



**Ministry of Health and  
Long-Term Care**

**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**

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

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 1, 2016	2016_189120_0009	0036194-15	Complaint

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### **Licensee/Titulaire de permis**

955464 ONTARIO LIMITED  
3700 BILLINGS COURT BURLINGTON ON L7N 3N6

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

MILLENNIUM TRAIL MANOR  
6861 OAKWOOD DRIVE NIAGARA FALLS ON L2E 6S5

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

BERNADETTE SUSNIK (120)

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## **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): February 18, 2016**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Infection Control Lead, Housekeeping Manager and Personal Support Workers.**

**During the course of the inspection, the inspector toured 4 out of the 5 home areas including many resident rooms, lounge areas, dirty utility rooms and dining rooms, reviewed housekeeping cleaning schedules and policies and infection control policies related to cleaning and disinfection of personal care articles.**

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

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 87. Housekeeping**



**Specifically failed to comply with the following:**

**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,**

**(a) cleaning of the home, including,**

**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**

**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

**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,**

**(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:**

**(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,**

**(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and**

**(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**

1. As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee did not ensure that procedures were implemented for cleaning of the home, specifically resident bedroom floors.

A tour of the home was completed on February 18, 2016 at which time the flooring was observed to be very dull throughout the rooms in the Stamford home area and stained black either around the perimeter of the room or in heavy traffic areas in but not limited to rooms #238, #239, #335 and #247.

Discussion was held with the Housekeeping Manager regarding the floor care program in the home. She maintained a schedule confirming which rooms were stripped and re-waxed in 2015 and was able to confirm that the above identified rooms were last stripped



and re-waxed approximately 2 years prior. She stated that the rooms completed in 2015 were those rooms that were vacated only and that other rooms that remained occupied were not scheduled for wax removal and re-application. With respect to floor buffing, the manager reported that the resident bedroom floors were buffed during the resident room deep cleaning process which occurred every 4-5 weeks.

The floor care procedures related to resident bedrooms dated March 2015 identified that resident room floors were to be burnished (buffed) weekly and stripped and re-waxed annually. The licensee did not ensure that the procedures for resident bedroom floor care were implemented. [s. 87(2)(a)]

2. The licensee did not ensure that procedures were developed and implemented in accordance with evidence-based practices for cleaning and disinfection of resident care devices such as bed pans, urinals and wash basins.

According to current best practices titled "Best Practices for Cleaning, Disinfecting and Sterilization in all Health Care Settings, May 2013" personal care devices that are re-used more than once with the same resident are considered non-critical devices (as they are used on intact skin only) that do not need to be disinfected between use as long as they are adequately cleaned between use and stored in a manner to keep them from being re-contaminated. According to best practices, the reprocessing method, reprocessing level and cleaning/disinfection products required for the devices shall reflect the intended use of the device and the potential risk of the infection involved in the use of the device. The Infection Control Designate (ICD) did not establish in the procedures at what point the devices would be disposed of, when they would require disinfection vs cleaning only (during outbreak, when resident is on special precautions), how specifically the disinfectant or cleaners would be used and applied (sprayed, immersed, wiped on) and the contact time and where they would be cleaned (sink, appropriate washer, resident washroom etc) and how they would be stored between use. Non-critical devices, if not handled properly can act as vehicles for the transmission of organisms, from one body area to another (in the case when wash basins used for bed baths) and from staff hands to other surfaces.

According to the home's policy titled "Cleaning Nursing Equipment" (CN-C-21 dated May 2011), the bed pans were to be stored in the dirty utility room after cleaning and that they were to be cleaned and disinfected after each use after emptying the contents into the hopper in the dirty utility room. The policy was not developed to take into consideration best practices in handling and transporting contaminated devices to a designated

processing room. The policy directed staff to empty the contents in the hopper located in the dirty utility room. Therefore, staff would be required to carry a bed pan with bodily fluids to the dirty utility room. The task would increase the likelihood of spillage and contamination of other surfaces in the corridor on route to the hopper in the dirty utility room.

The home's policy with respect to wash basins included emptying the contents after use (did not identify where), washing and rinsing (did not describe how or where), cleaning with disinfectant (did not identify how to be applied) and storage in resident's bathroom (no specific location identified).

Resident washrooms (325, 313, 307, 334, 239, 238, 236) were observed to have urinals or bed pans stored on wall grab bars next to the toilets. The bed pans in rooms #236, #238 and #313 were unclean in appearance, the urinals in #334 and bed pans in #236, #239 and #238 were unlabeled (in shared washrooms). Other resident washrooms were observed to have wash basins (some with soap water left over in the basin) stored on top of washroom cabinetry and others had a wash basin turned upside down and over the residents' sinks. The ICD was not familiar with the cleaning process conducted on any shift and inquired with staff who worked on the day and night shift at the time of inspection. Staff reported to her that the contents of the bed pans were emptied in resident washrooms and taken to the dirty utility rooms to be cleaned in hoppers with a disinfectant spray.

During a tour of 3 out of 5 soiled utility rooms in the home, the rooms were equipped with a hopper and hand sink and open stainless steel shelving. One out of the 3 rooms contained a machine which was designed to accept several personal care devices for automatic cleaning and disinfection. No detailed instructions were posted for the use of the hoppers or the disinfection machine. Hand soap in a dispenser and a disinfectant spray was observed in each room.

Three personal support workers (PSW) were interviewed about their handling of wash basins and bed pans between resident use. Two PSWs stated that they washed the devices in the residents' sink with hand soap. One PSW stated that they also left the basins to dry upside down over the sink. One PSW stated that they used the hopper in the dirty utility room and used a disinfectant spray to clean and disinfect the device.

The above noted policy and associated procedures were not developed in accordance with evidence-based practices and the processes were not subsequently implemented.



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They were not clear, handling and processing of the devices by staff was inconsistent, details were missing from the procedures to ensure that all devices would be handled, cleaned and stored properly and how staff would ensure that the same device would not be used on more than the designated resident. [s. 87(2)(b)]

***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 in accordance with evidence-based practices for cleaning and disinfection of resident care devices such as bed pans and wash basins, to be implemented voluntarily.***

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Issued on this 1st day of March, 2016

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

**Original report signed by the inspector.**