Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MONIQUE BERGER (151)
Inspection No. / No de l'inspection :	2013_138151_0017
Log No. / Registre no:	S-001146-12
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	May 28, 2013
Licensee / Titulaire de permis :	ANSON GENERAL HOSPITAL 58 Anson Dr., IROQUOIS FALLS, ON, P0K-1E0
LTC Home / Foyer de SLD :	SOUTH CENTENNIAL MANOR 240 FYFE STREET, IROQUOIS FALLS, ON, P0K-1E0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	BRUCE PETERKIN

To ANSON GENERAL HOSPITAL, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (1) Every licensee of a long-term care home shall ensure that,
(a) there is an organized program of housekeeping for the home;
(b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and
(c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).

Order / Ordre :

The home shall develop, submit and implement a plan to ensure there is an organized program of maintenance services for the home that will provide for the safety and comfort of the residents. The plan will address issues identified in the grounds for the order and will include a detailed description of the measures that will be taken to sustain the maintenance program

This plan shall be submitted in writing to Long Term Care Homes Inspector Monique Berger, Ministry of Health and Long Term Care Performance and Compliance Branch, 159 Cedar Street, Sudbury, Ontario, P3E 6A5 by June 14, 2013. Full compliance with this order shall be by August 31, 2013

Grounds / Motifs :

1. On each of the inspection days of May 6 and 7, 2013, Inspector toured the home and noted general disrepair throughout the home, specifically the following:
- in all hallways, but predominantly in the Blue Bird, Sweet Pea hallways and nursing station corridors; wall paper seams have become unglued, some wall-paper is torn and loose, and in places, wall-paper is missing,
- water taps have accumulated scale and debris build-up in public washroom and resident rooms
- extensive wall, corner and door edge damage, predominantly at the entrances to the resident rooms

- missing base-boards down the corridors,
- floor seam intersections splitting, spreading, widening and curling up: most prominent in Sweet Pea hallway ,
- missing or broken pull cords for the communication response system.
- irregular system of pull cords for resident communication system where the resident's pull station is located on the opposite side of the resident's bed but reaching the resident by a series of hooks-and-eyes and string up the wall and across the ceiling. Staff report the string to be brittle and breaking easily,
- heavy metal grate on the wall below bulletin board falling off the wall with a touch,
- resident rooms and bathrooms with heavy wall damage throughout the home
- ceiling damage indicating leaking water. Interview with Maintenance Worker confirming that the roof is leaking.

Inspector reviewed the home's maintenance referral system. The home's system is a log book where staff log the issue and date when the referral was made. The Maintenance Worker is to refer to the log and document next to the referral item the date and time the work was done. Inspector notes that there are items where there is no documentation that the issue/concern was attended to back as far as May 2012. Inspector audited 5 of the items not documented as "done" and found 2 of 5 items still in disrepair.

The Inspector interviewed staff responsible for the home's maintenance program. In summary of this interview, the following is confirmed.
- Preventative programs are not getting done with consistency and in a timely way: i.e. check of fire prevention equipment, floor lifts and tubs preventative maintenance programs
- Many of the maintenance issues in the log have not been attended to. Maintenance Worker stated:" there has been no time to do them". Many of the referrals not documented as "done" relate to the safety and comfort of the residents in the home. The list of maintenance items not documented as "done" is extensive and goes back a full year.
- Fire drills on day shift is the responsibility of the Maintenance Worker. These are not being done as per schedule and are in arrears.
- Maintenance Worker is often off site during regularly scheduled hours at the home. Maintenance Worker is called away to attend to other responsibilities that include the hospital, doctors' clinic, and doctors' homes

The licensee has not ensured that there is an organized program of maintenance services for the home. (151)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2013

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 28th day of May, 2013

Signature of Inspector / Signature de l'inspecteur : Monique M. Berger

Name of Inspector / Nom de l'inspecteur : MONIQUE BERGER

Service Area Office / Bureau régional de services : Sudbury Service Area Office

Ontario

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

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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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
May 28, 2013	2013_138151_0017	S-001146-12	Critical Incident System

