



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 9, 2010	2010-120-2124-09DEC082941	H-03004 Follow-up to March 19, 2010

Licensee/Titulaire

Rykka Care Centres LP, 50 Samore Road, Suite 205, Toronto, ON, M6A 1J6

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

Cooksville Care Centre, 55 Queensway West, Mississauga, ON, L5B 1B5

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 made under the Ministry of Health and Long-Term Care Homes Program Standards Manual with respect to the following unmet criteria;

- M3.23 (Infection Prevention and Control)
- B3.16 (Safe and Security)

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Personal Service workers, nursing staff, maintenance staff, family members and residents.

During the course of the inspection, the inspector conducted a walk-through of all of the shower/tub rooms, many resident washrooms and bedrooms, soiled and clean utility rooms and dining rooms. Policies and procedures were also reviewed with respect to the infection prevention and control program.

The following Inspection Protocols were used:

- *Infection Prevention and Control*
- *Safe and Secure Home*

Findings of non-compliance were found during this inspection. The following actions were taken:

- 1 WN
- 1 VPC

Corrected non-compliance can be found on page 3 under the section titled "Corrected Non-Compliance"

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 O. Reg. 79/10, s. 229(4).* The licensee shall ensure that all staff participate in the implementation of the program.

Previously issued as Unmet Criterion M3.23 under the Ministry of Health and Long-term Care Homes Program Standards Manual.

Findings:

Staff members are not participating in the infection prevention and control program, which includes the prevention or the elimination of the spread of disease through hand-hygiene and cleaning and disinfection principles. The following observations were noted;

1. Washbasins and bedpans are not cleaned and disinfected after use based on the following observations:
 - Observed a PSW discard water into a sink from a basin after giving a bed bath and no cleaning and disinfection took place. The basin was placed immediately back into the resident's closet.
 - A washbasin with soapy water in it was left sitting on a toilet tank in a resident washroom.
 - Disinfectant and cleaning supplies (brushes) not available in 2 out of 3 soiled utility rooms for processing washbasins and bedpans. All 3 utility rooms had overly cluttered counter tops and were not set-up for processing washbasins and bedpans.
2. Procedures not available for staff instructing them on how to clean and disinfect resident items such as washbasins, bed pans, kidney basins and urine measures.
3. Washbasins and urine measures were found stored on top of toilet tanks in washrooms or on top of shoes in closets or on the floor. Clean linens noted to be stored on top of tub lift seats and other equipment in shower rooms.
4. Cleaning routines are not conducted to avoid cross-contamination. Several housekeeping staff were observed to be cleaning from dirty contaminated surfaces such as toilets to clean surfaces such as furniture tops. Touch point surfaces such as door knobs, bed rails and light switches not cleaned at all. Many light switches were noted to be visibly soiled.
5. Staff (both nursing and housekeeping) noted to be wearing gloves for multiple tasks and hands are not sanitized after removing gloves.
6. Plastic carts on wheels, with drawers for the storage of isolation supplies such as gowns and masks were noted to be visibly soiled. Six were observed to be stored in the 3rd floor shower room, all soiled. Two additional carts were noted just outside several resident rooms. One med cart on the 3rd floor was visibly soiled on many surfaces and a 2nd med cart was soiled on the side with the garbage container. The pill crusher on one of these med carts was heavily soiled.



Additional Required Action:

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. 229(4) in respect to ensuring that all staff participate in the implementation of the program, to be implemented voluntarily.

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.16 of the MOHLTC Homes Program Standards Manual, now found in the LTCHA, 2007, S.O. 2007, c.8, s. 5	N/A	N/A	Log #232-2010	101

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). <i>March 7/11</i>