



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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 4, 2019	2018_591623_0016	018587-18	Complaint

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

Pleasant Meadow Manor
99 Alma Street P.O. Box 426 Norwood ON K0L 2V0

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

SARAH GILLIS (623)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 18, 19, 20, 21, 24, 25, 2018

**During the course of the inspection, the following intake was inspected:
Log #018587-18 - Complaint log related to resident care, housekeeping concerns
and cooling requirements.**

**During the course of the inspection, the inspector(s) spoke with The
Administrator/Director of Care (Admin/DOC), Registered Nurse(s) (RN), Personal
Support Worker(s) (PSW), Physiotherapist (PT), Physiotherapy Assistant (PTA),
Environmental Services Manager (ESM), Office Manager, Resident Care
Coordinator (RCC), Life Enrichment Coordinator (LEC), Nutritional Care Manager
(NCM), residents and family.**

**In addition, during the course of the inspection the inspector toured the home,
observed staff to resident and resident to resident interactions, reviewed clinical
health records, resident assessments from external providers, staff education
records, reviewed environmental services cleaning records, external provider work
orders, and related policies.**

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Falls Prevention
Nutrition and Hydration
Personal Support Services
Safe and Secure Home**

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

**2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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>Légende</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. 20. Cooling requirements

Specifically failed to comply with the following:

s. 20. (2) The licensee shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents. O. Reg. 79/10, s. 20 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents.

Related to log # 018587-18

A complaint was received by the Director on a specified date, that indicated the following: the complainant indicated that the home had no air conditioning and during the heat wave it got really hot. The home just recently installed air conditioners in the common rooms and prior to that had fans in the common areas and hallways.

The "Guidelines for the Prevention and Management of Hot Weather Related Illness in Long-Term Care Homes" document, identifies the normal summer season as May to September in Ontario.

During an interview with Inspector #623, the ESM #100 indicated that there were air conditioners installed in specific identified resident areas but not until a specified date. Prior to this, there were no air conditioned designated cooling areas in the home. The ESM indicated that residents could have their own fan in their room and there were fans throughout the building in the hallways and dining room. The ESM indicated that the air exchange system in the home removes humidity from the air, but does not cool the building. There were no separate designated cooling areas available for the residents.

During an interview with Inspector #623, the Admin/DOC indicated that there are written hot weather guidelines in place in the home prevent hot weather related illness. This program includes additional fluids, cooling stations, fans throughout the home and each resident has a heat risk assessment completed annually. The Admin/DOC indicated that air conditioner units were not added to the two specific identified resident areas until a specified date. Prior to this, there was no designated cooling area in the home. The Admin/DOC indicated that there are 61 residents in the home and therefore should have two designated cooling areas to meet the requirements. The Admin/DOC indicated that prior to the installation of the air conditioners, there were fans provided throughout the home in the common areas and in the hallways, the homes HVAC system removes humidity from the air to assist with cooling the home, but there were no areas that provided air conditioning. The Admin/DOC indicated that they were unable to provide temperature logs for the specific identified months. The Admin/DOC indicated that the Maintenance Manager was responsible for monitoring the indoor temperatures, and they were unavailable during this time. The Admin/DOC indicated that they could not locate



the temperature logs for the identified months.

The Maintenance Manager was not available for interview during this inspection.

Review of a service invoice for the instillation of two air conditioner units in the end lounges of the home, service date was not until a specified date.

The licensee failed to ensure that if central air conditioning was not available in the home, the home has at least one separate designated cooling area for every 40 residents. [s. 20. (2)]

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 by ensuring that if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents, 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,

(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).

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,

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).



Findings/Faits saillants :

1. The licensee has failed 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,
(a) cleaning of the home, including,
(i) residents bedrooms, including floors, carpets, furnishings, contact surfaces and wall surfaces;

Related to log# 018587-18

A complaint was received by the Director on a specified date, that indicated the following:

The complainant indicated that resident #002 shares a room with resident #003 and two other residents. The complainant indicated that resident #003 urinates everywhere in room and it is not cleaned up. The complainant witnessed a huge puddle of urine in front of the window in the resident room, that had been there long enough that it was dried and sticky. The complainant indicated that they had to request for staff to clean the floor up. The complainant indicated that when this incident occurred, the nursing staff. were notified. The complainant indicated that the room always has a very strong odour of urine and the floor is sticky, even after the floor has been mopped.

