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

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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
Jul 21, 2014	2014_346133_0001	O-000134-14	Follow up

Licensee/Titulaire de permis

DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC
2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA, ON, L5N-2X4

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

PERTH COMMUNITY CARE CENTRE
101 CHRISTIE LAKE ROAD, R. R. #4, PERTH, ON, K7H-3C6

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 17-20, 27 - 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Environmental Services Manager, the Maintenance worker, the RAI/Education Coordinator, registered and non registered nursing staff, a housekeeper, and the home's ArjoHuntleigh field service technician. Off site, the inspector spoke with ArjoHuntleigh technical specialists.

During the course of the inspection, the inspector(s) reviewed lift maintenance related policies and associated documents (HS-XVIII-005, HS-XVIII-010, form HS 017), reviewed the results of the Resident Safety Committee floor lift inspections of May 2014, reviewed documentation related to the annual safe lifts and transfers training program, conducted walkabout inspections of the home and observed certain mechanical floor and ceiling lifts. The inspector also conducted walkabout inspections of the home with a focus on doors leading to non residential areas, and, tested the functioning of the resident-staff communication system, in the company of the Administrator and the maintenance worker.

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

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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:
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).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 2. in that the licensee has failed to ensure that all doors leading to non-residential areas are equipped with

locks to restrict unsupervised access to those areas by residents, and that those doors are kept closed and locked when they are not being supervised by staff. This is related to 7 doors.

Non-residential areas are those in which residents do not customarily receive care and/or services.

The following observations present a pattern of potential risk to residents in the home, particularly for those residents who exhibit behaviors such as wandering and/or exit seeking. Such residents tend to be housed on the 2nd floor care units:

Margaret Hart wing – 1st floor:

#1: Door leading to the laundry chute – The inspector first found that this door was not fully closed on June 17th, 2014, in late afternoon. While the door initially appeared to be fully closed, the inspector was able to push the door open. The door is equipped with a lock, and the door knob was locked. The door did not close completely under its own weight, and in order to ensure that the door was secured, the door needed to be pulled shut all of the way. The room contains a laundry chute door, which is latched, but not locked. Residents were in the immediate area, congregating in advance of the supper meal as the dining room is in the immediate vicinity. There were no staff members supervising the door or the area. The inspector closed the door fully and left the area. The inspector again found this door unsupervised and not fully closed on June 18th, 2014 at 1:48pm and, in the company of the Administrator, at 4:15pm. The inspector again found this door unsupervised and not fully closed on June 19th, 2014 at 3:09pm. The door was repaired, so that it closed fully under its own weight, on June 20th 2014.

#2: Door leading into the Clean Utility room – The inspector first found this door unlocked on June 17th, 2014, in late afternoon. The room contained a small cart with clean linens on it, a towel warmer on the sink counter, and some personal care supplies such as liquid deodorant within the storage shelves above the sink. Residents were in the immediate area, congregating in advance of the supper meal as the dining room is in the immediate vicinity. There were no staff members supervising the door or the area. The door is equipped with a lock, and the door knob was locked, but there was tape over the hole in the striker plate. This prevented the door bolt from latching. The Administrator accompanied the inspector to observe this door on June

18th, 2014. The Administrator removed the tape and found that the hole in the striker plate had been stuffed full with items such as vinyl gloves and paper towel. Once all items were removed, the door latched and locked when it was closed.

#3: Door leading into the Soiled Utility room - The inspector first noted that this door was not equipped with a lock on June 17th, 2014, in late afternoon. The room contained a soiled linen bag stand, a hopper, and some personal care items in the overhead storage cupboards, such as bedpans.

Lanark wing – 2nd floor:

#4: Door leading into the Staff Washroom – In the company of the Administrator, the inspector first noted that this door was not locked on June 18th, 2014, at approximately 4:30pm. There were no staff members supervising the door or the area at the time. It was observed that while the door is equipped with a lock, the lock was broken. The resident-staff communication and response system is not available in this staff washroom. Further elevating the risk of this unlocked door was the presence of another unlocked door, within the staff washroom, that leads into a small housekeeping room. The housekeeping room contains a wall mounted sink, typical of a janitor's sink. Pipes, coming from the ceiling space, end at the sink. This sink is used to drain the home's sprinkler system annually. The sink and the walls were dirty with rust, as a result of this drainage process. The inspector again noted that the door leading into the Staff Washroom, and the door within that leads into the housekeeping room, was not locked on June 19th, 2014, at 3:09pm.

Wiseman unit – 2nd floor:

#5: Door leading into the Housekeeping room - In the company of the Administrator, the inspector first noted that this door was not locked on June 18th, 2014, at 4:44pm. The area was not being supervised by staff. This room contained a housekeeping chemical dispensing system, a sink, and other housekeeping supplies on overhead shelves. This room also contains a ladder, going up the left wall, that leads to the attic access door. The door leading into the housekeeping room is equipped with a lock, but the mechanism was broken. While the door knob was in the locked position, the inspector was able to turn the knob and push the door open. The Administrator immediately called upon the maintenance worker to repair the door. The inspector noted that the door had been repaired, upon their arrival to the home, on the morning of June 19th, 2014.

#6: Door leading into the Linen Storage room - In the company of the Administrator, the inspector first noted that this door was not equipped with a lock on June 18th, 2014, at approximately 4:50 pm. The room contained a large linen transfer cart that held clean linens and a filing cabinet.

#7: Door leading into the Staff washroom – The inspector first noted this door was not locked on June 19th, 2014, at 3:28pm. The door is equipped with a functional lock, but it was not engaged. There were no staff in the area supervising the door. The resident-staff communication and response system is not available in this staff washroom. [s. 9. (1) 2.]

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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. 1.The licensee has failed to comply with O. Reg. 79/10, s. 90 (2) a. in that the licensee has failed to developed and implemented procedures to ensure that electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meet manufacturer specifications, at a

minimum. This is specifically related to mechanical floor and ceiling lift equipment.

