



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
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Performance Improvement and
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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
Feb 6, 2014	2014_128138_0004	O-001219- 13, O- 001201-13	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

_ONGFIELDS MANOR
330 BEATRICE DRIVE, NEPEAN, ON, K2J-5A5

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

PAULA MACDONALD (138)

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): February 3, 4, and 5, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Nutritional Care Manager, Infection Prevention and Control Lead, residents, registered practical nurse, personal support workers, a registered nurse, a food service worker, and a housekeeping aide.

During the course of the inspection, the inspector(s) toured resident home areas, observed a dining service, reviewed the home policy and training on the use of mechanical lifts, and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Dining Observation
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care
Training and Orientation**

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.)

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 O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (3) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home. O. Reg. 79/10, s. 87 (3).

Findings/Faits saillants :



1. The licensee failed to comply with O. Reg 79/10, s.87. (3) in that the licensee failed to ensure that a sufficient supply of housekeeping equipment and cleaning supplies is ready available to all staff at the home.

On February 4, 2014, Long Term Care Homes (LTCH) Inspector #138 toured both shower rooms on the Garden Terrace unit with a personal support worker (PSW). It was observed in the East shower room that there was an empty bottle of disinfectant cleaner that the PSW stated was used to clean the residents' shower. The PSW further stated that when additional disinfectant cleaner is required that the PSW's will request additional supplies from the registered nursing staff in charge on the unit. The LTCH Inspector spoke with the Registered Practical Nurse (RPN) on the unit and she stated that the process she uses to replenish the supply of disinfectant cleaner is to write a message in the unit communication binder to the housekeeping aide who will then replenish the supply. LTCH Inspector asked to see the communication binder and the unit RPN was unable to locate it. In addition, the PSW was unable to locate any further supply of disinfectant cleaner on the unit.

LTCH Inspector proceeded to the Cedar Cove unit and spoke with the Registered Nurse (RN) on the unit. The RN stated that both unit shower rooms have a disinfectant cleaner in the room that is used by the PSW's after each resident shower. The RN stated that she is responsible to obtain additional supplies of the disinfectant cleaner upon the PSW's request. LTCH Inspector and the RN toured the two shower rooms and it was noted in the West shower room that there was no disinfectant cleaner available. The RN stated that there was an additional supply of the disinfectant cleaner in the clean utility supply room. LTCH Inspector and the RN went to the clean utility supply room and no disinfectant cleaner was found. The RN stated to the LTCH Inspector that she was unsure where to obtain additional supplies of the disinfectant cleaner but thought that the housekeeping aide could replenish supplies. The LTCH Inspector spoke with the housekeeping aide on the unit and he stated that he did not replenish the supply of disinfecting cleaner.

LTCH Inspector observed that two of the four shower rooms visited did not have disinfectant cleaner readily available for PSW's to clean the residents' showers. [s. 87. (3)]



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Issued on this 6th day of February, 2014

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

PAULA MACDONALD RD