Observation in a specific identified room, by Inspector #623, for two consecutive days at various times were conducted. The identified room had a strong odour of urine that was detected from the hallway outside of the room. The floor was sticky when walking on it. There were no visible signs of urine noted on the floor. The bathroom also had a strong odour of urine. The floor had darkened areas under the window along the length of the wall, around the armour at the bedside of resident #003 and the floor beside resident #003's bed towards the window. A wet floor sign was posted at the door way and the floor appeared to have been mopped around resident #003's bed and the pathway from the bed to the bathroom was visibly wet. No other areas of the floor appear to be wet.

Observation in a specific identified room, three days later, by Inspector #623. The room continued to have a distinct odour of urine. There were no signs of urine on the floor. The floor was sticky when walking on it. The same darkened areas of the floor tile were still present. Later that same day, observations in the identified room, the floor was visibly cleaner. There was no urine odour detected at all in the room and the floor was not sticky. Admin/DOC reported to Inspector #623, that the floor of the identified room had



been steam cleaned that day to attempt to remove the urine odour.

The following day, observations of room the identified room by Inspector #623. The floor appeared wet, it was not sticky when walking on it. There was an odour of urine near resident #003's bed, but was not detected until right beside the bed.

Review of the policy #ENV-HK-8.1 – Resident Rooms – Daily Cleaning (effective June 2015) was completed by Inspector #623, including the purpose and procedure for daily cleaning of resident rooms.

Review of the policy #ENV-HK-8.2 Resident Rooms Major Cleaning (January 2018, reviewed) was completed by Inspector #623, including the purpose and procedure for deep cleaning of resident rooms. The policy stated that a deep clean schedule should include monthly deep clean of the resident room, including moving all furniture away from walls, clean and disinfect surfaces, mop behind furniture before moving back. Purpose: To ensure a clean, safe environment for our residents and to provide sustainable monthly cleaning schedule.

Review of the deep cleaning records indicated that the specific identified room was last deep cleaned on a specified date. This “deep clean” was completed by ESM #100 and a housekeeping aide.

The home has 61 beds; 10 private rooms, 10 semi-private rooms and eight basic rooms.

On a specific date and time, during an interview with inspector #623, resident #003 indicated that they were aware of odours present in the room and the resident stated "it smells like pee". When asked by Inspector #623 if the resident knew the cause of the odour, resident #003 stated that they often urinate on the floor beside their bed, or in a garbage can beside the bed. The resident also indicated that if they did attempt to walk to the bathroom, they would “dribble” on the way. The resident stated that the odour bothered them and it was not pleasant to smell all the time. The resident indicated that they would like it if the room was cleaned more often to assist with minimizing the odour.

On a specific date and time, during separate interviews with Inspector #623, PSW #101 indicated that the odour in a specific identified resident room is a result of resident #003 urinating on the floor or in the garbage can. PSW #103 indicated that the resident refuses to use a continence product and will urinate into the garbage can, or onto the floor at the side of the bed, towards the window. PSW #103 indicated that the resident will also walk



to the bathroom with no clothes on and urinate all the way to the bathroom. Both PSW's indicated that if they discover urine on the floor, they will clean it up, but on occasion the urine may have been there for a while. The PSW's also indicated that there is an air freshener on the top of the wardrobe to help with the odour, but that it is their belief that the urine has gone under the wardrobe and into the baseboard heater in the room. The PSW #103 indicated that several times a day they will remove the garbage, remove soiled clothing and check for any urine on the floor. Both PSW's indicated that they believe resident #003 understands what they are doing. PSW #101 indicated that the ESM and Admin/DOC are both aware of the ongoing concern related to lingering urine odours in the identified resident room. PSW #101 indicated that the roommates and their families have been known to complain about the offensive odour.

