



**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 15, 2014	2014_201167_0027	H-001484-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE BRAMPTON ON L6T 4B9

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

PEEL MANOR
525 MAIN STREET NORTH BRAMPTON ON L6X 1N9

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

MARILYN TONE (167), JESSICA PALADINO (586), LESLEY EDWARDS (506)

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): December 2, 3, 4, 8, 9, 10, 2014

The following critical incident and complaint inspections were conducted simultaneously with this Resident Quality Inspection:

Complaint Logs H-00362-14, H-00533-14, H-001120-14, H-001518-14, H-001635-14 and Critical Incident Logs H-001052-14, H-001088-14, H-001287-14, H-001334-14.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Supervisors of Care, Social Worker, Dietary Supervisor, Facility Services Supervisor, Activation and Volunteer Services Supervisor, Medical Advisor, Dietary staff, registered staff and personal support workers, Maintenance staff, identified residents and family members.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Food Quality

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Residents' Council

Responsive Behaviours

Safe and Secure Home

Sufficient Staffing

Training and Orientation



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

- 8 WN(s)**
- 3 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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 was maintained in a safe condition and in a good state of repair.

A) In an identified resident room, two large areas of the tile flooring were observed to be worn away, exposing the cement underneath and had rough, uneven edges: under the bed post of bed #1, an area of approximately seven inches by three inches; and under the bed post of bed #2, an area of approximately ten inches by four inches.

B) In a second identified resident room, the flooring around the base of the toilet in the residents' washroom was observed to be significantly cracked and lifted. There were also two large areas of the flooring that were worn away, exposing the cement underneath, and appeared to be very rusted. The latest Peel Manor Room Audit sheet, completed on May 22, 2014, indicated that the toilet needed a new seal and that the washroom floor had failed the audit as it was damaged.

Interview with the Facility Services Supervisor on December 4, 2014 confirmed that the flooring was in a poor state of repair and should have already been replaced. [s. 15. (2) (c)]



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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 are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the advice of the Residents' Council in developing and carrying out the satisfaction survey was sought.

i) A review of the Residents' Council meeting minutes did not include identification of any consultation with the Residents' Council related to the development and carrying out of the satisfaction survey.

ii) During an interview with the Social Worker at the home, it was confirmed that the results of the survey were shared with the Residents' Council but the Council was not asked to provide any input into the development or carrying out of the survey. [s. 85. (3)]

2. The licensee has failed to ensure that the advice of the Family Council in developing and carrying out the satisfaction survey was sought.

i) A review of the Family Council meeting minutes did not include identification of any consultation with the Family Council related to the development and carrying out of the satisfaction survey.

ii) During an interview with the Social Worker at the home, it was confirmed that the results of the survey were shared with the Family Council but the Council was not asked to provide any input into the development or carrying out of the survey. [s. 85. (3)]

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 advise of the Family Council and the Residents' Council is sought in the development and carrying out of the survey, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the home's infection prevention and control program related to labeling of personal care items.

The following were observed:

i) On December 2, 2014, six unlabeled dirty hair combs, one used unlabeled hairbrush, along with three used unlabeled roll-on deodorants, one opened and used unlabeled container of Vaseline and a container filled with unlabeled used bar soap were found on the shelf in the spa room on Blue Jay home area room number 1245.

ii) On December 2, 2014 two used unlabeled combs and three unlabeled brushes with hair in them, along with an opened and unlabeled container of Vaseline were found in the spa room on the Blue Jay home area room number 1233.

The DOC confirmed that all personal items are to be labeled. [s. 229. (4)]

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 implementation of the infection control program, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



1. The licensee has failed to ensure that a response in writing within 10 days was provided to the Residents' Council related to any concerns or recommendations identified during the Residents' Council meetings.

i) During a review of the 2014 Residents' Council meeting minutes, it was noted that suggestions were made or concerns expressed by the Residents' Council in the minutes of the June, October and November 2014 meetings.

ii) It was noted that the licensee did not provide a written response to the Council within 10 days.

iii) It was confirmed by the home's Social Worker who records the minutes of the meetings that a written response was not provided and signed off by the Administrator within 10 days of identification of the concern. [s. 57. (2)]

**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60.
Powers of Family Council**

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a response in writing within 10 days was provided to the Family Council related to any concerns or recommendations identified during the Family Council meetings.

- i) During a review of the 2014 Family Council meeting minutes, it was noted that suggestions were made or concerns expressed by the Family Council in the minutes of the February , May, September, October and November 2014 meetings.
- ii) It was noted that the licensee did not provide a written response to the Council within 10 days.
- iii) It was confirmed by the home's Social Worker who records the minutes of the meetings that a written response was not provided and signed off by the Administrator within 10 days of identification of the concern. [s. 60. (2)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that foods and fluids were being served at safe and palatable temperatures.

The home's Food Temperatures and Leftovers Audit form indicated that cold foods must be kept at a maximum of 4 degrees Celsius or 40 degrees Fahrenheit (F). Temperatures were taken during the middle of lunch service on December 8, 2014 in three of the home's dining rooms, and the following were probed: egg salad sandwiches at 54 degrees F in the Central Lounge Dining Room; egg salad sandwiches at 50 degrees F in the Community Dining Room; egg salad sandwiches at 57 degrees F and tuna salad sandwiches at 62 degrees F in the second floor Small Dining Room. [s. 73. (1) 6.]

WN #7: 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,

(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. The licensee has failed to ensure that procedures were implemented for cleaning and disinfection of supplies and devices, including personal assistance services devices, assistive aids and positioning aids, 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) From December 2 to December 4, 2014, the wheelchairs of residents #100, #005 and #008 were observed to be dirty.

ii) Old food crumbs were noted on the seat of the chairs, and covering the bottom base in and around the wheels and footrests and headrests.

iii) The DOC confirmed that the wheelchairs were not cleaned as per the wheelchair cleaning schedule. [s. 87. (2) (b)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device



Specifically failed to comply with the following:

s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

Findings/Faits saillants :

1. The licensee did not ensure that resident #005's seat belt was applied according to manufacturer's guidelines.

i) On December 2 and 3, 2014, resident #005 was noted to be wearing a front fastening seat belt that was loose fitting and not applied according to manufacturer's guidelines.

ii) Interview with the DOC on December 3, 2014, confirmed that the seat belt was a restraint and that the resident could not remove the seat belt.

iii) The DOC confirmed that the staff were aware, based on education that they had received, that seat belts used to restrain a resident should be tightened to the distance of approximately two finger widths.

iv. The seat belt observed on December 2 and 3, 2014 was more than five inches from the resident's abdomen which was not in accordance with the manufacturer's guidelines.

[s. 110. (1) 1.]

Issued on this 15th day of December, 2014

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

Original report signed by the inspector.