



**NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

Non-compliance with: FLTCA, 2021, s. 104 (4).

The licensee has failed to comply with the conditions of its licence. It is a condition of the licence that the licensee must comply with every agreement entered into under the FLCTA. [ s.104 (3)].

The licensee's Development Agreement with the Ministry is an agreement entered into under the FLTCA that the licensee must comply with as a condition of its licence (O. Reg. 246/22, s. 319, s. 386). The Agreement required the development of 160 beds in accordance with the design standards/requirements of the Long-Term Care Home Design Manual, 2015 (along with other terms, conditions, and documents).

As set out below, certain design standards/requirements of the Long-Term Care Home Design Manual, 2015, which were to be followed as per the Development Agreement, were not met. Accordingly, terms of the Development Agreement were not met. This resulted in the licensee not complying with the conditions of its licence.

**Rationale and Summary**

As per the Development Agreement, the licensee was required to design and build the long-term care (LTC) home in accordance with the Long-Term Care Home Design Manual, 2015 (Design Manual, 2015). Specifically, section 7.3.6 of the Design Manual, 2015 requires the following design standard/requirement:

*Clean and soiled utility rooms must have a conveniently located hand washing sink for staff use.*

The sinks in each of the five soiled utility rooms were not hand wash sinks but very large and deep sinks for the purposes of cleaning and disinfecting articles and devices, which meets the requirement under section 7.3.2 which requires that:

*Clean and soiled utility rooms must be large enough to hold all the fixtures that the home uses for cleaning, sanitizing and storing care equipment. These fixtures may include, but are not limited to, a hopper sink, a bedpan flusher and/or sterilizer, rinse sinks, storage racks, counters and cupboards.*

The five soiled utility rooms in the home were designed and built to accommodate one sink and no other equipment.

**Sources:** Observations; review of the Long-Term Care Home Design Manual, 2015.

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## WRITTEN NOTIFICATION: LIGHTING

### NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s. 21 1. ii.

The licensee failed to ensure that the lighting was maintained in accordance with the Long-Term Care Home Design Manual, 2015 to which the home was subject under their development agreement, specifically in the Ontario home area tub room and both the Ontario and Erie home area resident dining rooms.

#### Rationale and Summary

A minimum lighting level of 322.92 lux is required in all resident rooms, washrooms, common areas, tubs and shower rooms. The lux levels over the hand sink in the Ontario home area tub room and over the Erie and Ontario home area dining room tables identified as "Table 1" were measured with an analog handheld light meter. It was held at the height of the sink and dining room tables. The lux over the sink was 125 and the lux over the tables was 200.

**Sources:** Observations through measurement; review of the Long-Term Care Home Design Manual, 2015.

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## WRITTEN NOTIFICATION: HOUSEKEEPING

### NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee failed to ensure that procedures were developed and implemented for cleaning and disinfection of devices using, at a minimum, a low-level disinfectant in accordance with evidence-based practices.

#### Rationale and Summary

The licensee's standard operating procedure "SOP - Soiled Utility Room Use - Bedpans/Urinals and Soiled Linen & Equipment" did not include any information for staff regarding the cleaning, disinfection and storage of wash basins. Bedpans, once used, were required to be taken to the soiled utility room for cleaning (using soap and water) and subsequent disinfection using a liquid disinfectant.

Resident washrooms on the identified floor were equipped with containers of disposable low

level disinfectant wipes, but washrooms on other floors did not. A bedpan that had stains on the inside and outside surfaces was observed stored on a grab bar near the toilet in a washroom. Three days later, the same bedpan was found inside of the resident's washroom cabinet with the same stains. It was not cleaned and disinfected after use as per the operating procedure. Two soiled utility rooms were observed during an inspection. Neither room included liquid disinfectant and the only soap provided was liquid hand soap in a dispenser. After discussing the observations with the infection prevention and control (IPAC) lead, the soiled utility rooms were provided with a liquid disinfectant product.