On a specific date and time, during an interview with Inspector #623, Environmental Services Manager (ESM) #100 indicated that the daily cleaning practices for the specific identified resident room were as follows:

At 0800 hours the ESM attends the identified room and washes the floor with a floor cleaner, around resident #003's bed and the pathway to the bathroom. Checks for soiled linen and removes if any. The room is mopped again by the second shift most likely between 1100 and 1300 hours. The Housekeeper will remove any garbage and check the room for any puddles. The room is then sprayed down with "urine off". The ESM indicated that was the daily cleaning routine for the specific identified resident room. The Nursing department supplies a citrus air freshener that is on top of the wardrobe of resident #003. There is also a charcoal bag that is on top of his wardrobe, that is used to help eliminate odours in the room. Nursing is responsible to ensure that these products are both still working and replace as required. The ESM indicated that the room is deep cleaned every 4 to 5 weeks. A deep clean would include the following; all the furniture except the wardrobe, is pulled out and mopped behind. The curtains are all washed once a year. The ESM indicated that the curtains are not always cleaned between residents being admitted, they are usually only cleaned if visibly soiled. The ESM indicated that twice a year the wardrobe is pulled out and cleaned underneath. The ESM indicate that their shift is over at 1500 hours and the housekeeping goes home at 1300 hours. ESM indicated that they don't know what is happening in the home as far as who would clean up a spill after they leave. There are supplies available for nursing staff to clean the floor if there is a spill or if the resident urinates on the floor after hours. The ESM indicated that every morning at 0800 hours the floor in the specific identified room is soiled with urine, either wet or dry but sticky. The ESM indicated that this morning there were two pairs of underwear hanging on the edge of the desk beside resident #003's bed that were dry but visibly soiled and had the odour of urine. The ESM indicated that they were aware that



there were policies for daily cleaning and deep cleaning, but could not say if they were followed exactly.

On a specific date and time during an interview with Inspector #623, the Admin/DOC indicated being aware that there were identified concerns with resident #003 urinating on the floor in their room. The Admin/DOC indicated that resident #003 will not cooperate with a toileting plan or any specific interventions that have been attempted, they continue to urinate where ever they want and is usually on the floor or in the garbage can. The Admin/DOC indicated this has been a problem for resident #003 since admission. The identified behaviours have always been present and staff have been unable to find an intervention that will work to reduce the behaviour. The Admin/DOC indicated that they are uncertain if there is extra cleaning in the specific identified resident room. The Admin/DOC indicated that the expectation for nursing is that they would clean up a urine spill if they find it. There are cleaning supplies available for staff to use at all times. The Admin/DOC indicated that measures are in place to attempt to mask the odour, including a charcoal bag and room deodorizer are in the room. The Admin/DOC indicated that the home has 61 beds, 10 - private, 10 - semi-private and eight basic rooms. The expectation would be that the daily cleaning schedule is followed and when a resident room is deep cleaned, all furniture, including the wardrobe would be pulled out each time and cleaned underneath. The Admin/DOC indicated that it is possible that the wardrobe itself is soaked in urine at the bottom, the unit is made of fibre board. The Admin/DOC indicated that ESM #100 works on the floor as a housekeeper from 0800 until lunch time Monday to Friday. They are responsible for cleaning all 10 of the private rooms and to assist the 09-13 hours housekeeper with any scheduled deep cleans. After lunch the ESM helps to fold laundry and then has designated office time until 1530 hours. There is a 0900 – 1300 hour housekeeper that cleans the 18 semi-private and basic resident rooms daily as well as any scheduled deep cleaning and the common areas. After 1300 hours, there is no housekeeper on the floor but Monday to Friday the ESM is available to clean up a major spill if necessary until 1500 hours. On weekends there is no one after 1300 hours.

The licensee has failed to ensure that as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, that procedures are implemented for, cleaning of the home, including, residents bedrooms, including floors, carpets, furnishings, contact surfaces and wall surfaces, the policy #ENV-HK-8.1 – Resident Rooms – Daily Cleaning and policy #ENV-HK-8.2 Resident Rooms Major Cleaning were not followed. [s. 87. (2) (a)]



2. The licensee has failed to ensure that 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;

(d) – addressing incidents of lingering offensive odours.

Related to log# 018587-18

A complaint was received by the Director on July 23, 2018, that indicated the following: The complainant indicated that their family member, resident #002, shares a room with resident #003 and two other residents. The complainant indicated that resident #003 urinates everywhere in room and it is not cleaned up. The complainant witnessed a huge puddle of urine in front of the window in the identified room that had been there long enough that it was dried and sticky. The complainant indicated that they had to request for staff to clean the floor up. The complainant indicated that the room always has a very strong odour of urine and the floor is sticky, even after the floor has been mopped.

