



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

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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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---------------------------------------|------------------------|--|
| Jan 28, 2013 | 2013_189120_0008 | H-002270-12 | Complaint |

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

WEST OAK VILLAGE
2370 THIRD LINE, OAKVILLE, ON, L6M-4E2

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 23, 2013

During the course of the inspection, the inspector(s) spoke with the administrator, environmental services supervisor, laundry staff, nursing staff, resident care co-ordinator and nurse educator.

During the course of the inspection, the inspector(s) toured 3 home areas where resident's closets were checked for appropriately labeled clothing, checked the laundry room for labeling equipment and supplies and reviewed laundry policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry

Findings of Non-Compliance were found during this inspection.

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---------------------------------------|
| Legend | Legendé |
| WN – Written Notification | WN – Avis écrit |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral | DR – Aiguillage au directeur |
| CO – Compliance Order | CO – Ordre de conformité |
| WAO – Work and Activity Order | WAO – Ordres : travaux et activités |



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.)

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

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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).**

Findings/Faits saillants :



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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,

(ii) residents' personal items and clothing are labeled 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.

(ii) Procedures for various laundry processes have been developed by the home but have not all been implemented. Procedure ESM-A-65 requires that staff who receive clothing from a family member place the clothing in a clear plastic bag along with an inventory form that includes the date, name of resident and their room number. The bag is then to be sent to laundry for labeling where the clothing is labeled by laundry staff and returned to the resident within 48 hours of receiving the clothing. This process was not adhered to on various occasions between October 2012 and January 15, 2013. During the first week of December 2012, a family member submitted to home area staff some clothing articles for labeling. The family member recalls completing the form and initialing it. However, the bag of clothing did not get labeled until 16 days later, as documented on the form and the resident did not receive the articles until the last week in December 2012. The family member assumed that the articles went missing and lodged a complaint mid December 2012. A search was completed of the laundry room and lost and found room by the environmental services supervisor (ESS) but was unsuccessful. It is assumed that the clothing remained in the home area (not laundry areas) until mid December. The family then repurchased the clothing articles and submitted them directly to the ESS at the end of December 2012 for labeling. The articles were labeled 2 days later and not delivered to the resident until 4 days later. Forms dated August 2012 to January 2013 were also reviewed and 5 residents in particular who had clothing submitted for labeling in January, did not have their articles returned to them until 5 and 15 days after submission.

(iii) The residents' soiled clothes, which are collected, sorted and cleaned are not being delivered to the resident. Five resident's closets were observed to contain clothing belonging to another resident. The home's policy ESP-A-70 requires a



"designated person", their personal support workers, to place clothing into resident's closets and drawers. The workers who are also required to perform an audit of the resident's closets to ensure that clothing is "labeled", however the policy does not require them to ensure that the articles are appropriately labeled.

(iv) A process and written procedure (ES D-20-30) to report and locate residents' lost clothing and personal items has been developed, however the process has not been implemented consistently and does not completely describe how to manage the unidentified items.

The policy states that unidentified articles are sent back up to the home areas for identification by staff. However, laundry staff stated that most of the articles are sent back down to laundry unidentified and placed in the lost and found room near the laundry room. When the items were observed in this room, over 60 articles were noted and the laundry aide reported that they are all from within the last 3 months. Ten items alone arrived within the last week. None of the articles were organized to determine length of time in storage. Out of the 31 closets that were reviewed, 17 contained at least one article of clothing that did not have a label and more than 50% of the closets had labels that were curling and peeling off. The potential for additional lost items to end up in the lost and found room is high based on the number of unlabeled articles in residents' closets.

Various home staff reported that the unidentified articles are only brought out of the storage room twice per year for identification by families. This was also advertised in the home's monthly newsletter in February and July 2011 but not in 2012. It is not known by staff of the home exactly when lost and found days were held in 2012. The policy states that families will be notified of where and when lost clothing can be claimed through the monthly billing process, however this does not occur.

Complaints are required to be reviewed by the resident services co-ordinator who completes a Client Service Response Form and conducts a follow-up with the complainants. However, a family member who complained to staff about lost items was not directed to the co-ordinator and a form was never completed by any of the staff. The family member reported that no one showed them to the lost and found room and never told them that there was one.

The policy does not describe what is to be done with clothing after a "reasonable length of time". [589.1(a) i] MB



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~~"designated person", their personal support workers, to place clothing into resident's~~ MB

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 procedures are developed and implemented with respect to labeling residents' new clothing within 48 hours of receipt, delivered to the resident and ensuring that there is a process to report and locate residents' lost clothing and personal items, to be implemented voluntarily.

Issued on this 28th day of January, 2013

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

B. Sosnik