



**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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Direction de l'amélioration 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
Apr 10, 2015	2015_355588_0009	L-002046-15	Resident Quality Inspection

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF WATERLOO
150 Frederick Street KITCHENER ON N2A 4J3

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

SUNNYSIDE HOME
247 FRANKLIN STREET NORTH KITCHENER ON N2A 1Y5

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

CHRISTINE MCCARTHY (588), JOAN WOODLEY (172), MELANIE NORTHEY (563),
RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): March 25, 26, 27, 30, 31, April 1, 2, 2015

The following Critical Incident inspections were conducted concurrently during this inspection:

**Log#003232-15/M578-000004-15,
Log#003709-15/M578-000008-15.**

During the course of the inspection, the inspector(s) spoke with Acting Administrator, Director of Care, Registered Nurse Team Lead, 2 Registered Nurses, 12 Registered Practical Nurses, 1 BSO Registered Nurse, 7 Personal Support Workers, 1 Resident Home Assistant, 1 Resident Care Coordinator, the Chaplain, the Resident Council President, the Family Council President, Food Service Supervisor, 1 Physiotherapist, 1 Administrative Assistant, Residents and Families.

The inspector(s) also conducted a tour of all resident areas and common areas; observed residents and care provided to them; observed meal service; medication passes; medication storage areas; reviewed health care records and plans of care for identified residents; reviewed policies and procedures of the home; minutes from meetings and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:



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**Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care**

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

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 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; O. Reg. 363/11, s. 1 (1, 2).**

Findings/Faits saillants :



1. The licensee has failed 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 must be kept closed and locked.

a) During the Initial Tour, an Emergency Exit door leading to a stairway was found unlocked.

Interviews at that time with the Registered Health Assistant (R.H.A.) and the Team Leader confirmed that the Emergency Exit door, leading to the stairway, was unlocked and accessible to residents.

The R.H.A. and Team Leader stated that it was the expectation of the Home to have the doors to stairways locked at all times. The Team Leader contacted the Maintenance department immediately and arranged to have someone stay at the Emergency Exit door until Maintenance could fix it.

b) During the Initial Tour, a "Spa" Room door was found unlocked. The "Spa" Room houses multiple other rooms including the Shower, Tub room, Clean and Dirty Utility rooms, and Storage rooms, which contained multiple cleaning products all accessible once inside the "Spa" Room.

Interviews at that time with the R.H.A. and the Team Leader confirmed that the "Spa" Room door, was unlocked, and accessible to all of the multiple other rooms, which contained multiple cleaning products.

The R.H.A. and Team Leader stated that it was the expectation of the Home to have the doors leading into the "Spa" room locked at all times. The Team Leader contacted the Maintenance manager who fixed the door lock immediately. [s. 9. (1) 1. i.]



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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 must be kept closed and locked, to be implemented voluntarily.

WN #2: 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. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

a) Observations made during the Initial Tour revealed multiple personal health care items that were found to be used and unlabeled in multiple Tub and Shower rooms in the Home.

Observations revealed that every Tub and Shower room in the Home had a sign posted on the wall stating: "All personal hygiene products must be labeled with the resident's name".

Observations revealed a notice posted on the "Point Click Care" facility bulletin board by the Infection Control Coordinator on July 15, 2014 which indicated that staff were expected to label all personal care items, any unlabeled personal care items were not to be used on residents, and any unlabeled personal care items would be discarded.

Interview with Management revealed that it was the expectation of the Home that all personal health products require labeling with a resident's name and that any item such as a brush or deodorant, found in a common area without a resident name on it would have to be thrown out as it would be an infection control risk. [s. 229. (4)]

2. b) Observations made in various resident rooms, revealed unlabeled personal care items including three unlabeled wash basins, and a measured urine collector in the communal bathrooms.

The observed unlabeled personal care items in communal bathrooms were confirmed by two Personal Support Workers, and one Registered staff respectively.

Interviews with the Personal Support Workers and Registered staff confirmed that the expectation of the Home was that all personal care items require labeling with the individual residents name. [s. 229. (4)]



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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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 10th day of April, 2015

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

Original report signed by the inspector.