Ontario

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

# Rapport d'inspection prevue 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

**Ministère de la Santé et des Soins de longue durée**
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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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'insptection |
|---|---|---|
| October 14 & 15, 2010 | 2010_101_2589_14Oct 115745 | Follow-up (T-1193) |

**Licensee/Titulaire**

Revera Long Term Care Inc.,55 Standish Court, 8th Floor, Mississauga ON L5R 4B2

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

Versa-Care Centre Toronto, 77 Main Street, Toronto ON M4E 2V6

**Name of Inspector(s)/Nom de l'inspecteur(s)**

Amanda Williams (101)

## Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection of previously identified unmet standards and criteria that were issued prior to July 1, 2010 under the Program Standards and Criteria Manual of the Long-Term Care Facilities Program. The following criterion was reviewed:
O4.14

During the course of the inspection, the inspector spoke with: The Administrator, Environmental Services Manager, Registered Nursing Staff, Front-line nursing staff (Personal Support Workers (PSW), housekeeping staff and residents.

During the course of the inspection, the inspector conducted a walk-through of resident home areas and non-residential areas. During the course of the walk-through, the inspector identified other non-compliance issues and as a result completed measurements of resident beds with bedrails and lux level readings of lighting in resident bedroom and washrooms.

The following Inspection Protocols were used during this inspection:
Accommodation- Laundry
Accommodation- Housekeeping
Safe and Secure
Ad Hoc notes

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

8 WN
3 VPC
2 CO: CO # 001, #002

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

## NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

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

| | |
|---|---|
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.<br><br>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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.<br><br>Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue 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, 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:**
1. On October 14, 2010, the 3S and 2S hallway were cluttered and congested with large personal linen carts, small care carts and soiled linen carts at change of shift creating a potential safety hazard to

residents.
- Staff struggled to wheel residents through the congestion, hitting resident legs and arms as they passed by the items.
- Independently mobile residents were unable to maneuver through the corridor without assistance from staff or visitors moving items out of their way.

2. On October 14, 2010, at change of shift residents in wheelchairs were obstructing the entry and exit from the elevator on the 3rd floor.
3. On October 14, 2010, spilled liquid was in the 3N corridor and was not addressed by staff until the writer brought it to their attention. Residents were noted to walk through the spill which posed a potential slip hazard.

| **Inspector ID #:** | 101 |
|---|---|

**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 clutter, obstructions and congestion are mitigated in the home to prevent potential safety hazards to residents. This plan is to be implemented voluntarily.

**WN #2:** The Licensee has failed to comply with **O. Reg 79/10, s.15 (1)(b)(c). Every licensee of a long-term care home shall ensure that where bed rails are used,**
**(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and**
**(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.**

**Findings:**
1. Zones of entrapment 1, 3 and 7 were identified on resident beds with bed rails in 11 resident rooms as per Health Canada's Guidance Document entitled "*Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards*":

2. Six resident beds with bed rails were identified to not latched securely. The bedrails sat on top of the locking mechanism enabling the bedrail to lift out of the holder.

| **Inspector ID #:** | 101 |
|---|---|

**Additional Required Actions:**

**CO #** - 001 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.18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.**
**TABLE**
**All other homes**
**Location Lux**
**Stairways Minimum levels of 322.92 lux continuous consistent lighting throughout**
**All corridors Minimum levels of 215.28 lux continuous consistent lighting throughout**
**In all other areas of the home Minimum levels of 215.84 lux**
**Each drug cabinet Minimum levels of 1,076.39 lux**
**At the bed of each resident when the bed is at the reading position Minimum levels of 376.73 lux**

**O. Reg. 79/10, s. 18, Table.**

**Findings:**
1. Lighting illumination levels were not maintained as per the table above in 10 identified resident bathrooms:

| **Inspector ID #:** | 101 |
|---|---|

**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 lighting levels are maintained at the appropriate illumination levels at all times. This plan is to be implemented voluntarily.

**WN #4:** The Licensee has failed to comply with O. Reg 79/10, s. 87(2)(d). 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,
(d) addressing incidents of lingering offensive odors.

**Findings:**
Lingering, pervasive odors were noted in identified areas of the Home.

| **Inspector ID #:** | 101 |
|---|---|

**Additional Required Actions:**
**None**

**WN #5:** The Licensee has failed to comply with **O. Reg 79/10, s. 87(3). The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.**

**Findings:**
1. Cleaning and disinfecting supplies were not located in the north shower rooms of the Home for staff use between residents. Staff interviewed stated the product is kept at the nursing station or the S tub room, therefore not readily available to staff.

| **Inspector ID #:** | 101 |
|---|---|

**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 cleaning and disinfecting products are readily accessible to staff at all times. This plan is to be implemented voluntarily.

