



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévues le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de  
longue durée**

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|---|--|--|
| <b>Date(s) of inspection/Date de l'inspection</b><br>February 7, 2011   | <b>Inspection No/ d'inspection</b><br>2011_109_2611_07Feb103001<br>2011_113_2611_07Feb103657 | <b>Type of Inspection/Genre d'inspection</b><br>Complaint Log T228 |
| <b>Licensee/Titulaire</b><br>Revera Long Term Care Inc<br>55 Standish Court 8 <sup>th</sup> floor<br>Mississauga, Ontario, L5R 4B2<br>Phone 289-360-1200<br>Fax 289-360-1201  |  |  |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Mackenzie Place<br>52 George St, Newmarket, ON L3Y 4V3<br>Phone: (905) 853-3242<br>Fax: (905) 895-5139   |  |  |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Susan Squire (109), Jane Carruthers (113)   |  |  |
| <b>Inspection Summary/Sommaire d'inspection</b>   |  |  |
| <p>The purpose of this inspection was to conduct a complaint inspection with regards to Resident Care, Maintenance and Housekeeping issues.</p> <p>During the course of the inspection, the inspectors spoke with: Director of Care, Registered Nursing staff, PSW staff, Environmental Service Manager, Regional Manager of Clinical Service, and the Office Manager.</p> <p>During the course of the inspection, the inspectors: Conducted a walk-through of resident areas including bedrooms, bathrooms, common areas and dining areas, and reviewed a health record for an identified resident.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection:<br/>Personal Support Services Inspection Protocol<br/>Housekeeping and Maintenance Inspection Protocols<br/>Infection Prevention and Control</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>[ 7 ] WN<br/>[ 3 ] VPC<br/>[ 3 ] CO: CO # 001, 002, 003</p> |  |  |

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with **LTCHA, 2007, S.O. 2007, c. 8, s15 (2) (a)**.

**Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;**

**Findings:**

1. On February 7, 2011, there were soiled privacy curtains hanging around residents' beds in rooms 7, 8, 21, and 22.
2. Raised toilet seats were soiled with feces in resident washrooms in rooms 1, 10, 13, 15, and 21.
3. There was a heavily soiled pillow case on Charles Jones' bed (room 13) which was observed during the walk through of the Home at approximately 11:15 am February 7, 2011. The same pillow case remained on the pillow as Mr. Jones slept on it at approximately 2:00pm that afternoon.
4. Fecal matter was left on the floor of the washroom in room 19 at 11:30 am and remained there until housekeeping came as scheduled to clean the room.
5. Numerous walls in Resident washrooms had dried splashes around toilets, sinks and waste paper baskets.

**Inspector ID #:** 113

**Additional Required Actions:**

**CO # - [001]** will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #2:** The Licensee has failed to comply with **LTCHA, 2007, S.O. 2007, c. 8, s15 (2) (c)**.

**Every licensee of a long-term care home shall ensure that,  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.**

**Findings:**

1. The baseboard trim in a number of Resident rooms and common areas are loose or missing.
2. There are broken or cracked floor tile in a number of resident rooms.
3. There are 8 lights with missing covers in the dining room.
4. Some walls require patching or have been patched but not painted in common areas and in numerous resident rooms.

5. Ripped privacy curtains are hanging in rooms 1, and 15.

Inspector ID #: 113

**Additional Required Actions:**

CO # - [002] will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #3:** The Licensee has failed to comply with **O. Reg 79/10 s.17(1)(a)**  
**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;**

**Findings:**

1. The washroom call bell cord in room 8 is too short and inaccessible to Residents while using the toilet.
2. Margaret Bowe (room 10) was observed in bed on February 7, 2011 at 11:10am and again at 1:55pm with the call bell hanging at the wall and inaccessible to her.

Inspector ID #: 113

**Additional Required Actions:**

CO # - [003] will be on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #4:** The Licensee has failed to comply with **O. Reg 79/10 s. 21**  
**Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.**

**Findings:**

1. An air temperature reading of 18.8 degrees Celsius was taken at 2:00 pm in the small lounge at the end of Maple (across from stairway to kitchen and laundry).

Inspector ID #: 113

**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 all resident areas in the Home are maintained at a minimum temperature of 22 degrees Celsius. This plan is to be implemented voluntarily.

**WN #5:** The Licensee has failed to comply with **O. Reg 79/10 s. 229(4)**  
**(1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section.**  
**(4) The licensee shall ensure that all staff participate in the implementation of the program.**

**Findings:**

1. Urine soaked linens were left on the floor as a PSW changed a bed.
2. Used incontinence products were left in garbage containers in resident washrooms in rooms 8, 21, and 22.
3. Fecal matter remained on a resident's floor in the washroom in room 19 and was not cleaned up until housekeeping arrived as scheduled to clean the room.

**Inspector ID #:** 113

**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 all staff participate in the infection prevention and control program. This plan is to be implemented voluntarily.

**WN #6:** The Licensee has failed to comply with **O. Reg 79/10 s. 87(2)(a)(i)**  
**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, resident bedrooms, including,**  
**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**

**Findings:**

1. There is no process in place for immediate cleaning when fecal matter is discovered in Resident rooms.
2. There is no process in place for identifying and cleaning privacy curtains when they become soiled.

**Inspector ID #:** #113

**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 Resident rooms are kept clean. This plan is to be implemented voluntarily.

**WN #7:** The Licensee has failed to comply with **LTCHA 2001, s 6 (7)** **The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings:**

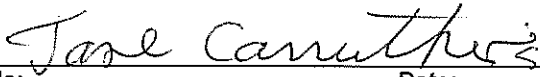
Toenail care is not being provided to William Finbow as specified in the plan of care. William Finbow's toenails are too thick to be trimmed with regular nail clippers available at the home. The nursing staff stated that the family has been trimming his toenails. The daughter told Inspector that the family cuts his toenails because they are unable to pay the \$20.00 fee for the home's foot care nurse.

1. The plan of care for William Finbow states "foot care to be provided by foot care nurse".
2. Inspector confirmed with office manager that the POA has not authorized for this service therefore he has not received foot care from the foot care nurse.

3. The Foot care nurse has not visited or charged resident for service.

Inspector ID #: 109

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné



Title:

Date:

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

Date of Report: (if different from date(s) of inspection).

March 11, 2011