Maintenance must be performed when specified to ensure that equipment, such as a mechanical lift, remains within its original manufacturer specifications. Periodic inspection of specified equipment components and testing of specified equipment functions are a necessary component of overall equipment maintenance.

1.2 - The inspection was in follow up to a Compliance Order that was in part related to the condition of two mechanical floor lifts as observed by Long Term Care Home Inspector #117, on January 15th and 16th 2014 (inspection #2014_198117_0002).

1.3 - The following mechanical floor lifts are in use at the home: Tempo, Marisa, Maxi Move, Sara 3000, Alenti (bath chair lift), Medi – SSL, Medi – SSL 2, and Medi – Lifter III Plus. The following mechanical ceiling lifts are in use at the home: V3 Portable and V4.

Manufacturer specifications for cleaning and maintenance differ from lift to lift. They all include mandatory daily checks. Depending on the lift and original manufacturer, there are also weekly, monthly, bi monthly, quarterly, biannual, and annual requirements.

The home has a contract for a yearly preventive maintenance program for all mechanical lifts, which is delivered by ArjoHuntleigh (Arjo). This annual process was underway at the time of the inspection. Arjo also provides remedial maintenance, as required.

1.4 - The licensee does have a written policy and procedure in place that requires their homes to have an in-house preventive maintenance program for lifts. It is titled "Lifts, Transfer and Repositioning Equipment Preventative Maintenance – In-House staff" (#HS-XVIII-005), effective date May 2013. The policy sets out that daily inspection is to be done by health care staff using the equipment. The policy outlines an inspection and testing program that is to be conducted by maintenance personnel every 4 months, for all floor and ceiling lifts. This was not in place at the time of the inspection. The policy outlines an expectation for a biannual inspection and preventive maintenance program, to be delivered by a qualified service technician. This was not in place at the time of the inspection. This would only be required, according to manufacturer specifications, for certain lifts, such as the Marisa floor lift. This expectation is repeated in policy HS-XVII-010 "lifts, transfer and repositioning

equipment preventative maintenance – service provider", effective May 2013. This policy also calls for the Administrator to ensure that an annual preventive maintenance agreement with a certified maintenance company is in place to conduct maintenance every four months, as per manufacturer recommendations. In house or contracted maintenance at the 4 month mark would satisfy testing specifications that are to be done for the ceiling lifts.

The maintenance worker confirmed to the Inspector and Administrator that he does not have a preventive maintenance program in place for floor or ceiling lifts as prescribed by the licensee's policy. He relies on nursing staff to report problems, addresses them if possible, and/or calls the Arjo technician for a remedial maintenance service.

If fully implemented, the policies (#HS-XVII-0005 and HS-XVII-010) would not cover all manufacturer maintenance specifications, such as those that are required weekly and monthly.

1.5 - Front line nursing staff are expected to conduct a general pre use inspection of any mechanical lift they are using. Staff #S101 has a primary role in staff education at the home. Staff #S101 confirmed that staff have not been trained to conduct all specified weekly checks, inspections and tests as outlined in lift manufacturer instruction for use and/or preventive maintenance schedule documents on a daily basis.

It is however noted that the daily inspections done by some nursing staff likely satisfies some of the prescribed weekly inspection requirements, such as ensuring that there are no cracks or sharp edges on exposed parts, checking the condition of the handset and its cable, ensuring the brakes are functional.

Staff #S101 explained that each lift used to have a daily sign off sheet that staff had to initial, indicating that the lift had passed a prescribed daily inspection. Staff #S101 said that this process was halted about 6 years ago, and that new staff wouldn't have had the daily check training that more senior staff have had. Staff #S101 agreed that not all staff have been trained to do daily checks of all safety features, such as automatic stop and manual lowering functions. Staff #S101 agreed that not all staff have been trained to do daily checks of all fixings, screws, nuts, etc, to ensure they are tight and secure throughout the lift, nor have all staff been trained to verify the functioning of the brakes daily.

These above noted areas are not mandatory daily checks as per the manufacturer specifications, Rather, it is typically specified that these areas are to be tested/inspected/checked weekly or monthly. There is no such weekly process in place.

It has been established that the daily start up inspections do not cover all prescribed weekly and monthly specifications.

1.6 - The home has a weekly cleaning process in place for all mechanical floor lifts. On June 19, 2014, the inspector spoke with several nursing staff members (#S102, #S103, #S104) who are involved with this cleaning process or the oversight of this process. These staff members explained to the inspector that while any apparent issues noted during cleaning would be documented within the maintenance log book for follow up, it is a cleaning process, and not an inspection and/or testing process.

The home's lifts manufactured by Arjo require specified weekly inspections, checks and tests. This includes testing of certain safety functions in prescribed ways, such as emergency stop, automatic stop and manual wind down (as applicable), and checking of spreader bar attachment points (as applicable), for example.

1.7 - The home has a new monthly inspection process in place for mechanical floor lifts. Ceiling lifts are not included in the process. The first round of inspections was done on May 20th, 2014, by two Personal Support Workers (PSWs). These PSWs are members of the Resident Safety Committee (RSC). Staff #S101 explained that the RSC effectively disbanded years ago, and is now reengaging. The RSC lift inspection checklist was created by staff member #S101. Staff #S101 explained to the inspector that development of the checklist was based on their online research and examples found of lift inspection checklists, a few years ago. Staff #S101 confirmed that the checklist was not based on the licensee's preventive maintenance policy for lifts, #HS-XVIII-005 , nor was it based on manufacturer specifications for each lift with regards to preventive maintenance inspections, tests and checks.

