was discoloured with a black residue. Housekeeping and maintenance policies and procedures do not describe who will clean the floors, the frequency of cleaning and what products and equipment will be used to keep the floors free of residue and scale.

WN #5: 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 a long-term care home has not ensured that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

Personal Support Workers who use slings with mechanical lift equipment reported that they do not inspect the slings prior to use as required by the manufacturer's instructions. Staff revealed that they have not had specific training around the sling inspection process.

Many slings were observed to be well past the manufacturer's expected operational life for fabric slings. The manufacturer's guidelines state that life expectancy is approximately 2 years from the date of manufacture and only if the slings have been cleaned, maintained and inspected in accordance with documents from the company such as their "Operating and Product Care Instructions" and the "Preventive Maintenance Schedule".

Slings were observed to be hanging on mechanical lift equipment in halls and on the back of tub room doors. These slings were observed to have tags on them that were completely faded and not readable. The manufacturer warns that a sling not be used when a tag is not readable (Patient Care Sling Selection and Usage Toolkit). Others had bare visible markings on them with dates of 2003, 2004 and 2005. Laundering contributes to wear and tear of the of slings, compromising safety over time. The Director of Care and Environmental Services Supervisor could not provide information as to how the slings are managed and when they were last formally inspected according to the manufacturer's guidelines.

WN #6: 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. (2) The licensee shall ensure,
(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
(c) that the local medical officer of health is invited to the meetings;
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

s. 229. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,
(a) infectious diseases;
(b) cleaning and disinfection;
(c) data collection and trend analysis;
(d) reporting protocols; and
(e) outbreak management. O. Reg. 79/10, s. 229 (3).

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 :

[O. Reg. 79/10, s. 229(2)(d)] The licensee has not ensured that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices

The home's infection prevention and control program, which includes policies, procedures and practices, is evaluated annually, however the program has not been evaluated to determine if it is in accordance with best practice documents under the Ontario Agency for Health Protection and Promotion, such as Best Practices for Environmental Cleaning for Prevention and Control of Infections, 2009 and Routine Practices and Additional Precautions in All Health Care Settings, 2011.

(i) The home's policies and procedures related to laundry processing and handling (HL-03-02-11, IC-05-02-15 and 01-03 -03) are not reflective of current best practices titled "Best Practices for Environmental Cleaning for Prevention and Control of Infections, 2009" and "Routine Practices and Additional Precautions in All Health Care Settings 2011". The policies direct staff to isolate and double bag soiled linen and use red laundry bags for linen that is contaminated by "infectious bacteria" and to launder the linen separately from other soiled linen. This practice was determined to be in place in the home at the time of inspection based on conversations with laundry staff and by observing the red bags in various resident rooms.

According to both best practices documents, "routine laundering practices are adequate for laundering all linens, regardless of source; special handling of linen for residents on Additional Precautions is not required". No distinctions are to be made between laundry from those who are ill from those who are not ill. Continuing to make such distinctions causes complacency when handling soiled linen in general and the heavy reliance on someone to identify a resident with a contagious organism. The home has clearly made a distinction in their policies and procedures and has not made changes to their policies or practices reflective of current best practices.

The environmental services supervisor was unaware that the policies and procedures did not meet current best practices and was unaware that best practices documents were available.

(ii) The home's policies and procedures related to the handling and processing of soiled tableware are not reflective of best practices titled "Routine Practices and Additional Precautions in All Health Care Settings 2011". The home's policy 05-02-17 dated June 20, 2003 requires staff to provide residents who are positive with an infectious organism, with disposable table ware for their meals. The Food Services Supervisor confirmed that this practice has been implemented in the past, when necessary but was unaware that it is no longer a best practice. Best practices establishes that "dishware and eating utensils are effectively decontaminated in commercial dishwashers with hot water and detergents. Reusable dishware and utensils may be used for all residents including those on Additional Precautions. Disposable dishes are not required". The practice of giving residents disposable products when they are ill clearly identifies them as "ill" and is not in keeping with their right to be treated with dignity and respect.

