



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 14, 18, 26, 27, 2012; 2012_072120_0068; Complaint

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF ERIN MEADOWS
2930 Erin Centre Boulevard, MISSISSAUGA, ON, L5M-7M4

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the general manager, environmental services manager, laundry staff and residents regarding laundry services and emergency plans.

During the course of the inspection, the inspector(s) reviewed resident clothing in the laundry room and in various closets, tested door access control systems, reviewed policies and procedures and maintenance service reports. (H-001673-12)

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Accommodation Services - Maintenance

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans
Specifically failed to comply with the following subsections:

- s. 230. (5) The licensee shall ensure that the emergency plans address the following components:
1. Plan activation.
 2. Lines of authority.
 3. Communications plan.
 4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).

Findings/Faits saillants :

[O. Reg. 79/10, s.230(5)] The licensee has not ensured that the emergency plans address the following components: 1. Plan activation. 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities.

Staff reported the smell of gas to management staff on August 17, 2012 who in turn immediately contacted the gas company. The gas leak was limited to the basement service corridor and isolated to a line in the kitchen. The home's internal disaster plans (located in the main office) were reviewed, however no specific directives could be found with respect to internal gas leaks. None of the existing policies or procedures related to different types of emergencies observed in the emergency response binder located at each nursing station outlined staff roles and responsibilities, communication plans, lines of authority or when the plan is to be activated.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



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Specifically failed to comply with the following subsections:

- 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).

Findings/Faits saillants :

[O. Reg. 79/10, s.90(2)(a)] The licensee of a long-term care home did not 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.

On August 17, 2012 a gas leak was detected by staff working in and around the kitchen area and reported to management. Various companies were called in to investigate the cause. At the conclusion of the investigation, a service technician for the gas range in the kitchen reported that the source of the gas smell was most likely due to the 2 clogged top burners. The smell would have occurred when the pilot light could not ignite the burner (due to grease clogging various ports of the burner) and the gas was left on. The technician provided an in-service to staff on the procedure for burner cleaning on August 18, 2012. Both the cook and food services supervisor reported to the inspector that they have not inspected the gas range and neither have reviewed the manufacturer's instructions.

The environmental services supervisor reported that his maintenance staff do not inspect the gas range and could not provide any preventive maintenance checks or external contractor service reports to indicate that the stove was inspected and or cleaned for proper operation prior to August 17, 2012.

A policy and procedure (10-27, dated August 23, 2001) titled "Operation of Gas Range/Ovens" regarding the cleaning and maintenance requirements of the stove was available in the food services binder. It requires staff to clean grease from the stove top monthly and to clean the stove top daily. There are no instructions regarding the cleaning and maintenance of the burners. It directs the staff to clean and operate the range as per manufacturer's instructions.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following subsections:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(a) procedures are developed and implemented to ensure that,

(i) residents' linens are changed at least once a week and more often as needed,

(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and

(iv) there is a process to report and locate residents' lost clothing and personal items;

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and

(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

[O. Reg. 79/10, s.89(1)(a)(iii)] As part of the organized program of laundry services under clause 15(1)(b) of the Act, the licensee of a long-term care home has not ensured that,

(a) Procedures are developed and implemented to ensure that,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident.

Residents' soiled clothing is not sorted once it has been collected and delivered to the laundry room. At point of collection, resident's personal clothing is collected and sorted from other types of linen such as towels and sheets before it is sent to the laundry room for processing. In the laundry room, their clothing is not sorted so that dark and white colours are laundered separately. The home has not implemented a policy to direct staff to sort personal clothing into dark and light colours. However laundry staff reported that the practice of sorting was done in the past and that the practice changed recently. Residents' clothing was observed to be faded and discoloured. White clothing was slightly gray or pink and brown socks were either orange or pink. The home's policy on discoloured clothing describes some of the reasons why clothing might become discoloured but does not mention that it could be due to a lack of proper sorting.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



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The licensee of a long term care home did not ensure that the home is a safe and secure environment for its residents.

A contracted service technician was in the home on September 14, 2012 to conduct a routine monthly fire alarm test as per their agreement with the home. During the inspection, at approximately 11:35 a.m., an employee of the home made an announcement over the sound system just prior to the sounding of the alarm bells. The announcement consisted of a message that directed staff to disregard the bells because the alarms were being tested. The alarm began to ring at approximately 11:37 a.m. and rang for approximately 7 minutes. During stage two of the alarm, the the magnetic locks on each stairwell, exterior door and some perimeter doors in the home automatically released and became unlocked. Several unlocked stairwell doors were found by the inspector on one side of the building on the 3rd and 2nd floors and monitored between 11:40 and 11:44 a.m. No staff were present in the corridors on either of the floors to monitor residents, leaving the stairwells and the exterior of the home accessible to residents.

The home's emergency fire plan (02-02, revised May 2011) describes that in the event of a fire alarm/drill, the "magnetic lock system will go down" and that "after the drill, the magnetic locking security system will be reset by the charge nurse". The information is clear that the magnetic locks will be released during the sounding of the alarms, however there are no instructions for staff to monitor the doors during a drill. There are also no procedures and no information that describes the fire alarm testing process and staff responsibilities to ensure that all doors are monitored during stage 2 of the fire alarm testing. The Environmental Services Supervisor was unaware that the magnetic locks became disengaged during the testing and assumed that the technician forgot to reset the door locks during stage two of the alarm.

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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

Issued on this 27th day of September, 2012

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

A handwritten signature in cursive script that reads "D. Susanil".