



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

**Rapport d'inspection  
prevue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ém</sup> étage  
Hamilton, ON L8P 4Y7

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

Telephone: 905-546-8294  
Facsimille: 905-546-8255

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
February 8, 2011	2011-120-2762-08FEB134842	H-00117-11- Complaint
<b>Licensee/Titulaire</b>		
Provincial Nursing Home Limited Partnership, 1090 Morand Street, Windsor, ON, N9G 1J6		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Shelburne Residence, 200 Robert Street, Shelburne, ON, L0N 1S1		
<b>Name of LTC Homes Inspector(s)/Nom de l'inspecteur(s) de les foyers de soins de longue duree</b>		
Bernadette Susnik - Environmental Health #120		

**Inspection Summary/Sommaire d'inspection**

The purpose of this visit was to conduct a complaint inspection related to the following issues:

- Infection Prevention and Control
- Accommodation Services – Maintenance
- Accommodation Services - Housekeeping

During the course of the inspection, the inspector spoke with the Director of Care, Housekeeping/Laundry supervisor, dietary services supervisor, a housekeeper and 4 personal services workers. During the course of the inspection, the inspector inspected the common areas, resident washrooms, bedrooms, kitchen, the dining room, bathing rooms and the employee areas located in the basement.

The following Inspection Protocols were used during this inspection:

- *Infection Prevention and Control*
- *Accommodation Services – Maintenance*
- *Accommodation Services - Housekeeping*

Findings of Non-Compliance were found during this inspection. The following action was taken:

**3 WN  
1 VPC**

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: *The licensee has failed to comply with O. Reg. 79/10, s. 229(6).*** The licensee shall ensure that the information gathered under subsection (5) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks.

**Findings:**

The information gathered daily by the registered nursing staff with respect to resident symptoms is not analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends to reduce the incidence of infection and to reduce the incidence of outbreaks.

**WN #2: *The licensee has failed to comply with the LTCHA, 2007, S.O. 2007, c.8, s. 86(2)(b).*** The infection prevention and control program must include;

(b) measures to prevent the transmission of infections.

**Findings:**

1. A resident's leg bag, while in use, was found sitting on the floor next to the resident's bed. A dried out leg bag, not cleaned out of urine, was found folded in a bag hanging from the back of a resident's bathroom door.
2. A bed pan with residues was found hanging on the wall in one resident washroom and in some rooms, the bedpan or washbasin were found sitting on the floor (inappropriate storage).
3. Washbasins and bedpans are not cleaned and disinfected between use. The home's policy and procedure is not current, dated 2004 and it does not guide staff on how to clean the articles, the frequency of cleaning, where to clean them and how to apply the disinfectant product.

**Additional Required Actions:**

**VPC** - pursuant to the *LTC Homes Act, 2007, S.O. 2007, c.8, s.152(2)* the licensee is hereby requested to prepare a written plan of correction to achieve compliance with respect to ensuring that the infection prevention and control program include measures to prevent the transmission of infections, to be implemented voluntarily.



**WN #3: The licensee has failed to comply with O. Reg. 79/10, s. 216(3).** The licensee shall keep a written record relating to each evaluation under subsection (2) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

**Findings:**

Staff training and education program has not been evaluated to determine if staff training needs have been met. Only 1 staff member attended a training session on the management of residents with enteric pathogens in 2010 and the training was not mandatory. A staff member identified issues with respect to a lack of awareness around specific enteric pathogens and acceptable infection control practices.

<p>Signature of Licensee of Designated Representative Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> <p style="text-align: center;"><i>B. Suank</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report : (if different from date(s) of inspection). <i>May 10/11</i></p>