The monthly checklist has 9 areas that are to be checked, including "emergency controls operational". Related to this, the inspector asked staff #S1010 what the PSWs were trained to look at in order to make a determination in this area. Staff #S101 indicated they could not recall what they had taught the PSWs, as the training was done years ago. Staff #S101 agreed that they have not been trained to look at

the unique safety and emergency features of each different type of lift in use at the home, but that they would know to look at the obvious safety feature, which is the main emergency stop button. Staff #S101 acknowledged that they themselves are not aware of all of the unique safety functions and features of each different type of lift in use of the home. For example, they were not aware of the automatic stop function of a lift, which the inspector and staff #S101 tested together on June 17th, 2014.

1.8 - On June 27th, 2014, the inspector spoke with one of the two PSWs who conducted the May 20th, 2014 floor lift inspection process. This discussion occurred within a 2nd floor tub room, focused on the Maxi Move floor lift and the checklist that staff #S110 had completed for it. In the "emergency controls operational" section, staff #S110 had put in a "?". The inspector asked staff #S110 to explain what verifying "emergency controls operational" means to them for this lift and for all other lifts. Staff #S110 said that overall, the lift inspections were general, and they are waiting for further training in September to learn about the specifics of each individual lift in the home. Staff #S110 said the inspections did include testing the immediate stop function by pressing the red button, which is present on most lifts. Staff #S110 had noted "cap broken" on the inspection checklist, and acknowledged that they were not aware that the red cap was in fact the access point for what is referred to as the "system failure wind down" mechanism. Staff #S110 was not aware of the automatic stop function that is to be tested weekly as per the Operating and Product Care Instruction document (001.25060.EN-rev2, May 2008), that the home had onsite as reference document. Staff #S110 was not aware of the need to verify the alignment of the leaf spring and locking clip, to ensure that the spreader bar that holds the transfer sling is securely in place. This is to be verified weekly, as per the Maxi Move Preventive Schedule (KMX 82171-CA, Issue 1, Dec 2004). This document was provided to the home, and to the inspector, by the home's assigned Arjo service technician.

Another PSW, Staff # S109, came into the bath suite during this discussion and acknowledged that they were not aware of the above noted safety features for the Maxi Move lift either.

1.9 - The monthly RSC process does not cover all required areas for all lifts where monthly specifications are made. For example, the Medi lifts require monthly testing of the emergency lowering device. The RSC monthly process does not satisfy weekly manufacturer specifications for all prescribed inspections, checks and tests.

1.10 - The inspector reviewed lift Operating Manuals and Operating and Product Care Instruction documents that the home had on site. The inspector also worked with Arjo technical specialists to ensure that said documents were applicable, obtain applicable documents as needed (i.e. UK vs US specifications) and to obtain associated Preventive Maintenance Schedule documents. Arjo now owns all of the original manufacturers of lifts in use at the home. Operating and Product Care type documents for lifts originally manufactured by Arjo contain specifications for mandatory daily checks and weekly checks and testing of various lift functions, in prescribed ways. Arjo Preventive Maintenance Schedule documents outline weekly action required on the part of the user, and yearly action required on the part of a qualified service technician.

Specified maintenance instructions found in Arjo preventive maintenance schedule documents are to be considered as additional to the daily and weekly maintenance instructions that are specified in the lift operating manuals.

1.11 - The following are specific examples of manufacturer specifications related to cleaning and/ or maintenance that the licensee has failed to ensure are being complied with.

Ceiling Lifts:

V4 ceiling lift system: The original manufacturer of this ceiling lift is BHM Medical. In the Operating Manual, dated Jan 2005 (rev. 4), on page 27, within the "Maintenance Inspection Checklist" section, the manufacturer specifies that every two months, the lifting strap is to be inspected for wear. As well, every 4 months, the rail and clip on the charging station contacts are to be cleaned and the emergency stop cord and emergency lowering device are to be verified.

V3 Portable: The original manufacturer of this ceiling lift is BHM Medical. In the Operating Manual, dated March 2005 (rev. 3), on page 41, within the "Maintenance of the V3 Portable" section, the manufacturer specifies "BHM Medical recommends thoroughly inspecting the strap every two (2) months as follows: #1 - completely unwind the strap, #2 – look for any signs of wear, like loose thread in stitched area, side and middle wear". Also on page 41, it is specified "to ensure a better rolling surface for the trolley wheels, clean inside of the track every four (4) months. To do so, insert a damp cloth in the opening and slide it from one end of the track to the other".

On June 19th, 2014, the inspector spoke with several PSWs who use ceiling lifts to transfer residents, staff #S105, #S106 and #S107. They all stated that while they inspect the lifting strap to the extent that it is unwound during a transfer, they have never been directed to completely unwind the strap and inspect it. Staff #S101 confirmed nursing staff have not been instructed to unwind lifting straps to their full extent to inspect them.

The inspector completely unwound two V4 ceiling lift straps, in room 247 (June 19, 2014) and 249 (June 20, 2014), and noted fraying along one side of both straps. This was brought to the attention of the Administrator. The conclusion was that the strap should be replaced, but this wear did not present an immediate safety issue. The home's assigned Arjo technician was onsite at the time of the inspection, conducting the annual preventive maintenance (PM) program for all lifts. These lifting straps would be replaced during the PM process.

On June 27th, 2014, the inspector confirmed with housekeeping staff member # S108 that the home's housekeepers do not clean the ceiling lift tracks.

On June 27th, 2014, the inspector spoke with two PSWs, including staff #S109, in a tub room, while observing several lifts. This included the V4 ceiling lift in place over the tub. Staff #S109 indicated they use this lift to transfer residents, and they were not aware that the lift had an emergency lowering device.