On four specified dates, daily observations of the specific identified resident room by inspector #623, identified that the room had a strong odour of urine that could be initially detected from the hallway outside of the room. The floor in the room was sticky when walking on it. There were no visible signs of puddles of urine noted on the floor. The bathroom also had a strong odour of urine.

On a specific date and time, during an interview with Inspector #623, resident #003 indicated that the room "smelled like pee". The resident indicated that they often pee on the floor beside their bed or dribble in the way to the bathroom. The resident stated that the odour bothered them and it was not pleasant to smell all the time. Resident #003 indicated that they would like it if the room was cleaned to assist with the odour.

Review of the policy #ENV-HK-8.28 – Offensive Odours (effective June 2017, reviewed June 2018) including the purpose, procedures and interventions for managing lingering odours, was completed by Inspector #623. The policy stated the following: It is the responsibility of all environmental department staff to ensure that lingering odours are reported to the environmental services manager or their designate ongoing management. It is the responsibility of the Administrator to monitor compliance.

On a specific date and time, during separate interviews with Inspector #623, PSW #101 indicated that the odour in the specific identified resident room is a result of resident #003 urinating on the floor or in the garbage can. PSW #103 indicated that the resident



will not comply with specific interventions and will urinate into the garbage can, or onto the floor at the side of the bed, towards the window. PSW #103 indicated that the resident will also walk to the bathroom and urinate all the way to the bathroom. Both PSW's indicated that if they discover urine on the floor, they will clean it up, but on occasion the urine may have been there for a while. The PSW's also indicated that there is an air freshener on the top of the wardrobe to help with the odour, but that it is their belief that the urine has gone under the wardrobe and into the baseboard heater in the room. The PSW #103 indicated that several times a day they will remove the garbage, remove soiled clothing and check for any urine on the floor. Both PSW's indicated that resident #003 understands what they are doing. PSW #101 indicated that the ESM and Admin/DOC are both aware of the ongoing concern related to lingering urine odours in the identified resident room. PSW #101 indicated that the roommates and their families have been known to complain about the offensive odour.

On a specific date and time, during an interview with Inspector #623, ESM #100 indicated being aware that there was a concern with lingering urine odours in a specific identified resident room, related to resident #003 urinating in various locations within the room. This concern is often discussed at the morning managers meeting. The ESM indicated that they have not contacted any external suppliers for consultation regarding other options to assist with the odours, they have also not contacted the Director of Operations for Maintenance for consultation regarding the floor tiles or baseboards requiring replacement due to urine saturation, as indicated in the policy - Offensive Odours. The ESM indicated that the home is working on an action plan to address the odour concerns in the identified room. At this time, there is no concrete plan and the ESM was not certain when the plan would be implemented. The ESM indicated that there have been no focused audits completed for the identified room related to management of offensive odours.

On a specific date and time, during an interview with Inspector #623, the Admin/DOC indicated that they were aware of ongoing concerns that resident #003 was urinating on the floor in their room and that there was a constant struggle with the odour. The concern has been an issue since resident #003 was admitted. The Admin/DOC indicated that they understood there was a cleaning procedure in place to manage the odours from a housekeeping perspective, as the nursing measures put in place to manage the behaviour of urinating in inappropriate places, were ineffective. The Admin/DOC indicated that after meeting with the ESM, there is now an action plan in place to address the odours in the specific identified resident room. The Admin/DOC has contacted an external supplier for a different air freshener and have consulted the local hospital to



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inquire how they tackle stubborn urine odours. The ADMIN/DOC indicated that there is a plan in place to remove all furniture in the room and deep clean the room on a specific date. Admin/DOC indicated that the ESM is aware of this plan. The Admin/DOC indicated that the expectation is that the licensee's policies for daily cleaning and major cleaning of resident's rooms are followed, as well as the policy for Offensive Odours Management ENV-HK-8.28.

The licensee failed to ensure that as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures were implemented for addressing incidents of lingering offensive odours. [s. 87. (2) (d)]

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 by ensuring that procedures are developed and implemented for, cleaning of the home, including, residents bedrooms, including floors, carpets, furnishings, contact surfaces and wall surfaces. Also, by ensuring that procedures are developed and implemented for addressing incidents of lingering offensive odours, to be implemented voluntarily.

Issued on this 10th day of January, 2019

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

Original report signed by the inspector.