Four out of five personal support workers from identified home areas said that they used liquid hand soap and water to wash the basins and that no disinfection step was taken. According to the IPAC lead, PSWs attended a general orientation session whereby they were informed that disinfection of the basins would occur weekly, but no details were provided about the disinfection process (product, contact time, application of product).

**Sources:** Interviews with staff; observations; and review of PSW cleaning and disinfection orientation checklist, orientation slide deck material, procedure "SOP - Soiled Utility Room Use - Bedpans/Urinals and Soiled Linen & Equipment". and PIDAC: Best Practices for Environmental Cleaning for Infection Prevention and Control, April 2018 (page 31 and 140)

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## WRITTEN NOTIFICATION: LAUNDRY SERVICE

### NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s. 95 (1) (b)

As part of the organized program of laundry services under clause 19 (1) (b) of the Act, the licensee failed to ensure that a sufficient supply of clean linen, specifically face cloths and hand towels were always available in the home for use by residents.

#### Rationale and Summary

During the inspection, observations were made of many resident rooms on the third floor, as well as the laundry room and storage rooms for the availability of hand towels and face cloths in the home for resident use. In October 2022, at a specified time there were less than 10 face cloths and less than 20 hand towels on each of the four out of the five linen carts that were ready for pick-up and distribution. Each home area had 32 residents. Less than five percent of residents had a face cloth or hand towel available to them in their washroom or bedroom on either of the identified dates in October 2022. Neither of the two linen closets on the third floor had any hand towels or face cloths and the clean linen cart on the Erie home area had one face cloth and no hand towels at noon. The main laundry room did not have any washed back-up hand towels or face cloths to stock the clean linen carts before they were picked up by staff in the afternoon. The main linen storage room did not have any emergency stock or back-up face cloths or hand towels to put into circulation. The quantity of the hand towels and face cloths was not monitored by laundry staff to ensure that a specific quota of face cloths and

hand towels were being sent to each home area. According to laundry aide # 113, hand towels and face cloths were not counted and only the linen that was received and laundered from the morning shift was returned back to the home areas for the afternoon shift. This also occurred for the evening and morning shifts. Therefore, no quotas were established or monitored as per the home's procedure "Linen Inventory" dated March 2021, which requires quotas to be established between the Director of Resident Care and the Laundry Supervisor.

Interviews with resident #011 and #004, identified that personal support workers (PSWs) did not leave them a face cloth or hand towel after morning care was completed. Therefore, if they wanted to wash their hands or face before or after lunch, they had to use a paper towel or attempt to find a PSW to give them a towel, if available from the clean linen cart. Interview with PSW #115, identified that face cloths and hand towels are distributed for morning and evening care and only some residents are left with a face cloth or hand towel, those who either ask for them or are cognitively well.

The Laundry Manager identified that PSWs complained to them and to laundry staff about a shortage of face cloths and hand towels throughout 2022, especially after the third-floor addition opened in April 2022.

**Sources:** Staff and resident interviews; observations; review of Linen Inventory procedure.

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## WRITTEN NOTIFICATION: LAUNDRY SERVICE

### NC#005 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s. 95 (1) (c)

As part of the organized program of laundry services under clause 19 (1) (b) of the Act, the licensee failed to ensure that face cloths and hand towels were maintained in a good state of repair and free from stains.

#### **Rationale and Summary**

During the course of the inspection, one stained face cloth, three ripped and frayed face cloths and one discoloured and frayed hand towel were observed either in resident rooms or on clean linen carts.

According to the home's procedure "Disposal of Worn Linen" dated March 2021, the condition of all linen is to be inspected by laundry aides before it is sent to the resident home areas. Nursing care staff, such as personal support workers, who distribute and use linens on each shift, are also required to remove unacceptable items from circulation and return them to laundry. The home's policy provides a clear description of what is considered an unacceptable condition.

According to laundry aide #113, they attempted to inspect the linens, but due to volume, were not always able to pull all unacceptable items from the supply.

**Sources:** Staff interviews; observations; and review of Disposal of Worn Linen procedure.

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