Floor lifts:

Marisa – The original manufacturer of this lift is Arjo. The Marisa "Preventive Maintenance Schedule" (KGX20340.US, Issue 2, Feb. 2001) includes specifications for weekly and bi-annual preventive maintenance. Weekly specifications include testing of the automatic stop, anti-crush microswitch, the emergency lowering functions and the manual wind-down facility. The 6 month preventive maintenance schedule includes checking and/or tightening of certain nuts and bolts, setting the lift arm friction disk assembly to support a 12lb load at the handle. Other required actions include checking the condition and operation of the lift arm release buttons on the carriage, and the plunger in the lift arm assembly, and checking the condition of lift arm assembly and the button location holes in the carriage. The Marisa Operating and Product Care Instructions (KGX00650.GB, Issue 4, October 2002) also speaks to periodic testing requirements, at weekly intervals. This document prescribes how to

test the automatic stop function, the automatic stop button and the system failure lower override.

The 6 month maintenance requirements of the Marisa lift require the services of a qualified service technician. This service arrangement was not in place at the time of the inspection. There is no evidence to support that all weekly specifications are being met.

Medi-SSL 2 - The original manufacturer of this lift is BHM Medical Inc. The Operating Manual (Jan 2005, rev 5 and June 2005, rev 6) specify a thorough 18-20 point inspection, checking and testing process that is to be conducted monthly. This is to include testing the function of the emergency lowering device, checking that all nuts, locknuts, bolts and screws are secure and checking the pivot clevis pin is well secured by the split ring and pivot bushings.

The monthly RSC inspection checklist does not cover all areas/items as specified by the manufacturer.

On June 27th, 2014, the inspector spoke with a PSW, staff member # S111, while in the presence of the Medi-SSL 2 lift (#211) on the Perth Wing. Staff #S111 indicated that they use this lift routinely. The inspector pointed out the emergency lowering device and asked if this mechanism is part of staff #S111's pre use inspection. Staff #S111 indicated that they have never had to use this function and do not test it. [s. 90. (2) (a)]

2. The licensee has failed to comply with O. Reg. 79/10, s. 90. (2) (b) in that the licensee has failed to ensure that procedures are developed and implemented to ensure that Resident-Staff communication and response system (the system) equipment is kept in good repair.

The inspection was in follow up to a Compliance Order (# 001), pursuant to O. Reg. 79/10, s. 90. (2) (b), that was in part related to problems with the Resident-Staff communication and response system (the system), as observed by Long Term Care Home Inspector #117, on January 15th and 16th 2014 (inspection # 2014_198117_0002). The primary issue at the time of that inspection was a lack of functional pagers for nursing staff. The condition of system activation cords in 3 resident bathrooms was also in issue.

Bedside system activation cords:

On June 20th, 2014, in the company of the Administrator and the maintenance worker, the inspector noted that the system could not be activated, or reliably activated, by use of the bedside system activation cord, at the bedside of 4 residents.

In bedroom #160, at resident # 001's bed, pressing the red button at the end of the system activation cord failed to activate the system. A second cord, attached to the same console, but in place for the resident in the neighbouring bed, did activate the system when the red button was pressed. The maintenance worker immediately replaced the broken cord, and it was verified that it was functional.

In bedroom #109, at resident #002's bed, pressing the white button at the end of the system activation cord failed to activate the system. The maintenance worker inspected the wall console connection point and found it was loose. He stated that "it just needed a little push in". After his intervention, it was verified that the cord was functional.

In bedroom # 234, at resident #003's bed, pressing the red button at the end of the system activation cord failed to activate the system. The maintenance worker immediately replaced the cord, and it was verified that it was functional.

In bedroom # 220, at resident # 004's bed, pressing the button at the end of the system activation cord failed to activate the system on the first attempt. When the inspector pressed it again, it worked. The inspector pressed it for a 3rd time, and it didn't work. The inspector pressed it again and held the button down, and it didn't work. The Administrator then tested it, 3 times, and it worked each time.

Bathroom system activation cords:

On June 17th, 2014, the inspector (# 133) revisited three bathrooms in which inspector #117 had previously described (inspection # 2014_198117_0002) damaged system activation cords. In two of the three bathrooms, issues were again observed.

In bathroom # 138, the system activation cord appeared to have been cut/broken short, with no end casing, in which there is supposed to be a magnet that is used to reset the system. Inspector #117 had previously noted "Bathroom #138 console pull cord is cut short and is difficult to pull/activate. It is missing a magnet to reset the

system console".

In bathroom #143, it was observed that there was no magnet in the base of the system activation cord. Inspector # 117 had previously noted "bathroom # 143 has loose magnet on the console pull cord. When the cord is pulled, the magnet falls to the floor". [s. 90. (2) (b)]

Additional Required Actions:

CO # - 002, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 21st day of July, 2014

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

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) :	JESSICA LAPENSEE (133)
Inspection No. / No de l'inspection :	2014_346133_0001
Log No. / Registre no:	O-000134-14
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Jul 21, 2014
Licensee / Titulaire de permis :	DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC 2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA, ON, L5N-2X4
LTC Home / Foyer de SLD :	PERTH COMMUNITY CARE CENTRE 101 CHRISTIE LAKE ROAD, R. R. #4, PERTH, ON, K7H-3C6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Susan Woodcock

To DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC, 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 :

O.Reg 79/10, 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.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

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.

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).

Order / Ordre :

The licensee will ensure that all doors leading to non residential areas are equipped with a functional lock, and that those doors are kept closed and locked when they are not being supervised by staff. All staff are to be educated about this requirement, and reminded of the need to immediately report any broken door locks. This education is to be documented. Given the widespread nature of the non compliance, the licensee will ensure that some form of routine monitoring system for doors leading to non residential areas is put in place, so as to ensure ongoing compliance with this section.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 2. in that the licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and that those doors are kept closed and locked when they are not being supervised by staff. This is related to 7 doors.

Non-residential areas are those in which residents do not customarily receive care and/or services.

