



**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^{ém} étage
Hamilton ON L8P 4Y7

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

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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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
October 1 & 5, 2010	2010-120-2841-05OCT154543	H-01896 Follow up to April 22, 2010
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 Wentworth Heights, 1620 Upper Wentworth Street, Hamilton, ON L9B 2W3		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Bernadette Susnik, LTC Homes Inspector – Environmental Health #120		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance that was made under Ontario Regulation 832/90, s. 5(2) (Resident Safety) and the Ministry of Health and Long Term Care Home Program Standards Manual, Criterion O2.1 (Maintenance Services).</p> <p>During the course of the inspection, the above noted inspector spoke with the General Manager, laundry staff, housekeeping staff and nursing staff.</p> <p>During the course of the inspection, the inspector reviewed documentation, conducted a walk-through of the home, which included many resident rooms, the serveries, dining rooms, lounge spaces, activity rooms, the laundry room and linen and housekeeping/supply storage rooms.</p> <p>The following Inspection Protocols were used during this inspection:</p> <p>Accommodation Services – Maintenance Accommodation Services – Housekeeping Safe and Secure Home</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found as a result of this inspection. The following actions were taken:</p> <p>3 WN 2 VPC 1 CO - #001</p>		

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)(c) Every licensee of a long-term care home shall ensure that,

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

Findings:

1. The exhaust system servicing the Stone Church shower room, tub room and both adjoining washrooms was not functioning during the inspection on both Oct. 1 and Oct. 5th. The override switch to manually start the exhaust motor also failed to activate the system. **(Previously issued as Criterion O2.1 under the Long-Term Care Home Program Standards Manual)**
2. The flooring material in the Stone Church common washroom located next to the tub room had a large hole in it, located in the centre of the room. The flooring material in one of the main floor visitor's washrooms was ripped and had lifted. A long crack was evident along the base of the floor/wall junction next to the toilet in the Rymal tub room. This crack was filled in with silicone caulking as a temporary fix in response to the last inspection. **(Previously issued as Criterion O2.1 under the Long-Term Care Home Program Standards Manual)**
3. Numerous toilets throughout the home were leaking water from the tank into the toilet bowl. The shower head in the Rymal home area was leaking heavily.
4. Appliances and equipment within the home are not all on a schedule to receive preventive maintenance inspections. The gas stoves in the kitchen have not been inspected by a qualified contractor. Other appliances and equipment in the kitchen and serveries are inspected only when a malfunction occurs. A refrigerator/freezer located in the Stone Church servery has been out of service since early August 2010 and was ordered for replacement in early September 2010. As of October 5th, the refrigerator/freezer had not yet been delivered.
5. Water stained ceiling tiles noted in some resident washrooms, the Rymal servery and in the Carrington common washroom located next to the tub room. **(Previously issued as Criterion O2.1 under the Long-Term Care Home Program Standards Manual)**
6. The water in the drain trap in the Carrington housekeeping closet located in the dining room had evaporated out, causing an odour to emanate into the room.

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 with s. 15(2)(c) in respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. The plan is to be implemented voluntarily.

WN #2: The Licensee has failed to comply with the 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.

Findings:

1. The serveries in all four home areas are accessible to residents (as they are not capable of being locked). The Carrington, Scotsdale and the Rymal home area serveries were left unattended by staff and accessible to residents, all with hot steam tables (at 70°F) and sanitizing chemicals located under the sink cabinet.
2. Several of the housekeeping closets located in the dining rooms were found unlocked and contained disinfecting solution.
3. Loose toilet seats identified in several tub/shower rooms.

Previously issued under Ontario Regulation 832/90, s. 5(2).

Additional Required Actions:

CO #001 - Refer to the attached "Orders of an Inspector" form. The compliance order was faxed to the home on November 12, 2010.

WN #3: The Licensee has failed to comply with the LTCHA, 2007, S.O. 2007, c.8, s. 15(2)(a) Every licensee of a long-term care home shall ensure that,

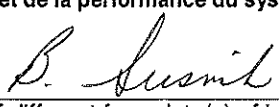
(a) the home, furnishings and equipment are kept clean and sanitary.

Findings:

1. Two servery floors were visibly discoloured from a lack of deep cleaning.
2. Several serveries had walls visibly soiled with matter, in and around the garbage containers and under the bulletin and white boards as well as in the dining rooms near the servery pass through window.
3. Heavy dust evident on the ceiling in the kitchen over the food preparation areas and on exhaust grilles in a number of tub/shower rooms.
4. Cabinets in some serveries visibly soiled with juice and coffee stains and noticeable rub marks.
5. Lounge furniture is visibly stained, especially in the Stone Church home area. The furniture is highly used by residents and urine odours were noticeably emanating from the various pieces.

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 with s. 15(2)(a) in respect to ensuring that the home, furnishings and equipment are kept clean and sanitary. The plan is to be implemented voluntarily.

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.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		Nov. 12/10	



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

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

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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Bernadette Susnik	Inspector ID # 120
Log #:	H-01896	
Inspection Report #:	2010-120-2841-05OCT154543	
Type of Inspection:	Follow-up	
Date of Inspection:	October 5, 2010	
Licensee:	Oakwood Retirement Communities Inc., 325 Max Becker Drive, Suite 201, Kitchener, ON N2E 4H5	
LTC Home:	The Village of Wentworth Heights, 1620 Upper Wentworth Street, Hamilton, ON L9B 2W3	
Name of Administrator:	Vanda Koukounakis	

To Oakwood Retirement Communities Inc., you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: 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.			
Order:			
<ul style="list-style-type: none"> All serveries are to be equipped with a locking mechanism so that the residents are not able to access the serveries while in the dining rooms unattended. All hazardous substances, such as disinfecting solution are to be kept inaccessible to residents. All toilet seats are to be secured so that they do not move side to side on the toilet frame and the toilet seats are monitored regularly. 			
Grounds:			
<ol style="list-style-type: none"> The Carrington, Scotsdale and the Rymal home area serveries were left unattended by staff and were therefore accessible to residents. Each of these serveries had a hot steam table (at 70F) and sanitizing chemicals (located under the sink in a cabinet) accessible to residents. Two out of the four dining rooms had housekeeping closets unlocked, each with a container of 			



undiluted disinfecting solution in them.

- 3. Loose toilet seats identified in several tub/shower rooms and many resident washrooms throughout the four home areas.

This order must be complied with by: November 30, 2010

REVIEW/APEAL 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 service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

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.



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

Issued on this 12th day of November, 2010.	
Signature of Inspector:	<i>B. Susnik</i>
Name of Inspector:	Bernadette Susnik
Service Area Office:	Hamilton