



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 sous la Loi de 2007 sur les foyers de soins de longue durée

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

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Aug 8, 2014, 2014_189120_0047, H-000369-14 755 BJ, 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 TANSLEY WOODS
4100 Upper Middle Road, BURLINGTON, ON, L7M-4W8

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.

This inspection was conducted on the following date(s): July 16, 2014

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Environmental Services, Associate Director of Care, laundry staff, personal support workers and registered staff.

During the course of the inspection, the inspector(s) toured 3 home areas, checked resident's closets for clothing labels, visited the laundry room, checked resident washrooms, reviewed policies and procedures regarding the labeling of clothing and personal care hygiene articles.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping
 Accommodation Services - Laundry
 Infection Prevention and Control

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. 89. Laundry service



Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 89 (1).**
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Findings/Faits saillants :

1. The licensee did not ensure that procedures were implemented with respect to labeling residents' clothing items when newly acquired. The home's policy #05-02 titled "Personal Clothing-Labeling" dated October 2011 was not implemented.

A total of 21 resident closets were checked in 3 separate home areas and 32 items were found to be missing a label. The closets checked all belonged to residents who were admitted more than two months prior. According to the home's policy, "after the admission labeling process, any new personal clothing brought into the Village should be given to the neighbourhood nursing team, then transported to the laundry room for labeling and returned to the resident upon completion". The policy did not identify how staff were to identify or monitor for unlabeled articles if new articles were not given to the neighbourhood nursing team. Numerous unlabeled and unclaimed articles were observed in the laundry room, however many were mixed with clothing from the retirement home residents. An organized process was not in place to manage the unclaimed articles and to try and return clothing to the resident. [s. 89(1)(a)(ii)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

- s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**



Findings/Faits saillants :

1. The licensee did not ensure that all staff participated in the implementation of their infection prevention and control program. As part of the program under section 86(2) (b) of the Act, which requires the licensee to institute measures to prevent the transmission of infections, the licensee did not ensure that staff were labeling and properly storing personal hygiene articles.

Nine shared resident washrooms between the Appleby and Brant home areas were observed to have 29 individual unlabeled personal hygiene articles such as deodorants, toothbrushes, hair brushes and combs. Two rooms in particular had several toothbrushes on a vanity with no labels. According to the Associate Director of Care (ADOC), personal support workers (PSWs) were required to label the items with a marker and keep items stored in small cabinets within the washrooms. In addition, the ADOC reported that management staff all took part in various audits to determine if staff were participating in the home's infection control program to prevent the transmission of infections via personal care articles. Annually, an audit was completed that required the auditor to check for labels on personal care articles such as combs, deodorants and personal hygiene tools. One resident room was checked each day for various expectations such as personal care articles properly stored and labeled. Lastly, a policy titled "Personal Care Ware" (06-02) dated March 2014 required PSWs to "ensure all personal ware is labeled with resident name including but not limited to basin, cup, denture cup and personal products" and stated that "residents in shared accommodation will have separate identified places for their personal products to be kept". Despite the various interventions, unlabeled items were still found during the inspection on July 16, 2014. [s. 229(4)]



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Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

Issued on this 8th day of August, 2014

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

A handwritten signature in cursive script, appearing to read "B. Susnik".