Licensee/Titulaire de permis

ANSON GENERAL HOSPITAL
58 Anson Dr., IROQUOIS FALLS, ON, P0K-1E0

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

SOUTH CENTENNIAL MANOR
240 FYFE STREET, IROQUOIS FALLS, ON, P0K-1E0

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 6,7,8, 2013

Relates to the following:
S-001146-12 and related CI C599-000023-12
S-000060-13 and related CI C599-000005-13
S-001313-12 and related CI C599-000026-12

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Maintenance Worker, Housekeeping Aide, Registered Staff, Personal Support Workers, Residents and Family

During the course of the inspection, the inspector(s)
- observed care and service delivery to residents
- toured the home daily
- reviewed resident health care records
- reviewed policies and procedures related to abuse
- reviewed policies, procedures, protocols and program in relation to the management of responsive behaviors
- reviewed policies and procedures in regards to control of narcotic medications
- reviewed home's accommodation maintenance program

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance

Critical Incident Response

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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:

s. 15. (1) Every licensee of a long-term care home shall ensure that,
(a) there is an organized program of housekeeping for the home; 2007, c. 8, s. 15 (1).
(b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and 2007, c. 8, s. 15 (1).
(c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).

Findings/Faits saillants :

1. On each of the inspection days of May 6 and 7, 2013, Inspector toured the home and noted general disrepair throughout the home, specifically the following:
- in all hallways, but predominantly in the Blue Bird, Sweet Pea hallways and nursing station corridors; wall paper seams have become unglued, some wall-paper is torn and loose, and in places, wall-paper is missing,
- water taps have accumulated scale and debris build-up in public washroom and resident rooms
- extensive wall, corner and door edge damage, predominantly at the entrances to the resident rooms
- missing base-boards down the corridors,
- floor seam intersections splitting, spreading, widening and curling up: most prominent in Sweet Pea hallway ,
- missing or broken pull cords for the communication response system,
- irregular system of pull cords for resident communication system where the resident's pull station is located on the opposite side of the resident's bed but reaching the resident by a series of hooks-and-eyes and string up the wall and across the ceiling. Staff report the string to be brittle and breaking easily,
- heavy metal grate on the wall below bulletin board falling off the wall with a touch,
- resident rooms and bathrooms with heavy wall damage throughout the home
- ceiling damage indicating leaking water. Interview with Maintenance Worker confirming that the roof is leaking.

Inspector reviewed the home's maintenance referral system. The home's system is a log book where staff log the issue and date when the referral was made. The Maintenance Worker is to refer to the log and document next to the referral item the date and time the work was done. Inspector notes that there are items where there is no documentation that the issue/concern was attended to back as far as May 2012. Inspector audited 5 of the items not documented as "done" and found 2 of 5 items still in disrepair.

The Inspector interviewed staff responsible for the home's maintenance program. In summary of this interview, the following is confirmed.
- Preventative programs are not getting done with consistency and in a timely way: i.e. check of fire prevention equipment, floor lifts and tubs preventative maintenance programs
- Many of the maintenance issues in the log have not been attended to. Maintenance Worker stated:" there has been no time to do them". Many of the referrals not

documented as "done" relate to the safety and comfort of the residents in the home. The list of maintenance items not documented as "done" is extensive and goes back a full year.
- Fire drills on day shift is the responsibility of the Maintenance Worker. These are not being done as per schedule and are in arrears.
- Maintenance Worker is often off site during regularly scheduled hours at the home. Maintenance Worker is called away to attend to other responsibilities that include the hospital, doctors' clinic, and doctors' homes.

The licensee has not ensured that there is an organized program of maintenance services for the home

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. Inspector reviewed the health care records for resident #002 and noted that the resident continues to demonstrate responsive behaviours. Inspector reviewed the home's Responsive Behaviour Program and noted that the home was to use the following monitoring tools to identify and trend the behaviours, and to assess and reassess the interventions taken in their regard: DOS (Dementia Observation System) and ABC behaviour charting (antecedent, behaviour, consequences and outcomes). Inspector reviewed the resident's health care records and could find no DOS or ABC charting. In an interview, DOC confirmed none had been done to date. [s. 53. (4) (c)]

