



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

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

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

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

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|--|------------------------------------|---|
| Date of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
| January 28, 2011 | 2011-120-2581-28JAN082421 | H-00241 Follow up to Jan. 27/10 and July 28/09 |
| Licensee/Titulaire | | |
| Revera Long Term Care Inc., 55 Standish Court, 8 th Floor, Mississauga ON L5R 4B2 | | |
| Long-Term Care Home/Foyer de soins de longue durée | | |
| Baywoods Place, 330 Main Street E., Hamilton, ON L8N 3T9 | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) | | |
| Bernadette Susnik - Environmental Health #120 | | |
| Inspection Summary / Sommaire d'inspection | | |

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance made under the Ministry of Health and Long Term Care Homes Program Standards Manual related to the following unmet criteria:

O2.1 (Maintenance Services), M3.4 (Resident Call system), M1.7 (Policies and Procedures)

During the course of the inspection, the above noted inspector spoke with the Administrator, Assistant Director of Care, Environmental Services Supervisor, registered nursing staff and personal service workers. During the course of the inspection, a walk-through was conducted of the 3rd, 4th and 5th floors which included resident rooms and their ensuite washrooms, tub rooms, dining rooms and lounge spaces.

The following Inspection Protocols were used during this inspection:

- Accommodation Services – Maintenance
- Accommodation Services - Housekeeping
- Safe and Secure Home

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

1 WN
1 VPC

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 3.

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

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

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

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

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

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

WN #1: *The licensee has failed to comply with the LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a) & (c).* Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Previously issued as unmet criteria O2.1 under the MOHLTC Homes Program Standards Manual (for finding #1).

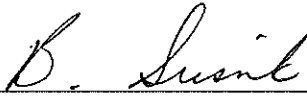
Findings:

1. Many incremental units on the 4th floor and some on the 5th floor had accumulated debris (paper, gauze, hair, dust, cigarette butts, plastic objects etc) inside of the units. Some of the paper and plastic objects were covered in black spots, resembling mould growth. A thick layer of dust was noted underneath most of the units on all three floors inspected. Black residue resembling mould noted on the surface of the units, on the grilles in numerous identified resident rooms and in the 4th and 3rd floor den. The fins inside the units, in some cases were encrusted with unknown matter.
2. Floors dusty in resident closets (many of which have had closet doors replaced with hanging fabric).
3. Elevator tracks full of debris on all three floors.
4. Heavy dust accumulation noted on exhaust vent covers in all three tub rooms inspected.
5. Seating in the 3rd floor lounge room and 4th floor den and chair seats in some resident rooms noted to be stained or dirty. Some of the stained seating furniture belongs to residents.
6. Stained drapery noted in one resident room and stained privacy curtains noted in 3 resident rooms.
7. Surfaces of some resident night tables and other furniture in rooms visibly soiled with juice or food stains.

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 in respect to ensuring that the home, furnishings and equipment are kept clean and sanitary and that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.



| CORRECTED NON-COMPLIANCE Non-respects à Corrigé | | | | |
|--|-------------------------|--|---------------------|----------------|
| REQUIREMENT EXIGENCE | TYPE OF ACTION/ORDER | ACTION/ ORDER # | INSPECTION REPORT # | INSPECTOR ID # |
| Criterion M3.4 issued under the MOHLTC Homes Program Standards Manual now found under Ont. Reg. 79/10, s. 17(1)(a) | | | Log #61-2010 | 120 |
| Criterion M1.7 issued under the MOHLTC Homes Program Standards Manual, now found under Ont. Reg. 79/10, s.230(2), (3) & 230(4) | | | Log #457-2009 | 120 |
| Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné | | Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. | | |
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| Title: | Date: | Date of Report (if different from date(s) of inspection). | | |
| | | <i>April 11/11</i> | | |