



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 27, 2015	2015_189120_0059	H-000916-14/2941-15	Follow up

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8 STONEY CREEK ON L8G 1G6

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

PINE VILLA NURSING HOME
490 HIGHWAY #8 STONEY CREEK ON L8G 1G6

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 22 and 23, 2015

A follow up to Order #001 that was issued on August 14, 2014 (2014-214146-0013) was completed. A complaint related to a malfunctioning mechanical lift was also investigated during this visit.

During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Supervisor, Food Services Supervisor, Director of Care, dietary aides, housekeeping staff and personal support workers. The resident rooms were all toured including the main kitchen, tub room and common areas. Lighting illumination levels were measured and door security tested. Environmental services policies and procedures and mechanical lift equipment documentation was reviewed.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

5 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #001	2014_214146_0013		120

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,**
- ii. equipped with a door access control system that is kept on at all times, and**
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. Doors leading to stairways and the outside of the home (other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to) were not equipped with an audible door alarm.

Four sets of doors (2 stairwell and 2 doors leading to an unenclosed outdoor area) to which residents had access were tested for an audible alarm at each door. The doors when held open for more than 10 seconds alarmed via the resident-staff communication and response system. The system had an audible tone for a few seconds once every 60 seconds. However, no audible back-up alarm was provided at each of the doors that would continue to sound until a staff member keyed in a code at each door to cancel the alarm.

[s. 9(1)]

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 doors leading to stairways and the outside of the home (other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to) are equipped with an audible door alarm, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. As part of the organized program of maintenance services under clause 15(1)(c) of the

Act, the licensee did not ensure that its operational systems were maintained in good repair; and that there were schedules and procedures in place for routine, preventive and remedial maintenance.

The licensee's written procedures were not in place for maintaining and addressing the condition of various surfaces, fixtures, equipment and furnishings in the home. The licensee's preventive maintenance program included regular maintenance audits of the interior of the home but the forms used to guide staff in completing the audits failed to list a number of items that should have been monitored. The following items were identified at the time of inspection that were not captured by the licensee's auditing processes and no written procedures were in place to guide staff in monitoring their condition and the required follow-up actions if any;

1. The exhaust system was not functioning in the home for resident ensuite washrooms and the tub room. The Environmental Services Supervisor (ESS) was not aware of the malfunction at the time of inspection. A call was placed for immediate service and once inspected, a motor was found to have failed. According to the ESS, the unit was last inspected on or about June 18, 2015 by a certified contractor and was in good order. However, no one in the home was routinely monitoring the system to ensure that it remained in good working order and that a malfunction could be immediately identified.
2. Several washroom sinks were slightly rusty around sink drains (#7, 8), however, the sink in room #10 was quite corroded around the drain and into the porcelain. Two sinks were cracked but not leaking in rooms #6 and 8. The toilet seats in rooms #1 and #5 were very loose and the toilet seats in the visitors' washroom and room #4 were slightly loose.
3. Over bed light pulls were missing in most resident bedrooms and some, when pulled, were not able to activate the light (#3,4).
4. A lounge chair in the main lounge was split in two places on the seat.
5. The leading edge of some shelving in the dish wash area of the kitchen and in the kitchen (near the cooking area) was not smooth and easy to clean. The particle board was rough and exposed.
6. Tiles (approximately 6) and a baseboard were missing under a storage rack in the dried goods storage room of the main kitchen.

Previously identified non-compliance in June 2014 with respect to maintenance issues in the home have been addressed or were in the process of being addressed at the time of the visit. [s. 90(1)(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 there are schedules and procedures in place for routine, preventive and remedial maintenance, 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 :

1. The licensee did not ensure that the lighting requirements as set out in the lighting table were maintained.



The home was built prior to 2009 and therefore the section of the lighting table that applied is titled "In all other areas of the home". A hand held light meter was used (Sekonic Handi Lumi) to measure the lux levels in one bedroom and several resident ensuite washrooms, corridors, tub/shower room and dining room. The meter was held a standard 30-36 inches above and parallel to the floor. Window coverings were drawn in the resident bedroom tested and the dining room. Lights were verified to have been on for more than 5 minutes prior to measuring. Outdoor conditions were bright during the measuring procedure and natural light could not be fully excluded.

1. Resident bedrooms were all equipped with the same entry light, over bed lights and a general room light in the centre of each room. The central light was a 4 foot fluorescent fixture with two bulbs and a clear lens. The general lux was 200 directly under the light and 150 lux a few feet away from the bed on all sides. The over bed light was equipped with an incandescent bulb (as the majority were) and was 250 lux instead of the minimum 376.73 lux. When a compact fluorescent bulb was tested, it exceeded 400 lux. The entry light was equipped with an incandescent bulb encased in a long tubular metal fixture forcing the light downward into a small focused area. The lux was 50. A compact fluorescent bulb was tested, but it did not meet the required 215.28 lux. In addition, no light switch to turn the entry light was available in the resident bedrooms for individual control. One light switch was provided in the main corridor near the nurse's station. The resident bedroom entry lights were either all on at once or all turned off. Discussed with the Environmental Services Supervisor the necessity to ensure that each resident room has individual control for lighting preference. Lighting requirements must meet the 215.28 lux in areas at the entry, route to the bed and bathroom, areas in and around the bed and in areas near a closet or wardrobe.