2. Inspector reviewed the health care records for resident #002 and noted the resident continued to demonstrate responsive behaviours. Inspector did not find any referral to specialized resources in the resident's health record in response to the critical incident or to the continued incidents of responsive behaviours. Interview with DOC confirmed that the home had access to specialized resources such as BSO team (Behaviour Service Ontario), Senior's Mental Health, psychogeriatric services. In an interview, Director of Care confirmed that to date, no referral to specialized resources had occurred. [s. 53. (4) (c)]

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 for residents who demonstrated responsive behaviours, the actions taken to respond to the needs of this resident, including assessments, reasessments and interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :

1. Inspector interviewed the Maintenance Worker and the Director of Care, both of whom confirm that there is no quality assurance program for the maintenance program at this home. Maintenance Worker confirms that the department is not asked to submit to management any reports or to maintain any statistical information in regards to the work done or the referrals for repairs and maintenance.

In relation to the maintenance program, the licensee did not develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home [s. 84.]

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 the maintenance department develops and implements a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of accommodation, care,services, programs and goods provided to the residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. On May 6, 2013, Inspector toured the home and noted a housekeeping cart's locked compartment door was open. This cart was not in view of any staff. Several bottles of cleaning products were observed to be sitting on top or attached by their handles to the cart and were easily accessible to residents. Inspector attempted to identify the contents of the bottles and whether or not the WHIMIS/MDS information on them indicated hazards. Inspector could not make out with certainty this information on any of the bottles except Accel Viroxide cleaner with identified hazard of "flammable"

Inspector enlisted staff assistance to identify the bottles of cleaning agents on the cart and not locked in the provided compartment. In regards to two of the bottles, staff could not say with certainty what these were.

For any of the products reviewed, the staff person was unable to read on the bottle or to articulate the WHIMIS/MDS hazard information related.

In the interview, the staff person confirmed the responsibility to maintain product and WHIMIS labels was the Housekeeping Aide's but that, in actuality, workload pre-empted the duty. Staff interviewed confirmed the home's policy that when the worker was not near or using the cart, cleaning solutions were required to be locked in the provided cart compartment.

The home did not ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. Reg.79/10,s 91. [s. 91.]

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 hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following:

s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,
(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and
(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).

Findings/Faits saillants :

1. Duty Inspector 151 reviewed a critical incident report of alleged resident abuse submitted by the home. At the time of receipt of the CI, Duty Inspector noted the section of the report confirming that the Substitute Decision Maker (SDM) was notified was blank. Duty Inspector contacted the home and spoke to the DOC to inquire regarding this. DOC confirmed that the home had intent to notify the family only after the home's investigation was complete and only if the allegation was verified. After discussion with the Duty Inspector, the home did notify the family.

The licensee did not ensure that the resident's SDM and any other person specified by the resident were notified within 12 hours upon becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident
r. 97. (1) (b) [s. 97. (1) (b)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. O. Reg. 79/10, s. 107 (3).
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours. O. Reg. 79/10, s. 107 (3).
3. A missing or unaccounted for controlled substance. O. Reg. 79/10, s. 107 (3).
4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. The home submitted a critical incident report to the Ministry advising that they had instance of a controlled substance missing. The home stated in this report that there had been a similar occurrence 2 months earlier. Inspector reviewed the CIS [Critical Incident System] and did not find any report for the previous incident. Inspector interviewed the Director of Care who confirmed the home did not file a report for the earlier incident.

The licensee did not inform the Director no later than one business day after the occurrence of the incident of:
3. A missing or unaccounted for controlled substance. [s. 107. (3)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. Inspector toured the home and noted the soiled utility room had doors to both hallways propped open. In the sink in this room, Inspector noted a full bed pan of fecal matter and that it was evident this bed pan had been there for some time. Inspector interviewed staff regarding this observation and was told that leaving full bedpans in the sink was common practice when the automated bedpan flusher/washer was in use. Staff confirmed that often staff would get busy and forget to return and attend to it. No staff could identify the resident related to the Inspector's observation. Staff did identify there was one resident being isolated for an infectious process on the unit. The home did not ensure that all staff participate in the implementation of the infection control program. [s. 229. (4)]

Issued on this 28th day of May, 2013

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

Monique G. Berger