Ontario

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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 20, 2010	2010-120-901-20AUG100010	H-01720 Follow-up to June 29, 2010

Licensee/Titulaire

King Nursing Home Ltd., 49 Stearne Street, Bolton, ON L7E 1B9

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

King Nursing Home, 49 Stearne Street, Bolton, ON L7E 1B9

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

Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance related to The Nursing Homes Act, 1990, c.7, s. 20.11 (Quality Management).

During the course of the inspection, the above named inspector spoke with the Administrator, residents and various staff members from different departments. The Environmental Services Supervisor was away on holiday.

During the course of the inspection, the inspector inspected all of the residents' bedrooms, washrooms, all 3 dining areas, all soiled utility rooms, all linen and supply rooms, common bathing rooms and the basement area, including the laundry room.

The following Inspection Protocols were used during this inspection:

Accommodation Services – Laundry
Accommodation Services - Housekeeping
Accommodation Services – Maintenance
Infection Prevention and Control
Safe and Secure Home

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

6 WN
4 VPC

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 4.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the LTCHA, 2007, S.O. 2007, c.8, s.15(2)(c) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. Approximately 6 to 8 plastic carts on wheels used by Personal Support Workers (PSW) to transport linen and care products to residents were identified to be in poor condition. Carts were found in the linen/supply rooms and in tub rooms. Wheels were either missing or broken and the drawer faces were badly damaged.
2. A Sarah 2000 mechanical floor lift, used to lift and move residents, was found in the 1st floor tub room with non-functional brakes for both back wheels.
3. Pooling water was identified in both the 2nd and 3rd floor shower rooms on all 3 days of the inspection. Approximately 2 square feet in diameter of water, several millimeters deep, next to the toilet and near a drain remained unattended to by staff. Staff were observed toileting the residents and walking through the water.
4. Wood-framed chairs in many rooms and in the 3rd floor dining room are not sealed and impervious to moisture for cleaning purposes. Some were noted to have cracked seat covers and some were unstable.
5. The wallpaper in some resident rooms is not in good condition (peeling or ripped) and difficult to clean (also an infection control issue).
6. The sliding window in one resident room does not stay open and can't be engaged.
7. A rusty towel bar noted in one resident washroom.
8. The plastic bed rail located on the right side of the bed (bed located closest to the room door) in a resident room was not in a good state of repair. One of the stiles had popped out of the frame. The bed rails in general are loose, with a lot of forward and backward movement.

Previously issued under the Nursing Homes Act, 1997, s. 20.11 (Quality Management)

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 s. 15(2)(c) in respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. The plan is to be implemented voluntarily.

WN #2: The Licensee has failed to comply with: O. Reg. 79/10, s. 89(1)(a)(ii) and (iv) 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,

(ii) residents' personal items and clothing are labeled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing, and

(iv) there is a process to report and locate residents' lost clothing and personal items.

Findings:

1. A number of residents did not have their personal clothing items labeled.
2. Personal care articles such as washbasins, urinals and bedpans were also identified in resident washrooms without a label.
3. Procedures to ensure all clothing and personal items are labeled are not being followed.
4. Several residents who were interviewed indicated that an article or two of their clothing has not been returned within the last few weeks. Numerous unclaimed articles of clothing from Feb to August 2010 identified sitting on a clothing rack in the basement corridor. Residents have not been asked to complete a form when items go missing. A hand written note was found posted on the bulletin board in the laundry room, listing several missing items (without any dates). A formal process to document and search for lost items is not apparent.

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 s. 89(1)(a)(ii) and (iv) in respect to ensuring that all residents' personal items and clothing are labeled in a dignified manner within 48 hours of admission and of acquiring new clothing and that there is a process to report and locate residents' lost clothing and personal items. The plan is to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, s. 89(1)(b) 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,

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

Findings:

1. Face cloths, peri care cloths, pillows and pillow cases were observed to be missing or of an inadequate amount on each of the 3 floors for the needs of the residents.
2. A laundered supply of hand towels, bath towels, sheets (top and bottom), pillow cases, face cloths and peri care cloths were not readily available in the home for emergencies or for immediate use when necessary.

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 s. 89(1)(b) in respect to ensuring that a sufficient supply of clean linen is always available in the home for use by residents. The plan is to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O. Reg. 79/10, s. 90(3) The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator.

Findings:

The exhaust system connected to each of the resident washrooms was not functioning at the time of inspection. The maintenance person was not aware of the fact until 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 with s. 90(3) in respect to ensuring that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator. The plan is to be implemented voluntarily.

WN #5: The Licensee has failed to comply with the LTCHA 2007, S.O. 2007, c.8, s. 3(1)8 Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

Findings:

All three shower rooms, one located on each of the three floors, does not have a shower curtain in the room for resident privacy. The shower room door, when open, offers a full view directly into the shower area from the corridor.

WN #6: The Licensee has failed to comply with the LTCHA 2007, .S.O. 2007, c.8, s. 84 The 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.

Findings:

The maintenance program has not been monitored, analyzed or evaluated to improve the quality of these programs from year to year.

Non-compliance related to keeping the home, equipment and furnishings in a safe condition and in a good state of repair has been identified during inspections conducted on June 15, 2006, October 16, 2007, April 7, 2009, October 14, 2009 and May 6, 2010. Unmet criterion O2.12 and O2.1 related to maintenance and an Area of Non-compliance under Ontario Regulation 832/90, s. 21(1) related to maintenance have been issued. On March 3, 2010, s. 201.11 under the Nursing Homes Act, 1997 was issued related to quality management. Very little progress is made year to year with respect to identifying and improving the maintenance program.

Previously issued under the Nursing Homes Act, 1997, s. 20.11 (Quality Management)

CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT / EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
MOHLTC Program Standards Manual or LTCHA, 2007, S.O. 2007, c.8	Criterion M3.23 or s.86(2)(b)		Log #567-2010	120

Signature of Licensee or Representative of Licensee / Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Nov. 12/10