



**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**

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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

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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
Nov 5, 2014	2014_217137_0028	L-001314-14	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF HURON
77722A London Rd, R R 5, CLINTON, ON, N0M-1L0

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

HURONVIEW HOME FOR THE AGED
R. R. #5, LOT 50, CON 1, MUNICIPALITY OF HURON EAST, CLINTON, ON,
N0M-1L0

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

MARIAN MACDONALD (137), BONNIE MACDONALD (135), CHRISTINE
MCCARTHY (588)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 27-31 and November 3-5, 2014

A Follow-Up Inspection to a Compliance Order was conducted in conjunction with the Resident Quality Inspection. The F/U Log # is L-000943-14. The original Log # was L-000371-14 under Inspection # 2014_259520_0013.

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Director of Care, Nutrition Care Manager, Programs and Social Services Coordinator, RAI/MDS Coordinator, Business Manager, Administrative Assistant, Registered Dietitian, two (2) Environmental Services Workers, three (3) Registered Nurses, five (5) Registered Practical Nurses, one (1) Physiotherapist, one (1) Physiotherapy Assistant, sixteen (16) Personal Support Workers/Health Care Aides, one (1) Volunteer, one (1) Activation Assistant, one (1) Dietary Aide, one (1) Housekeeper, a Family Council Representative, three (3) Family Members and forty + (40+) Residents.

During the course of the inspection, the inspector(s) toured resident home areas, common areas, medication storage area, observed dining service, recreation programs, care provision, resident/staff interactions, medication administration, reviewed residents' clinical records, relevant policies and procedures, staff education records and various meeting minutes.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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.) 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee has failed to ensure that the home is a safe and secure environment for its residents as evidenced by:

Throughout the RQI, a servery, a tub room and a housekeeping room were observed unlocked and unattended, with chemicals readily accessible to residents. There were nineteen (19) containers of various chemicals including disinfectant, multi-surface cleaner, cleanser, sanitizer, lime scale remover, furniture polish and AntbGone.

The three (3) areas that were unlocked and unattended, with chemical access to residents, were confirmed by three (3) staff members.

The Administrator, Assistant Director of Care and Nutrition Care Manager, were notified of the accessible areas, as well as the contents and confirmed that the expectation of the Home is that all areas, with chemical access to residents, are to be locked when unattended to ensure that the home is a safe and secure environment for its residents. [s. 5.]

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 the home is a safe and secure environment for its residents., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The Licensee failed to ensure that the home's furnishings and equipment were kept clean and sanitary as evidenced by:

During lunch service observation on October 27, 2014, in Sugar Bush Dining room, 5/9 (55.5%) of the plastic lipped plates had food stains, the finish was worn off the plates and they could no longer be sanitized properly.

During an interview the Nutrition Care Manager, it was confirmed her expectation is that residents' lipped plates, used for eating, are to be kept clean and sanitary. [s. 15. (2) (a)]

2. The Licensee failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair as evidenced by:

During a walking tour of the home on October 30, 2014, with the Nutrition Care Manager and Lead Hand Maintenance staff member, the following were observed:

a) 29/40 (72.5%) of resident rooms in Wings, 100, 200, 300, 400, 500 and 600 had wall damage in bedrooms, wash rooms and damage of door frames.

b) Damaged walls were also noted in Sunshine, Magnolia and Primrose Parlour Cafés, Tub rooms in 100, 200 and 300 Wings and shower room in 300 Wing.

c) Numerous ceiling tiles were stained, dirty and/or loose fitting in corridors and common areas such as dining rooms, serveries and lounge areas.

d) Air intake vents were heavily soiled in bathrooms of eight (8) identified resident rooms, as well as Tub and Shower rooms in Wings 100 and 200, Wing 100 Soiled Utility room, Magnolia Café, Wing 400 lounge and dining room, Wing 500 lounge and Primrose Parlour Café.

e) Radiator Covers were noted to be extensively corroded in Tub rooms in Wings 100, 200 and 300. Activation Room sink had corroded water tap.

f) Tub Room in Wing 300 had floor crack to the right of the door entrance. Wing 200 lounge flooring was warped and lifting and Wing 400 lounge door has large crack on the surface of the door



g) In an identified washroom, the toilet seat can no longer be sanitized, as the finish was peeling off the seat.

During an interview the Nutrition Care Manager, it was confirmed her expectation is that the home, furnishings and equipment be maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

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 the home, furnishings and equipment were kept clean and sanitary and maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17.
Communication and response system**

Specifically failed to comply with the following:

**s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents as evidenced by:

During a walk through, by Inspectors # 135 and # 137, on November 4, 2014 at 3:30 pm, it was observed there is no resident-staff communication and response system in the front Foyer and in the Chapel, when the folding doors are closed.

Observations, throughout the RQI, revealed residents sitting independently in the front Foyer and Chapel, without staff being in attendance, posing a potential risk to residents who may require assistance.

The Nutrition Care Manager confirmed there is no resident-staff communication and response system in the front Foyer or in the Chapel, when the folding doors are closed and the expectation is that the home be equipped with a resident-staff communication and response system that is available in every area accessible by residents. [s. 17. (1) (e)]

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 the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following:

s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that each resident receives fingernail care, including the cutting of fingernails as evidenced by:

Observation of an identified resident, revealed nail care had not been completed.

A registered staff member shared the expectation is that nails be cleaned and trimmed during weekly baths and as needed.

The Administrator confirmed the expectation is each resident receive fingernail care.

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 each resident receives fingernail care, including the cutting of fingernails, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home has been investigated, resolved where possible, and response provided within 10 business days of receipt of the complaint as evidenced by:

A review of Reporting and Complaints - Policy, Procedures and Training - # A09-AD-012-11 - Draft Date: March 8, 2011 indicates:

2. Action Upon Receipt of a Complaint

Any team member, volunteer or service provider who receives a complaint must notify supervisor or manager of the home immediately. The complaint must be recorded using the appropriate form. (See Appendix B: Complaint Reporting Tool - currently using Resident & Family Concern form).

There is no documented evidence that an identified complaint was recorded and reported to the supervisor or manager of the home.

The Administrator shared that the expectation is the complaint should have been reported and the home's reporting process was not followed. [s. 101. (1) 1.]

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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home has been investigated, resolved where possible, and response provided within 10 business days of receipt of the complaint, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 12. Furnishings



Specifically failed to comply with the following:

s. 12. (2) The licensee shall ensure that,

(a) resident beds have a firm, comfortable mattress that is at least 10.16 centimetres thick unless contraindicated as set out in the resident's plan of care; O. Reg. 79/10, s. 12 (2).

(b) resident beds are capable of being elevated at the head and have a headboard and a footboard; O. Reg. 79/10, s. 12 (2).

(c) roll-away beds, day beds, double deck beds, or cots are not used as sleeping accommodation for a resident, except in an emergency; O. Reg. 79/10, s. 12 (2).

(d) a bedside table is provided for every resident; O. Reg. 79/10, s. 12 (2).

(e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and O. Reg. 79/10, s. 12 (2).

(f) a clothes closet is provided for every resident in the resident's bedroom. O. Reg. 79/10, s. 12 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so as evidenced by:

Observations revealed there was no easy chair in each resident's room.

The Administrator confirmed every resident bedroom is to be provided a comfortable easy chair, either the resident's own chair or one provided by the home. [s. 12. (2) (e)]

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/

LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES:**



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #001	2014_259520_0013	137

Issued on this 5th day of November, 2014

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