**WN #6:** The Licensee has failed to comply with **O. Reg 79/10, s. 9.1.i. Every licensee of a long-term care home shall ensure that the following rules are complied with: All doors leading to stairways and the outside of the home must be,**
**i. kept closed and locked,**

**Findings:**
1. The following doors leading to the outside of the building are not kept closed and locked. The below identified doors are alarmed but not locked.
   - Southwest (1C) exit door

- Central stairwell back doors leading to the outside of the home and to the enclosed outdoor area

| **Inspector ID #:** | 101 |
|---|---|

**Additional Required Actions:**
**None**

**WN #7:** The Licensee has failed to comply with **O. Reg 79/10, s.90(1)(a). As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,**
**(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and**

**Findings:**
1. The exterior of the building is not maintained in good repair. The east side exterior brick wall in the outdoor enclosed area is flaking, deteriorating and/or crumbling. This issue has been outstanding and previously identified to the home by the inspector since December 18, 2006.

| **Inspector ID #:** | 101 |
|---|---|

**Additional Required Actions:**

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

**WN #8:** The Licensee has failed to comply with **O. Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.**

**Findings:**
1. On October 14, 2010 an identified resident was positioned reclined in their wheelchair without any footrests or a headrest present. Their feet were dangling from the chair and neck muscles strained.

| **Inspector ID #:** | 101 |
|---|---|

**Additional Required Actions:**

**None**

CORRECTED NON-COMPLIANCE
**Non-respectés à Corrigé**

| REQUIREMENT EXIGENCE | TYPE OF ACTION/ORDER | ACTION/ ORDER # | INSPECTION REPORT # | INSPECTOR ID # |
|---|---|---|---|---|
| Unmet criterion O4.14 as per Program Manual | | | June 29, 2010 Environmental Follow-up visit | 101 |

| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné | 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. |
|---|---|
| Title: Date: | Date of ~~Report~~ (if different from date(s) of inspection).<br>November 18, 2010 |

Ontario

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

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

# Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
*Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

| | ☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public | | |
|---|---|---|---|
| **Name of Inspector:** | Amanda Williams | **Inspector ID #** | 101 |
| **Log #:** | T-1193 | | |
| **Inspection Report #:** | 2010_101_2589_14Oct115745 | | |
| **Type of Inspection:** | Follow-up | | |
| **Date of Inspection:** | October 14 & 15, 2010 | | |
| **Licensee:** | Revera Long Term Care Inc.,55 Standish Court, 8th Floor, Mississauga ON L5R 4B2 | | |
| **LTC Home:** | Versa-Care Centre Toronto, 77 Main Street, Toronto ON M4E 2V6 | | |
| **Name of Administrator:** | Elizabeth Bradshaw | | |

To Revera Long Term Care Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

| **Order #:** | 001 | **Order Type:** | Compliance Order, Section 153 (1)(a) |
|---|---|---|---|
| **Pursuant to: O. Reg 79/10, s.15 (1)(b)(c). Every licensee of a long-term care home shall ensure that where bed rails are used,**<br>**(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and**<br>**(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.** | | | |
| **Order:**<br>The licensee shall repair all beds with bed rails to ensure they are free of entrapment zones and hazards. The licensee shall ensure all bed rails are latched securely at all times. | | | |
| **Grounds:**<br>1. Zones of entrapment 1, 3 and 7 were identified on 11 resident beds with bed rails as per Health Canada's Guidance Document entitled "*Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards*".<br>2. Six resident beds with bed rails were not latched securely. The bedrails sat on top of the locking mechanism enabling the bedrail to lift out of the holder. | | | |
| **This order must be complied with by:** | December 1, 2010 | | |

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Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

| **Order #:** | 002 | **Order Type:** | Compliance Order, Section 153 (1)(a) |
|---|---|---|---|

**Pursuant to: O. Reg 79/10, s.90(1)(a). As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and**

**Order:**
The licensee shall repair the east side exterior wall in the outdoor enclosed area of the Home.

**Grounds:**
1. The exterior of the building is not maintained in good repair. The east side exterior brick wall in the outdoor enclosed area is flaking, deteriorating and/or crumbling.

| **This order must be complied with by:** | June 1, 2011 |
|---|---|

## REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:.

**Director**
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Ontario

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

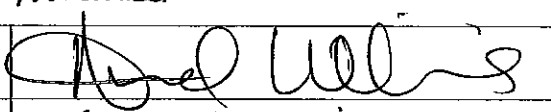
**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

**Health Services Appeal and Review Board** and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

**Director**
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

| | |
|---|---|
| Issued on this 18th day of November, 2010. | |
| Signature of Inspector: |  |
| Name of Inspector: | Amanda Williams |
| Service Area Office: | TORONTO |