



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**

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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
Dec 17, 2013	2013_189120_0091	T-212/282-13	Complaint

Licensee/Titulaire de permis

848357 ONTARIO INC.
33 Christie Street, TORONTO, ON, M6G-3B1

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

THE O'NEILL CENTRE
33 CHRISTIE STREET, TORONTO, ON, M6G-3B1

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): December 11 & 12, 2013

During the course of the inspection, the inspector(s) spoke with administrator, environmental services supervisor, housekeeping staff, residents and non-registered staff.

During the course of the inspection, the inspector(s) toured resident rooms, common areas, dining areas, bathing rooms, utility rooms, measured lighting levels, reviewed pest control services reports, housekeeping and infection control policies and procedures.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping
Infection Prevention and Control
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



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Specifically failed to comply with the following:

- 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; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (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 :



The licensee had not ensured that the home, furnishings and equipment were kept clean and sanitary.

Resident rooms and common areas located on floors 2, 3, 4 and 5 were toured on December 11 and 12, 2013. The following sanitation issues were identified;

1. Many of the resident room closet floors were observed to have heavy amounts of accumulated dust. The closet tracking attached to the floors had accumulated debris stuck to the perimeter of tracks and some had debris inside of the tracks.
2. Wall and baseboard surfaces were observed to have visible splatter on them in and around garbage receptacles, toilets and night tables in resident rooms. Both dining rooms on the 2nd floor had visibly soiled walls around the rooms.
3. Night tables were visibly soiled in identified rooms. Commode chairs were left after use with visible stains on them in 2 identified washrooms. 2 mechanical lifts on the 2nd floor had accumulated matter on the base. Stained privacy curtains noted in 5 identified bedrooms.
4. Toilets located in 7 identified resident washrooms were observed to be dirty over a 2 day period. Urine and accumulated matter observed at the base of toilets and on the floor behind the toilets. Hopper soiled in utility room on 3rd floor.
5. Resident's beds in many rooms were observed to have heavy amounts of dust on lower bed components and some were visibly soiled (legs).
6. The tiled floors in all 4 tub rooms appeared to look dirty, with black grout upon entry to the rooms. In discussion with the Environmental Services Supervisor, the grout had absorbed stains which could not be adequately cleaned unless re-furbished and re-sealed.
7. Accumulated layer of soot (black dust) observed on ceiling tile, t-bars and clock in corridors, more predominant on 3rd and 2nd floors.

The housekeeping program was reviewed and schedules and policies and procedures have been developed for housekeeping staff to follow. [s. 15(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 the home, furnishings and equipment are kept clean and sanitary., to be implemented voluntarily.

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

Housekeeping

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,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



The licensee did not ensure that procedures were developed and implemented for cleaning and disinfecting resident care equipment (shower chairs, commodes, lift chairs) and devices such as wash basins, bed pans and urinals using a low level disinfectant in accordance with evidence-based practices.

The home has a policy E-80 titled "Cleaning of Medical/Personal Care Equipment and Contact Surfaces" dated May 25, 2012 with references to best practices from 1998. It does not describe how staff are to collect, clean, disinfect and store devices or how to clean and disinfect the various shared equipment. The procedure stated that devices and equipment are to be disinfected on a "regular basis" using Virox. The directions did not specify whether Virox liquid disinfectant is to be used or the Virox wipes. There were no other directions.

During the inspection, Virox wipes were found in the tub room only and not in any shower room. Staff identified that they use the wipes located in tub rooms on commode chairs and shower chairs when in the shower rooms. No liquid disinfectant was found to be available. No provisions were made in the home for staff to soak or wash devices if necessary. Hoppers for rinsing items were identified on each floor but no wash sinks. Wash basins were found to be stored inappropriately on very dusty floors (instead of on shelving).

Best practices titled "Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013" requires that resident care equipment that is shared be cleaned and disinfected between resident use. Basins that are dedicated to a resident are to be cleaned in between use. Cleaned items must be stored in such a manner as to protect them from contamination. The home's procedures have not been updated and expanded to provide staff with essential information to prevent transmission of bacteria and viruses. [s. 87(2)(b)]



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 procedures are developed and implemented for cleaning and disinfecting resident care equipment (shower chairs, commodes, lift chairs) and devices such as wash basins, bed pans and urinals using a low level disinfectant in accordance with evidence-based practices., to be implemented voluntarily.

WN #3: 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; O. Reg. 363/11, s. 4

Findings/Faits saillants :



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The licensee did not ensure that the lighting requirements set out in the Table to this section were maintained.

Illumination levels were measured with a light meter held approximately 4 feet above floor level. The lighting levels in the dining rooms (with steam tables) which were previously bedrooms were measured. Only one lighting fixture with 3 bulbs and attached to a fan in the middle of the room were provided for each of the 4 rooms. In addition, 2 wall sconces on each side were provided. When these were measured, they were 100 lux. The central fixture were 260-300 lux. When more than 2 feet away, lighting levels dropped to below 200 lux. However the window blinds were left open, bringing in natural light and affecting the levels. A general room level of 215.28 lux is required.

Tub rooms on all floors were very dark, provided with only 3 small pot lights. 2 lights were provided over the tub area, which produced 300 lux directly underneath each light, however the lux was only 10 over the toilet area which had only one light nearby. A general room level of 215.28 lux is required. [s. 18]

Issued on this 17th day of December, 2013

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

B. Susnik