

Inspection Report under the Long-Term Care Homes Act, 2007 Ministère de la Santé et des Soins de longue durée

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	•	Type of Inspection / Genre d'inspection
Nov 5, 2013	2013_189120_0077	H-000699- 13	Complaint

Licensee/Titulaire de permis

SPECIALTY CARE / WOODHALL PARK INC 400 Applewood Crescent, Suite 110, VAUGHAN, ON, L4K-0C3

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

SPECIALTY CARE WOODHALL PARK

10260 KENNEDY ROAD NORTH, BRAMPTON, ON, L6Z-4N7

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): October 31, 2013

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, housekeeping/laundry supervisor, environmental services supervisor and maintenance staff.

During the course of the inspection, the inspector(s) toured the main lobby and 5 out of the 6 home areas, resident rooms, dining rooms, common areas, bathing areas and utility rooms and reviewed the home's environmental maintenance task schedule.

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

Accommodation Services - Maintenance

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES			
Legendé			
WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur			
CO – Ordre de conformité WAO – Ordres : travaux et activités			



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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 nonrespect 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. 90. Maintenance services

Specifically failed to comply with the following:

- s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
- (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants:



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The licensee has not ensured that there are schedules and procedures in place for routine, preventive and remedial maintenance. The home's environmental services procedures and schedules were reviewed to determine if toilets, exhaust fans and ceiling tiles were monitored for condition.

The home had procedures for their heating, air conditioning and exhaust system but not for the individual exhaust units in resident washrooms. A preventive maintenance task schedule provided by the administrator identified that resident rooms are to be inspected twice per year for various surfaces and fixtures found in a resident room and washroom. During the inspection, a number of exhaust units in washrooms were vibrating and were overly noisy, signifying dusty or malfunctioning units (i.e 203, 332). No exhaust fan audits could be provided for review at the time of the visit.

Over 28 toilets in the home were identified to be leaking from the toilet tank to the bowl. The majority of the toilets in the home are of the same make, model and installation year. No toilet audit could be provided and no inspection procedure was available to staff as a guidance to determine if a toilet is in poor condition and how to address the deficiency.

Approximately 14 water stained ceiling tiles were identified in resident washrooms (i.e. 336, 235, 227), along with other tiles that were missing in utility rooms due to recent leaks. According to the Environmental Services Supervisor who is aware of the stained tiles, no schedule has been developed to address the tiles (either repaint or replace them) to date. The tiles are replaced based on priority, if bulging or crumbling. No procedures have been developed to guide staff in making a determination how and when tiles should be replaced or re-painted and how to determine what caused the tiles to become stained initially. [s. 90(1)(b)]



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Issued on this 5th day of November, 2013

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

B. Susnik

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