The following observations present a pattern of potential risk to residents in the home, particularly for those residents who exhibit behaviors such as wandering and/or exit seeking. Such residents tend to be housed on the 2nd floor care units:

Margaret Hart wing – 1st floor:

#1: Door leading to the laundry chute – The inspector first found that this door was not fully closed on June 17th, 2014, in late afternoon. While the door initially appeared to be fully closed, the inspector was able to push the door open. The door is equipped with a lock, and the door knob was locked. The door did not close completely under its own weight, and in order to ensure that the door was secured, the door needed to be pulled shut all of the way. The room contains a laundry chute door, which is latched, but not locked. Residents were in the immediate area, congregating in advance of the supper meal as the dining room is in the immediate vicinity. There were no staff members supervising the door or the area. The inspector closed the door fully and left the area. The inspector again found this door unsupervised and not fully closed on June 18th, 2014 at 1:48pm and, in the company of the Administrator, at 4:15pm. The inspector again found this door unsupervised and not fully closed on June 19th,

2014 at 3:09pm. The door was repaired, so that it closed fully under its own weight, on June 20th 2014.

#2: Door leading into the Clean Utility room – The inspector first found this door unlocked on June 17th, 2014, in late afternoon. The room contained a small cart with clean linens on it, a towel warmer on the sink counter, and some personal care supplies such as liquid deodorant within the storage shelves above the sink. Residents were in the immediate area, congregating in advance of the supper meal as the dining room is in the immediate vicinity. There were no staff members supervising the door or the area. The door is equipped with a lock, and the door knob was locked, but there was tape over the hole in the striker plate. This prevented the door bolt from latching. The Administrator accompanied the inspector to observe this door on June 18th, 2014. The Administrator removed the tape and found that the hole in the striker plate had been stuffed full with items such as vinyl gloves and paper towel. Once all items were removed, the door latched and locked when it was closed.

#3: Door leading into the Soiled Utility room - The inspector first noted that this door was not equipped with a lock on June 17th, 2014, in late afternoon. The room contained a soiled linen bag stand, a hopper, and some personal care items in the overhead storage cupboards, such as bedpans.

Lanark wing – 2nd floor:

#4: Door leading into the Staff Washroom – In the company of the Administrator, the inspector first noted that this door was not locked on June 18th, 2014, at approximately 4:30pm. There were no staff members supervising the door or the area at the time. It was observed that while the door is equipped with a lock, the lock was broken. The resident-staff communication and response system is not available in this staff washroom. Further elevating the risk of this unlocked door was the presence of another unlocked door, within the staff washroom, that leads into a small housekeeping room. The housekeeping room contains a wall mounted sink, typical of a janitor's sink. Pipes, coming from the ceiling space, end at the sink. This sink is used to drain the home's sprinkler system annually. The sink and the walls were dirty with rust, as a result of this drainage process. The inspector again noted that the door leading into the Staff Washroom, and the door within that leads into the housekeeping room, was not locked on June 19th, 2014, at 3:09pm.

Wiseman unit – 2nd floor:

#5: Door leading into the Housekeeping room - In the company of the Administrator, the inspector first noted that this door was not locked on June 18th, 2014, at 4:44pm. The area was not being supervised by staff. This room contained a housekeeping chemical dispensing system, a sink, and other housekeeping supplies on overhead shelves. This room also contains a ladder, going up the left wall, that leads to the attic access door. The door leading into the housekeeping room is equipped with a lock, but the mechanism was broken. While the door knob was in the locked position, the inspector was able to turn the knob and push the door open. The Administrator immediately called upon the maintenance worker to repair the door. The inspector noted that the door had been repaired, upon their arrival to the home, on the morning of June 19th, 2014.

#6: Door leading into the Linen Storage room - In the company of the Administrator, the inspector first noted that this door was not equipped with a lock on June 18th, 2014, at approximately 4:50 pm. The room contained a large linen transfer cart that held clean linens and a filing cabinet.

#7: Door leading into the Staff washroom – The inspector first noted this door was not locked on June 19th, 2014, at 3:28pm. The door is equipped with a functional lock, but it was not engaged. There were no staff in the area supervising the door. The resident-staff communication and response system is not available in this staff washroom.

It is noted that the licensee has a history of non compliance related to door security, O. Reg. 79/10, s. 9 (1). As a result of the RQI, inspection # 2013_179103_0009, the licensee was served with a Compliance Order (#001) on March 25/2013, specifically related to O. Reg. 79/10, s.9 (1) 1. i. and iii, pertaining to the home's front door. The Compliance Order was complied in June 2013.
(133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2014

Order # / Ordre no : 002

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

Linked to Existing Order / Lien vers ordre existant: 2014_198117_0002, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :

The licensee will develop and implement a procedure to ensure that resident-staff communication and response system (the system) equipment is kept in good repair. The procedure must specifically address system activation cords, in all locations, and is to also address other related system equipment, such as staff pagers. As per O. Reg. 79/10,s. 30 (1) 1., the procedure(s) must be written. The procedure must provide for routine auditing of system activation cords.

The licensee will ensure that all system activation cords in the home are tested, by July 31, 2014. This includes both bathroom and bedroom activation cords. Testing locations and tests results are to be documented.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 90. (2) (b) in that the licensee has failed to ensure that procedures are developed and implemented to ensure that Resident-Staff communication and response system (the system) equipment is kept in good repair.

The inspection was in follow up to a Compliance Order (# 001), pursuant to O. Reg. 79/10, s. 90. (2) (b), that was in part related to problems with the Resident-Staff communication and response system (the system), as observed by Long Term Care Home Inspector #117, on January 15th and 16th 2014 (inspection # 2014_198117_0002). The primary issue at the time of that inspection was a lack of functional pagers for nursing staff, on which they receive notification of calls for assistance,typically from residents, that are made by engaging the system activation cords. The condition of system activation cords in 3 resident bathrooms was also in issue.

During the follow up inspection, on June 20th, 2014, in the company of the Administrator and the maintenance worker, the inspector noted that the system could not be activated, or reliably activated, by use of the bedside system activation cord, at the bedside of 4 residents. As well, two of three previously noted problematic systematic activation cords in resident washrooms were found to be in poor repair.

