



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

**Rapport d'inspection
prévue 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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|--|-----------------------------|---|
| November 9, 2010 | 2010-120- 2859-9NOV161229 | H-02582 Follow-up to Sept. 18, 21 & 23, 2009 |

Licensee/Titulaire
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 Sandalwood Park, 425 Great Lakes Drive, Brampton, ON L6R 2W8

Name of Inspector(s)/Nom de l'inspecteur(s)
Bernadette Susnik, LTC Homes Inspector – 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 Home Program Standards Manual with respect to the following unmet criteria:

M3.23 (Infection Control), O4.13 (Linen Quantity), M2.2 (Continuous Quality Improvement), O2.1 (Maintenance Services), M3.3 (Safety Systems)

During the course of the inspection, the above noted inspector spoke with the General Manager, infection control nurse, laundry staff and maintenance staff. The inspector conducted a walk-through of all 4 home areas, resident rooms, washrooms, bathing rooms, laundry room, lounge areas, utility rooms and serveries.

The following Inspection Protocols were used during this inspection:

- *Safe and Secure Home*
- *Accommodation Services - Maintenance*
- *Accommodation Services – Laundry*
- *Infection Prevention and Control*

There are findings of Non-Compliance as a result of this inspection. The following actions were taken:

5 WN
4 VPC

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 4.

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 O. Reg. 79/10, s. 15(2)(a) & (c).* The licensee of the 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 Criterion O2.1 under the MOHLTC Home Program Standards Manual (eg. 1-5)

Findings:

1. Numerous resident rooms have wall and corner damage. Corner damage also noted in the corridors in the Elliott home area. Gouged and scuffed bathroom doors also prevalent.
2. Shower and clean linen room doors in the Elliott home area slam closed, potentially causing injury. Other doors in other home areas also noted to slam closed, despite the self-closing device on the door.
3. The flooring material in numerous resident washrooms and in other washrooms is lifting where seams have not been heat welded together. Two resident bedrooms located in the Johnston home area have bedroom floor tiles lifting.
4. Numerous toilets located throughout the home are leaking water from the tank to the toilet bowl.
5. The Sanders and Johnston soiled utility rooms noted to have a foul odour, possibly related to a dry trap, allowing sewer gases to migrate into the room.
6. Five brown-coloured upholstered sofa chairs located in the lounge of the Johnston home area and approximately 7 chairs in the Sanders lounge area are very stained in appearance.

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.

WN #2: *The licensee has failed to comply with O. Reg. 79/10, s. 12(2).* The licensee shall ensure that,

- (b) resident beds are capable of being elevated at the head and have a headboard and a footboard.

Previously issued as Criterion M3.3 under the MOHLTC Home Program Standards Manual.

Findings:

Residents in identified rooms have beds that are not capable of being elevated at the head and do not have a headboard and a footboard.

WN #3: *The licensee has failed to comply with O. Reg. 79/10, s. 87(2).* As part of the organized program of housekeeping under clause 15(1)(a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(c) cleaning and disinfection of resident care equipment, such as whirlpools, tubs, shower chairs, and lift chairs and supplies and devices, including personal assistance services devices, assistive aids, and positioning aids and contact surfaces, using hospital grade disinfectant and in accordance with manufacturer's specifications;

Previously issued as Criterion M3.23 under the MOHLTC Home Program Standards Manual

Findings:

Procedures have not been fully developed and implemented to ensure that resident's plastic ware such as washbasins are cleaned and disinfected between use, as per PIDAC "*Best Practices for Cleaning, Disinfecting and Sterilization of Medical Equipment/Devices in All Health Care Settings*". A procedure identified to be posted in the housekeeping rooms where dishwashers are used for cleaning, indicate that plastic ware is to be cleaned and disinfected on the resident's bath day. The procedure also indicates that Virox is to be used after cleaning, however, the product could not be located in any of the housekeeping rooms. The procedures also fail to indicate how to use the dishwasher and what type and quantity of cleaning agent to use.

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 procedures are developed and implemented for the cleaning and disinfection of resident care equipment, using hospital grade disinfectant and in accordance with manufacturer's specifications, to be implemented voluntarily.

WN #4: *The licensee has failed to comply with O. Reg. 79/10, s. 230(3)(a)&(b) and 230(6).* In developing the plans, the licensee shall,

(a) consult with the relevant community agencies, partner facilities and resources that will be involved in responding to the emergency; and

(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.

(6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information.

Previously issued as Criterion M3.3 under the MOHLTC Home Program Standards Manual

Findings:

1. The current emergency plans (excluding fire) available in the home which are originally dated 2001 are generic emergency plans, which are not customized to the specific home they are located in. The Region of Peel has not been involved in the development of the emergency plans.
2. The internal and external hazards likely to impact the home have not been fully identified and assessed. Very few emergency procedures are available to staff in the emergency manual, most relating to basic emergencies such as gas exclusion or weather-related storms. Missing emergencies include but are not limited to loss of one or more essential services, elevator breakdown, floods, staff shortage, carbon

monoxide gas leak and any other emergency that has been identified as having the potential to affect resident care and services.

3. The internal and external emergency plans have not been evaluated and updated annually. No records indicate that the plans have been re-evaluated and updated. The plans were reviewed by the inspector during previous inspections conducted in 2008 and in 2009 and the plans have not been amended, updated or improved upon in any way since those inspections.

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 emergency plans are developed in consultation with community agencies, partner facilities and resources that will be involved in responding to the emergency; and ensuring that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community and that the plans are evaluated and updated at least annually, to be implemented voluntarily.

WN #5: *The licensee has failed to comply with the LTCHA 2007, .S.O. 2007, c.8, s. 84.* The licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.

Previously issued as criterion M2.2 under the MOHLTC Homes Program Standards Manual
Findings:

The maintenance program has not been monitored, analyzed or evaluated to improve the quality of these programs from year to year.

Non-compliance related to keeping the home, equipment and furnishings in a safe condition and in a good state of repair has been identified during inspections conducted on September 30, 2008 and September 18, 2009. Very little progress is made year to year with respect to identifying and improving the maintenance program, including very little effort to expand and update the maintenance policies and procedures.

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

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

| REQUIREMENT EXIGENCE | TYPE OF ACTION/ORDER | ACTION/ORDER # | INSPECTION REPORT # | INSPECTOR ID # |
|---|----------------------|----------------|---------------------|----------------|
| Criterion O4.13 previously issued under the MOHLTC Program Standards Manual, now found under O. Reg. 79/10, s. 89(1)(b) | N/A | N/A | Log #-796-2009 | 120 |



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 durée*

| | | |
|---|-------|--|
| 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. <i>B. Susnik</i> |
| Title: | Date: | Date of Report: (if different from date(s) of inspection). <i>April 4/11</i> |