

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

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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	
Mar 12, 2012	2012_072120_0023	Other	
Licensee/Titulaire de permis			
CANADIAN REFORMED SOCIETY FO 337 STONE CHURCH ROAD EAST, H Long-Term Care Home/Foyer de soir	AMILTON, ON, L9B-1B1	····	
MOUNT NEMO CHRISTIAN NURSING HOME 4486 Guelph Line, BURLINGTON, ON, L9T-2X6			
Name of Inspector(s)/Nom de l'inspe	cteur 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 the administrator, director of care, maintenance person and non-registered staff regarding accommodation services(H-000469-12).

During the course of the inspection, the inspector(s) conducted a visual tour of the home which included the review of the furnishings, mattresses, beds, mechanical equipment and slings, took water temperatures, measured light levels and reviewed policies and procedures and equipment manuals.

The inspection was conducted concurrently with the Resident Quality Inspection (H-000327-12)conducted February 29 to March 9, 2012.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance** 

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

# NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé
VPC - Voluntary Plan of Correction DR - Director Referral CO - Compliance Order	WN - Avis écrit VPC - Plan de redressement volontaire DR - Alguillage au directeur CO - Ordre de conformité WAO - Ordres : travaux et activités
LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1)	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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services Specifically failed to comply with the following subsections:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

## Findings/Faits saillants:

[LTCHA 2007, S.O. 2007, s.15(2)(c)] The licensee of a long-term care home has not ensured that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Flooring material in numerous resident bedrooms in the East corridor is not in a good state of repair and presents an unsafe condition. Square vinyl tiles have lifted, causing the edges to raise above the level of the floor, potentially causing a tripping hazard.

## 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, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails Specifically failed to comply with the following subsections:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
  (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
  (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
- (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

#### Findings/Faits saillants:



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[O. Reg. 79/10, s.15(1)(a)] The licensee of a long-term care home did not ensure that where bed rails are used, that the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident.

Several residents were identified to be lying in bed with both bed rails in place. These residents were either lying on a therapeutic mattress or on a foam mattress.

The Director of Care and the Maintenance person, when interviewed, confirmed that none of the beds in the home have been evaluated to determine if entrapment risks are present.

#### 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 resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident, to be implemented voluntarily.

WN #3: 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 did not ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

During a tour of the home, 5 slings were identified to be in poor condition and one was pulled from circulation. These slings were found on top of lifts parked in corridors and one was being used by a personal support worker. The slings were all noted to be ripped, frayed or the stitching was missing or loose. The manufacturer's instructions for these slings requires that staff inspect the slings prior to each use for rips, tears, fraying etc. The home's policy with respect to sling use requires staff to inspect the sling prior to use.

#### 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 all staff use assistive aids in accordance with manufacturers' instructions, to be implemented voluntarily.

Issued on this 4th day of April, 2012



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

B Suint