Bedside system activation cords:

In bedroom #160, at resident # 001's bed, pressing the red button at the end of

the system activation cord failed to activate the system. A second cord, attached to the same console, but in place for the resident in the neighbouring bed, did activate the system when the red button was pressed. The maintenance worker immediately replaced the broken cord, and it was verified that it was functional.

In bedroom #109, at resident #002's bed, pressing the white button at the end of the system activation cord failed to activate the system. The maintenance worker inspected the wall console connection point and found it was loose. He stated that "it just needed a little push in". After his intervention, it was verified that the cord was functional.

In bedroom # 234, at resident #003's bed, pressing the red button at the end of the system activation cord failed to activate the system. The maintenance worker immediately replaced the cord, and it was verified that it was functional.

In bedroom # 220, at resident # 004's bed, pressing the button at the end of the system activation cord failed to activate the system on the first attempt. When the inspector pressed it again, it worked. The inspector pressed it for a 3rd time, and it didn't work. The inspector pressed it again and held the button down, and it didn't work. The Administrator then tested it, 3 times, and it worked each time.

Bathroom system activation cords:

On June 17th, 2014, the inspector (# 133) revisited three bathrooms in which inspector #117 had previously described (inspection # 2014_198117_0002) damaged system activation cords. In two of the three bathrooms, issues were again observed.

In bathroom # 138, the system activation cord appeared to have been cut/broken short, with no end casing, in which there is supposed to be a magnet that is used to reset the system. Inspector #117 had previously noted "Bathroom #138 console pull cord is cut short and is difficult to pull/activate. It is missing a magnet to reset the system console".

In bathroom #143, it was observed that there was no magnet in the base of the system activation cord. Inspector # 117 had previously noted "bathroom # 143 has loose magnet on the console pull cord. When the cord is pulled, the magnet falls to the floor". (133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2014

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

Order # / Ordre no : 003

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :

The licensee will develop and implement a procedure that will ensure that all

floor and ceiling lifts in use of the home are cleaned and maintained at a level that meet manufacturer specifications, at a minimum. As per O. Reg. 79/10,s. 30 (1) 1., the procedure(s) must be written. The written procedure is to include specific references to all of the related manufacturer documents. The procedure is to speak to the daily, weekly, monthly, bimonthly, biannual and annual specifications, as applicable, for each type of lift in use in the home. The procedure is to include explanation as to how certain items/functions are to be tested/inspected, as per manufacturer specifications. These details are typically found in the Operating and Product Care Instruction documents or Operating Manuals. For example: inspection of lifting strap every 2 months for ceiling lifts requires the strap be fully extended prior to observation. For example: weekly testing of the automatic stop function is to include testing of both the patient support arms and the chassis legs.

The licensee will ensure that any/all staff that are implicated in the procedure are educated and oriented to it, and that their understanding of the procedure be confirmed and documented.

As the licensee develops this above noted procedure, it is important to note that specified maintenance instructions found in Arjo preventive maintenance schedule documents are to be considered as additional to the daily and weekly maintenance instructions that are specified in the lift operating manuals.

Areas of focus are to include, but not be limited to, the following (as applicable): lifting straps (ceiling and floor lifts, internal and external); spreader bar attachment to lifting strap (split ring and cotter pin security); spreader bar attachment to jib (leaf spring and locking clips); castors (testing and cleaning, as specified); safety features and functions, in the prescribed ways, such as: automatic stop, immediate stop, manual lowering, emergency high/low, brakes.

The licensee will ensure that documentation is in place to demonstrate that all specified inspections, checks and tests that factor in to the overall maintenance of floor and ceiling lifts are being done as expected.

The licensee will ensure that that a bi-annual preventive maintenance agreement with a certified maintenance company is in place to conduct maintenance, as per manufacturer's specifications, for lifts that require this frequency of service, such as the Marisa floor lift.

The licensee will ensure that all staff are aware of the unique safety features of all of the different types and styles of mechanical lifts they use, such as the manual lowering function and the automatic stop function. This education/re-education is to be documented.

Grounds / Motifs :

1. 1.The licensee has failed to comply with O. Reg. 79/10, s. 90 (2) a. in that the licensee has failed to developed and implemented procedures to ensure that electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meet manufacturer specifications, at a minimum. This is specifically related to mechanical floor and ceiling lift equipment.

Maintenance must be performed when specified to ensure that equipment, such as a mechanical lift, remains within its original manufacturer specifications. Periodic inspection of specified equipment components and testing of specified equipment functions are a necessary component of overall equipment maintenance.

1.2 - The inspection was in follow up to a Compliance Order that was in part related to the condition of two mechanical floor lifts as observed by Long Term Care Home Inspector #117, on January 15th and 16th 2014 (inspection #2014_198117_0002).

1.3 - The following mechanical floor lifts are in use at the home: Tempo, Marisa, Maxi Move, Sara 3000, Alenti (bath chair lift), Medi – SSL, Medi – SSL 2, and Medi – Lifter III Plus. The following mechanical ceiling lifts are in use at the home: V3 Portable and V4.

Manufacturer specifications for cleaning and maintenance differ from lift to lift. They all include mandatory daily checks. Depending on the lift and original manufacturer, there are also weekly, monthly, bi monthly, quarterly, biannual, and annual requirements.

The home has a contract for a yearly preventive maintenance program for all mechanical lifts, which is delivered by ArjoHuntleigh (Arjo). This annual process was underway at the time of the inspection. Arjo also provides remedial maintenance, as required.