2. Resident ensuite washrooms were configured in 2 different ways (room #4 vs room #19) but were all equipped with the same light fixtures over the vanity. The light fixture consisted of 4 light available light sockets but in many washrooms, only 2 incandescent bulbs were installed. The vanity areas were all adequate and above 215.28 lux, however the toilet area in those washrooms with more space between vanity and toilet did not meet the minimum required level of 215.28 lux. The lux was 110-150 above the toilet.

3. The tub/shower room was equipped with various types of fixtures. The areas that did not meet the minimum requirement of 215.28 lux was both shower areas (100 lux) and the vanity (150 lux).



4. Corridors were upgraded for lighting levels in 2014, however the distance between the fixtures was 10-12 feet to accommodate sprinkler heads and heat sensors, which prevented the light from being consistently spread along the corridor. Levels ranged from 800 lux under the lights to 150 lux between fixtures. The requirement is a consistent and constant minimum level of 215.28 lux.

5. Light bulbs were burnt out or flickering in many areas throughout the home causing inadequate illumination such as the main lounge, dried goods storage room, dish wash area, front area of home (near piano), main hall in front of the nurse's station and several over bed lights in resident bedrooms. Some bulbs appeared yellow and others bluish. The age of the bulb, colour, clarity and type of lens, type of fixture and the condition of the ballasts are contributing factors to poor illumination levels in the home. An independent assessment of all areas during darker outdoor conditions and once ballasts and bulbs are replaced would be necessary to determine more accurate values. [s. 18]

**WN #4: 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,

(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 :



1. As part of the organized program of housekeeping under clause 15 (1)(a) of the Act, the licensee did not ensure that procedures were developed and implemented for cleaning of staff areas such as the kitchen wall surfaces and non-contact surfaces such as the exterior of the dish washer and horizontal structures such as pipes and hanging lights.

According to the Food Services Supervisor, no job routines or procedures had been developed to address the following observations identified on July 22, 2015;

1. Excessive dust noted on ceiling pipes and hanging light fixture above the dish wash area.
2. An accumulation of encrusted food debris noted on the exterior of the dish washer.

The following issues were also observed on July 22, 2015, and according to the Food Services Supervisor, were areas that are the responsibility of dietary aides, however the frequency of monitoring and/or cleaning was not implemented;

1. An accumulation of matter observed on the floor along the wall under two separate storage racks in the dried goods storage room.
2. A heavy layer of soiling noted on the wall between the white refrigerator and the juice machine in the kitchen.
3. Mice droppings noted inside of the lower cabinet under the sink in the servery.

Previously identified non-compliance in June 2014 with respect to kitchen sanitation was addressed.

[s. 87(2)(a)]

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control
Specifically failed to comply with the following:**

**s. 88. (2) The licensee shall ensure that immediate action is taken to deal with
pests. O. Reg. 79/10, s. 88 (2).**

Findings/Faits saillants :



1. The licensee did not take immediate action to deal with pests.

An infestation of Phorid flies (also called drain flies) were observed on July 22, 2015 in the dish wash area and main kitchen near the juice machine. Although a licensed pest control operator was contacted immediately to the home to try and address the concerns, other more appropriate actions were not taken. The drains were not included in any cleaning routines which required scrubbing to remove eggs laid by the flies. The staff reported pouring hot water and other liquids down the drains, however the actions would have little effect on the breeding nature of the Phorid fly. In addition, the removal of all organic matter from equipment and surfaces would have been required to keep food sources at a minimum for the flies. The juice machine catch tray was full of juice at time of inspection, water was dripping heavily in the double sink, a wall near the juice machine was soiled and the dish washer had accumulated food debris stuck to it on the exterior. All of these factors would need to be addressed to reduce the fly population in addition to assistance from the pest control contractor in applying pesticides where necessary.

2. On July 22, 2015, mice droppings were noted inside of a lower cabinet under the sink in the servery. The shelf inside had a large elongated hole in it allowing the entrance of mice up into the cabinet. No traps or glue boards were noted inside. According to a staff member, a mouse was trapped in the same location approximately one month prior. Once the licensee was informed, a pest control contractor was contacted. A mouse trap was noted in the cabinet the following day. Immediate actions regarding mice would include sealing any holes, keeping dried goods in containers, keeping the cabinet interior clean and monitoring the area for droppings along with the installation of glue boards or other devices.

[s. 88(2)]



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Issued on this 27th day of July, 2015

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

Original report signed by the inspector.