



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
Jul 22, 2013	2013_189120_0046	H-000270- 13/H-000278 -13	Complaint

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

COOKSVILLE CARE CENTRE
55 THE QUEENSWAY WEST, MISSISSAUGA, ON, L5B-1B5

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 a Complaint inspection.

This inspection was conducted on the following date(s): July 8 and 10, 2013

During the course of the inspection, the inspector(s) spoke with the administrator, restorative program co-ordinator, restorative program social worker, food services supervisor, registered staff, housekeeping, laundry and maintenance staff and residents.

During the course of the inspection, the inspector(s) toured the building, took illumination levels, reviewed policies and procedures for housekeeping and laundry and reviewed a resident's medical record.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 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.

Findings/Faits saillants :



The lighting levels are not maintained as identified in the lighting table.

Illumination levels in corridors on all three floors were well below the minimum requirement of 215.28 continuous consistent lighting. When measured with a light meter at waist height, lux levels were 100 to 220 lux under the ceiling light fixture and zero lux between light fixtures, which were spaced 8 feet apart.

Illumination levels in the resident bedrooms on all three floors were well below the minimum requirement of 215.84 lux. Bedrooms did not have any central light fixtures. Standing centrally in the various bedrooms, with over bed lights either on or off and window drapes drawn, the lux level was zero.

On both July 8 and 10, 2013, corridor lights on 2nd and 3rd floors were identified to be turned half off. Staff reported that it is a corporate policy to turn lights off when the indoor air temperatures exceed a certain comfort level. This practice is not in keeping with regulations that require a certain minimum lux level for safety or the Ministry of Health's Guidelines for the Prevention and Management of Hot Weather Related Illness in Long-Term Care Homes, July 2012. [s.18]

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 lighting requirements set out in the Table to this section are maintained, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87.
Housekeeping**



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Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 87 (2).
-

Findings/Faits saillants :



Procedures developed for cleaning of the home, specifically resident bedrooms and serveries were not being implemented during the inspection on July 8 and 10, 2013.

The home's policy ES C-10-15 titled "General Dusting and Spot Cleaning" requires housekeeping staff to "remove dust and spot wipe all wall areas and fixtures from head level down to the baseboards, to dust and spot clean all furniture, doors, light switches and all other appropriate items on a daily basis". Policy ES C-30-60 requires staff to all horizontal surfaces and light fixtures to be spot cleaned daily and hand dusted with a damp cloth weekly and that walls and doors will be spot cleaned daily.

The home's policy ES C-10-95 titled "Privacy Curtains" states that privacy curtains will be cleaned annually and as required.

The home's policy ES C-15-05 titled "Floor Care and Maintenance" requires staff to remove the daily accumulation of light dust and soil in all areas" from the floors. Policy ES C-15-10 requires staff to damp mop daily if needed or every second day and "to pay particular attention to corners".

The food services supervisor when interviewed on July 16, 2013 regarding the cleaning schedule for the serveries, stated that a daily cleaning of surfaces is required and that it is deep cleaned twice per week. A specific policy has not been developed and the cleaning schedule which was requested was not provided.

1. Random resident rooms were toured on all three floors on July 8, 2013. Heavy amounts of dust was observed on over bed light surfaces in rooms #100, 101, 112, 111, 102, 103, 104, 108, 300, 322, 323, 336, 335, 202, 205, 201, 200, 216. Upon return on July 10, 2013, some had been wiped down but many still remained dusty.
2. Cob webbing and/or accumulated dead insects were noted in corners beside incremental heating and cooling units in, but not limited to bedrooms #103, 109, 113, 111, 305, 302, 300, 336, 205 and 200.
3. Ant boring activity was heavy behind or along side of resident beds in rooms #111, 305, 302, 306 on both July 8 and 10, 2013. Small mounds of sand was noted along the baseboards.



4. Objects were identified under beds in rooms #102, 108, 226 and 200 on July 8 and 10, 2013. Many other rooms had dusty floors under beds, with visible debris around and under the head board area of the beds. One resident who was interviewed stated that the booklet under their bed had been there for a week.

5. Walls were visibly soiled on both July 8 and 10, 2013 in #102 (bed and bath), 302, 322, 330, 335 (bath) and bifold washroom doors visibly soiled in 100 and 336.

Room #232 was observed to have the walls in the bedroom, washroom, washroom door, and resident's side table splattered with an unknown white substance (appeared to be hand cream) between July 8 and 10, 2013. The sanitation issue was raised with the registered practical nurse on July 8, 2013.

6. Privacy curtains were observed to be stained or dirty in but not limited to rooms #113, 100, 103, 306, 322, 330, 335, 200, 230, 226 and 225.

7. Serveries located in the 2nd and 3rd floor dining rooms were observed to have visibly soiled cabinetry surfaces. In the 2nd floor servery, a heavy amount of debris was noted beside the steam table. The white refrigerator in the 3rd floor servery was black around the handles and other high touch surfaces. The 4 foot walls surrounding the servery were visibly soiled in both 2nd and 3rd floor dining rooms. Garbage cans were very heavily soiled in both serveries. [s. 87(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 that as part of the organized program of housekeeping under clause 15 (1)(a) of the Act, that procedures are developed and implemented for cleaning of the home, including resident bedrooms, floors, privacy curtains and wall surfaces, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service



Specifically failed to comply with the following:

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, (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 O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

Linens; specifically pillows were not maintained in a good state of repair.

Pillow surfaces were noted to be cracked, exposing an absorbent layer underneath in but not limited to bedrooms 202, 200, 100, 111, 103, 104, 305, 322, 329, 332, 232, 226, 217 and 211.

The home's policy D-15-15 requires that linen be maintained in a good state of repair, but does not specify who will monitor the condition of pillows and how often. [s. 89(1) (c)]

Issued on this 22nd day of July, 2013

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

B. Susnik