1.4 - The licensee does have a written policy and procedure in place that requires their homes to have an in-house preventive maintenance program for lifts. It is titled "Lifts, Transfer and Repositioning Equipment Preventative Maintenance – In-House staff" (#HS-XVIII-005), effective date May 2013. The policy sets out that daily inspection is to be done by health care staff using the equipment. The policy outlines an inspection and testing program that is to be conducted by maintenance personnel every 4 months, for all floor and ceiling lifts. This was not in place at the time of the inspection. The policy outlines an expectation for a biannual inspection and preventive maintenance program, to be delivered by a qualified service technician. This was not in place at the time of the inspection. This would only be required, according to manufacturer specifications, for certain lifts, such as the Marisa floor lift. This expectation is repeated in policy HS-XVII-010 "lifts, transfer and repositioning equipment preventative maintenance – service provider", effective May 2013. This policy also calls for the Administrator to ensure that an annual preventive maintenance agreement with a certified maintenance company is in place to conduct maintenance every four months, as per manufacturer recommendations. In house or contracted maintenance at the 4 month mark would satisfy testing specifications that are to be done for the ceiling lifts.

The maintenance worker confirmed to the Inspector and Administrator that he does not have a preventive maintenance program in place for floor or ceiling lifts as prescribed by the licensee's policy. He relies on nursing staff to report problems, addresses them if possible, and/or calls the Arjo technician for a remedial maintenance service.

If fully implemented, the policies (#HS-XVII-0005 and HS-XVII-010) would not cover all manufacturer maintenance specifications, such as those that are required weekly and monthly.

1.5 - Front line nursing staff are expected to conduct a general pre use inspection of any mechanical lift they are using. Staff #S101 has a primary role in staff education at the home. Staff #S101 confirmed that staff have not been trained to conduct all specified weekly checks, inspections and tests as outlined in lift manufacturer instruction for use and/or preventive maintenance schedule documents on a daily basis.

It is however noted that the daily inspections done by some nursing staff likely satisfies some of the prescribed weekly inspection requirements, such as

ensuring that there are no cracks or sharp edges on exposed parts, checking the condition of the handset and its cable, ensuring the brakes are functional.

Staff #S101 explained that each lift used to have a daily sign off sheet that staff had to initial, indicating that the lift had passed a prescribed daily inspection. Staff #S101 said that this process was halted about 6 years ago, and that new staff wouldn't have had the daily check training that more senior staff have had. Staff #S101 agreed that not all staff have been trained to do daily checks of all safety features, such as automatic stop and manual lowering functions. Staff #S101 agreed that not all staff have been trained to do daily checks of all fixings, screws, nuts, etc, to ensure they are tight and secure throughout the lift, nor have all staff been trained to verify the functioning of the brakes daily.

These above noted areas are not mandatory daily checks as per the manufacturer specifications, Rather, it is typically specified that these areas are to be tested/inspected/checked weekly or monthly. There is no such weekly process in place.

It has been established that the daily start up inspections do not cover all prescribed weekly and monthly specifications.

1.6 - The home has a weekly cleaning process in place for all mechanical floor lifts. On June 19, 2014, the inspector spoke with several nursing staff members (#S102, #S103, #S104) who are involved with this cleaning process or the oversight of this process. These staff members explained to the inspector that while any apparent issues noted during cleaning would be documented within the maintenance log book for follow up, it is a cleaning process, and not an inspection and/or testing process.

The home's lifts manufactured by Arjo require specified weekly inspections, checks and tests. This includes testing of certain safety functions in prescribed ways, such as emergency stop, automatic stop and manual wind down (as applicable), and checking of spreader bar attachment points (as applicable), for example.

1.7 - The home has a new monthly inspection process in place for mechanical floor lifts. Ceiling lifts are not included in the process. The first round of inspections was done on May 20th, 2014, by two Personal Support Workers (PSWs). These PSWs are members of the Resident Safety Committee (RSC).

Staff #S101 explained that the RSC effectively disbanded years ago, and is now reengaging. The RSC lift inspection checklist was created by staff member #S101. Staff #S101 explained to the inspector that development of the checklist was based on their online research and examples found of lift inspection checklists, a few years ago. Staff #S101 confirmed that the checklist was not based on the licensee's preventive maintenance policy for lifts, #HS-XVIII-005 , nor was it based on manufacturer specifications for each lift with regards to preventive maintenance inspections, tests and checks.

The monthly checklist has 9 areas that are to be checked, including "emergency controls operational". Related to this, the inspector asked staff #S1010 what the PSWs were trained to look at in order to make a determination in this area. Staff #S101 indicated they could not recall what they had taught the PSWs, as the training was done years ago. Staff #S101 agreed that they have not been trained to look at the unique safety and emergency features of each different type of lift in use at the home, but that they would know to look at the obvious safety feature, which is the main emergency stop button. Staff #S101 acknowledged that they themselves are not aware of all of the unique safety functions and features of each different type of lift in use of the home. For example, they were not aware of the automatic stop function of a lift, which the inspector and staff #S101 tested together on June 17th, 2014.

1.8 - On June 27th, 2014, the inspector spoke with one of the two PSWs who conducted the May 20th, 2014 floor lift inspection process. This discussion occurred within a 2nd floor tub room, focused on the Maxi Move floor lift and the checklist that staff #S110 had completed for it. In the "emergency controls operational" section, staff #S110 had put in a "?". The inspector asked staff #S110 to explain what verifying "emergency controls operational" means to them for this lift and for all other lifts. Staff #S110 said that overall, the lift inspections were general, and they are waiting for further training in September to learn about the specifics of each individual lift in the home. Staff #S110 said the inspections did include testing the immediate stop function by pressing the red button, which is present on most lifts. Staff #S110 had noted "cap broken" on the inspection checklist, and acknowledged that they were not aware that the red cap was in fact the access point for what is referred to as the "system failure wind down" mechanism. Staff #S110 was not aware of the automatic stop function that is to be tested weekly as per the Operating and Product Care Instruction document (001.25060.EN-rev2, May 2008), that the home had onsite as reference document. Staff #S110 was not aware of the need to verify the

alignment of the leaf spring and locking clip, to ensure that the spreader bar that holds the transfer sling is securely in place. This is to be verified weekly, as per the Maxi Move Preventive Schedule (KMX 82171-CA, Issue 1, Dec 2004). This document was provided to the home, and to the inspector, by the home's assigned Arjo service technician.