(iii) Dining room tables in all six home areas were observed to be fully set up with tableware 2 to 3 hours in advance of the dinner meal on numerous days. Dining rooms are of an open concept design, and can be used between meals. The clean table ware was thereby exposed to contamination by airborne dust, droplets and particles and inadvertent touching by staff, visitors and residents. Policies FS-02-01-05 and FS-02-01-04 require dietary aides to set tables without any specific time frames. The Food Services Supervisor was unaware that the tables were set so far in advance of meals and stated that it is not the expectation that tables be set several hours before the next meal. Best practices and public health legislation requires the protection of dishware once cleaned to be stored and transported to prevent contamination.

[O. Reg. 79/10, s. 229(3)(b)(c)(d) & (e)] The licensee has not designated a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

(b) cleaning and disinfection;
(c) data collection and trend analysis;
(d) reporting protocols; and
(e) outbreak management

The designated infection prevention and control co-ordinator for the home reported that they have not had any education related to cleaning and disinfection, data collection and trend analysis, reporting protocols and outbreak management and have limited experience with outbreak management and reporting protocols.

[O. Reg. 79/10, s. 229(4)] The licensee has not ensured that all staff participate in the implementation of the program.

The home's infection prevention and control program, which includes hand hygiene practices and associated policies(HL -04-01-02, 02-02-02 & IC-05-02-10) requires staff to wear gloves only when they perform tasks associated with non-intact skin and when interacting with surfaces or items that are visibly soiled with blood, bodily fluids or secretions.

(i) Several health care aides were observed to be wearing gloves for routine care activities such as removing or putting on resident belongings, making beds and handling wheelchairs or lifts.

(ii) Several housekeepers were observed to be wearing gloves when they were vacuuming, walking in the corridors, moping, dusting, sweeping and other cleaning routines where no contact with visible bodily fluids was likely. Discussions held with housekeepers revealed that they are aware of the hand hygiene and glove policy and have attended in-services, however they have chosen to disregard the policies.

(iii) The home's cleaning and disinfection program for non-critical items such as bed pans, urinals and washbasins requires staff to take dirty and used items to the soiled utility room for processing (as per policy #RC-02-01-17). Staff are to place dirty items on a shelf in the room and night shift staff are to use a bed pan flusher/disinfector machine in which to clean them. The cleaned items are then to be returned to the resident's room or to the clean utility room.

However, during the inspection, this practice was not being followed by all staff. It appears that not all staff retrieve cleaned items from the clean utility room. One staff member reported retrieving items from the soiled utility room. Night staff are not following routines to clean the items each night, as the soiled utility room in Orchard View, contained the most amount of heavily soiled items, such as urinals, washbasins and bed pans over the course of two days. Many of the items were soiled with dried feces and heavy amounts of dried urine inside urinals, and scale on some bed pans. Staff are required to ensure that the items that emerge from the disinfector machine are clean and yet no staff member reported to management that the machines were not cleaning properly.

When 4 out of the 6 flusher/disinfectant units were tested, the plastic items did not emerge cleaned, and had visible residues of urine and feces on them. The machines all contained detergent, yet after running items twice through the process, the items remained unclean. Management staff were unaware that these items were not being cleaned properly and that soiled items remained sitting on shelves in soiled utility rooms.

(iv) A commode/shower chair in the Creekside tub room was observed with fecal matter on the underside on June 12, 2012. The fecal matter remained on the chair and was observed on June 19, 2012. The home's policy IC-02-04-06 "Designation of Clean and Unclean Resident Care Items" requires staff to wipe clean with an approved disinfectant resident commode chairs, at least once per day and when visibly soiled.

(v) Clean linen carts with exposed clean linens were noted to be parked in corridors, in the path of regular traffic, not under the control of staff and therefore open to inadvertent handling by visitors and residents and not protected from dust and other airborne particles. Staff confirmed that the clean utility room is the designated area for the storage of the carts, but staff find it more convenient to keep the linen out in the corridors. Several staff confirmed that they are aware of several residents who routinely stop at the open linen cart.

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 ensuring that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, that all staff participate in the implementation of the program and that the designated staff member to co-ordinate the program has education and experience in infection prevention and control practices, to be implemented voluntarily.

Issued on this 29th **day of August, 2012**

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

B. Smart