



**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
prévus le Loi de 2007 les
foyers de soins de longue**

**Health System Accountability and Performance
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Performance Improvement and Compliance Branch
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 18, 22, 30, 31, Nov 7, 2012	2012_189120_0004	Critical Incident

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

McGARRELL PLACE
355 McGarrell Drive, LONDON, ON, N6G-0B1

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 Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, environmental services supervisor, registered and non registered staff.

During the course of the inspection, the inspector(s) toured resident rooms, washrooms, tub/shower rooms, soiled utility rooms, common areas, reviewed water temperature logs, took water temperatures, reviewed a resident's personal care records, reviewed equipment service reports, manufacturer's guidelines for hot water boilers and holding tanks and maintenance and infection control policies and procedures. (L-001661-12)

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Infection Prevention and Control

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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 subsections:

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;

(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;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. [O. Reg. 79/10, s. 87(2)(b)] The licensee has not ensured that procedures developed for the cleaning and disinfection of resident care equipment such as shower chairs, supplies and devices using hospital grade disinfectant in accordance with manufacturer's specifications has been implemented.

The home's policy #LTC-I-305 dated December 2008 titled "Equipment Cleaning, Disinfection & Sterilization" Pg. 4 specifies that bed pans and all other items (devices) be cleaned (with detergent and submerged), rinsed and disinfected daily after use.

1) Personal care articles (devices) such as bed pans and washbasins are not being appropriately cleaned and disinfected as per the home's policy. Soiled utility rooms were observed for evidence of a cleaning and disinfection program using hospital grade disinfectant. Four out of the five soiled utility rooms were checked twice, once on October 18 and once on October 22, 2012. The home's choice of hospital grade disinfectant called Everyday Disinfectant (ED) was not available in the Harris, Lawson and Windermere soiled utility rooms on either date. The Windermere soiled utility room contained a second type of disinfectant called Virox RTU. Two workers reported wiping out washbasins with a paper towel and spraying ED on the item, but not always in the soiled utility room. Occasionally the task is completed in the resident's washroom. No submerging occurs for adequate soaking and cleaning.

2) Soiled bed pans and wash basins were observed lying on the counters along with other items in the Lawson and Kingsmill soiled utility rooms. The policy does not address where uncleaned items should be stored if they cannot be cleaned immediately after use. Cleaned items were identified in the soiled utility cabinets above and below the counter top, although these items did not all appear very clean. The policy directs staff to store cleaned items in resident rooms or a clean utility room.

3) Shower/tub rooms did not have any disinfectant for staff to use on shower chairs in any of the 4 shower rooms observed on October 18 or 22, 2012. According to management staff, there is an expectation that an ED spray bottle be located in these rooms so that shower chairs can be sprayed with disinfectant. The home's policy LTC-I-305 requires staff to use disinfectant on shower chairs after each use.

2. [O. Reg. 79/10, s. 87(2)(a)] As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee has not ensured that procedures are developed and implemented for,

(a) cleaning of the home.

The home has policies and procedures for cleaning of the home, including resident bedrooms, bathrooms and common areas, however the policies do not address the removal of scale from surfaces in particular. A policy titled "Cleaning of Metal Surfaces" (ESP-C-195 dated September 24, 2004) requires staff to "maintain all metal surfaces in a clean condition weekly and as required". No procedures have been developed to guide staff on how to remove the aerators, how to clean them and how often.

The aerators located on faucets located throughout the home (specifically in resident washrooms and visitor washrooms) were observed to have a heavy accumulation of scale around the external component of the aerator attachment. Two housekeeping staff reported wiping the faucets daily but they have not removed the aerators to de-scale them. The Environmental Services Supervisor confirmed that the aerators have not been removed to date for de-scaling and no specific program for addressing the build-up of scale is available in the policies.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

- s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
 - (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
 - (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
 - (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
 - (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
 - (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
 - (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
 - (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
 - (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
 - (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
 - (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

[O. Reg. 79/10, s. 90(2)(k)] The licensee has not ensured that procedures that have been developed to ensure that the water temperature is monitored once per shift in random locations where residents have access to hot water is implemented.

Water temperature logs are located in the Harris, Kingsmill and Windermere home areas. Each of these home areas is responsible for a specific shift of water temperature recordings. Water temperatures were not recorded for the following shifts:

Harris - evening shift water temperatures missing for September 1,2,3,7,8,13,14,15,16,29,30 and October 4,9 and 14, 2012

Kingsmill - day shift water temperatures missing for September 6,8,9,22,23, 25,28 and October 2,3,6,7,9,10,11,13,16,17, 2012

Windermere - night shift water temperatures missing for October 2,3,7 and 17, 2012

The home's policy and procedure LTC-P-40 dated September 2001 requires staff to take water temperatures once per shift and to document water temperatures when they fall out of range (102-120F).

Issued on this 7th day of November, 2012



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