Another PSW, Staff # S109, came into the bath suite during this discussion and acknowledged that they were not aware of the above noted safety features for the Maxi Move lift either.

1.9 - The monthly RSC process does not cover all required areas for all lifts where monthly specifications are made. For example, the Medi lifts require monthly testing of the emergency lowering device. The RSC monthly process does not satisfy weekly manufacturer specifications for all prescribed inspections, checks and tests.

1.10 - The inspector reviewed lift Operating Manuals and Operating and Product Care Instruction documents that the home had on site. The inspector also worked with Arjo technical specialists to ensure that said documents were applicable, obtain applicable documents as needed (i.e. UK vs US specifications) and to obtain associated Preventive Maintenance Schedule documents. Arjo now owns all of the original manufacturers of lifts in use at the home. Operating and Product Care type documents for lifts originally manufactured by Arjo contain specifications for mandatory daily checks and weekly checks and testing of various lift functions, in prescribed ways. Arjo Preventive Maintenance Schedule documents outline weekly action required on the part of the user, and yearly action required on the part of a qualified service technician.

Specified maintenance instructions found in Arjo preventive maintenance schedule documents are to be considered as additional to the daily and weekly maintenance instructions that are specified in the lift operating manuals.

1.11 - The following are specific examples of manufacturer specifications related to cleaning and/ or maintenance that the licensee has failed to ensure are being complied with.

Ceiling Lifts:

V4 ceiling lift system: The original manufacturer of this ceiling lift is BHM Medical. In the Operating Manual, dated Jan 2005 (rev. 4), on page 27, within the "Maintenance Inspection Checklist" section, the manufacturer specifies that every two months, the lifting strap is to be inspected for wear. As well, every 4 months, the rail and clip on the charging station contacts are to be cleaned and the emergency stop cord and emergency lowering device are to be verified.

V3 Portable: The original manufacturer of this ceiling lift is BHM Medical. In the Operating Manual, dated March 2005 (rev. 3), on page 41, within the "Maintenance of the V3 Portable" section, the manufacturer specifies "BHM Medical recommends thoroughly inspecting the strap every two (2) months as follows: #1 - completely unwind the strap, #2 – look for any signs of wear, like loose thread in stitched area, side and middle wear". Also on page 41, it is specified "to ensure a better rolling surface for the trolley wheels, clean inside of the track every four (4) months. To do so, insert a damp cloth in the opening and slide it from one end of the track to the other".

On June 19th, 2014, the inspector spoke with several PSWs who use ceiling lifts to transfer residents, staff #S105, #S106 and #S107. They all stated that while they inspect the lifting strap to the extent that it is unwound during a transfer, they have never been directed to completely unwind the strap and inspect it. Staff #S101 confirmed nursing staff have not been instructed to unwind lifting straps to their full extent to inspect them.

The inspector completely unwound two V4 ceiling lift straps, in room 247 (June 19, 2014) and 249 (June 20, 2014), and noted fraying along one side of both straps. This was brought to the attention of the Administrator. The conclusion was that the strap should be replaced, but this wear did not present an immediate safety issue. The home's assigned Arjo technician was onsite at the time of the inspection, conducting the annual preventive maintenance (PM) program for all lifts. These lifting straps would be replaced during the PM process.

On June 27th, 2014, the inspector confirmed with housekeeping staff member # S108 that the home's housekeepers do not clean the ceiling lift tracks.

On June 27th, 2014, the inspector spoke with two PSWs, including staff #S109, in a tub room, while observing several lifts. This included the V4 ceiling lift in place over the tub. Staff #S109 indicated they use this lift to transfer residents,

and they were not aware that the lift had an emergency lowering device.

Floor lifts:

Marisa – The original manufacturer of this lift is Arjo. The Marisa "Preventive Maintenance Schedule" (KGX20340.US, Issue 2, Feb. 2001) includes specifications for weekly and bi-annual preventive maintenance. Weekly specifications include testing of the automatic stop, anti-crush microswitch, the emergency lowering functions and the manual wind-down facility. The 6 month preventive maintenance schedule includes checking and/or tightening of certain nuts and bolts, setting the lift arm friction disk assembly to support a 12lb load at the handle. Other required actions include checking the condition and operation of the lift arm release buttons on the carriage, and the plunger in the lift arm assembly, and checking the condition of lift arm assembly and the button location holes in the carriage. The Marisa Operating and Product Care Instructions (KGX00650.GB, Issue 4, October 2002) also speaks to periodic testing requirements, at weekly intervals. This document prescribes how to test the automatic stop function, the automatic stop button and the system failure lower override.

The 6 month maintenance requirements of the Marisa lift require the services of a qualified service technician. This service arrangement was not in place at the time of the inspection. There is no evidence to support that all weekly specifications are being met.

Medi-SSL 2 - The original manufacturer of this lift is BHM Medical Inc. The Operating Manual (Jan 2005, rev 5 and June 2005, rev 6) specify a thorough 18-20 point inspection, checking and testing process that is to be conducted monthly. This is to include testing the function of the emergency lowering device, checking that all nuts, locknuts, bolts and screws are secure and checking the pivot clevis pin is well secured by the split ring and pivot bushings.

The monthly RSC inspection checklist does not cover all areas/items as specified by the manufacturer.

On June 27th, 2014, the inspector spoke with a PSW, staff member # S111, while in the presence of the Medi-SSL 2 lift (#211) on the Perth Wing. Staff #S111 indicated that they use this lift routinely. The inspector pointed out the emergency lowering device and asked if this mechanism is part of staff #S111's

pre use inspection. Staff #S111 indicated that they have never had to use this function and do not test it.

(133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Nov 21, 2014

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 21st day of July, 2014

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : JESSICA LAPENSEE

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