



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

**Rapport d'inspection
prévue 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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**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

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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'inspection
November 30 & December 1, 2010	2010-120-2833-30NOV164248	H-02914 Follow-up to December 15 & 16, 2009

Licensee/Titulaire

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner, 100 Milverton Drive, Suite 700, Mississauga, ON, L5R 4H1

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

The Wenleigh LTC, 2065 Leanne Blvd., Mississauga, ON L5K 2L6

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

Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance made under the Ministry of Health and Long-Term Care Homes Program Standards Manual with respect to the following unmet criteria;

- M3.21 (Infection Prevention and Control)
- O4.8 (Personal Clothing Laundering System)

During the course of the inspection, the above noted inspector spoke with the director of care, environmental services supervisor, corporate environmental services consultant, laundry, housekeeping and nursing staff. During the course of the inspection, the inspector conducted a walk-through of the building which included resident bedrooms, washrooms, bathing rooms and utility rooms. The nurse call system was tested, the personal clothing laundering process was reviewed, maintenance records and service reports were reviewed and 3 housekeepers were observed during their cleaning routines.

The following Inspection Protocols were used:

- *Safe and Secure Home*
- *Accommodation Services – Maintenance*
- *Infection Prevention and Control*

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

3 WN
3 VPC

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 3.

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

Previously issued as Criterion M3.21 under the MOHLTC Homes Program Standards Manual.

Findings:

Staff members are not participating in the infection prevention and control program, which includes the prevention or the elimination of the spread of disease through hand-hygiene and cleaning and disinfection principles. The following processes were noted during the observance of three housekeepers during their cleaning routines:

- Staff are not adhering to the home's policies and procedures with respect to glove use. The same pair of gloves were being worn for multiple duties, when the policy requires the housekeeper to wear gloves for "single tasks" and when they are likely to be exposed to bodily fluids. Housekeepers wore the same pair of gloves for various duties and tasks such as mopping, dusting and surface cleaning.
- Several housekeepers did not follow basic infection control principals during their cleaning regimes. They started cleaning the dirtiest area such as the bathroom and toilet first, before the cleaner areas such as bedroom furniture were cleaned. Basic infection control principles require that "cross-contamination" be eliminated where ever possible to minimize or prevent the spread of disease. This principal is required to be part of the infection prevention and control program.
- Not all staff cleaned "touch point" surfaces during their routines. The home requires them to clean bed rails, door knobs etc. according to their housekeeping routines.

The full length tubs (from T.H.E Medical) in the home no longer function as they were originally designed. The jet holes were plugged several years ago and the built-in disinfection system can no longer be used. In it's place, staff have been given spray bottles called "Everyday Disinfectant", containing a disinfectant that is not at the same concentration as the automatically dispensed solution. In addition, the spray bottles do not dispense an adequate amount of liquid onto tubs surfaces and is inconsistent from person to person. Cleaning directions have not been amended since the tub jet holes were plugged.

Additional Required Action:

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 with s.229(4) in respect to ensuring that staff participate in the implementation of the program, to be implemented voluntarily.

WN #2: The licensee has failed to comply with the LTCHA, 2007, S.O. 2007, c.8, s.15(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. Numerous toilets in resident washrooms and bathing rooms are not maintained. Water is leaking from the tank into the toilet bowl.
2. Toilet seats were found to be loose and moving side to side in 7 resident washrooms
3. Fans are overly noisy in many resident washrooms, apparently related to worn bearings and/or excessive vibrations. A fan in an identified resident washroom and in the Port Credit Mud room were not functioning.

Additional Required Action:

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 with s.15(2)(c) in respect to ensuring that the home, furnishings and equipment are 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(1)(d) & (f). Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(d) is on at all times, and

(f) clearly indicates when activated where the signal is coming from.

Findings:

The nurse call system was not functioning 100% on November 30, 2010. Signals were not received by 3 staff members on their pagers (#1201, #1537, #1213) when the nurse call pull station was activated in 3 resident rooms. One staff member was not wearing her pager and therefore did not know where the signal was originating from if away from the nurse desk area. Call bell cords at the bedside in one resident room and next to the toilet in a resident washroom did not function when tested.

Additional Required Action:

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 with s.17(1)(d) & (f) in respect to ensuring that the home is equipped with a resident-staff communication and response system that, (d) is on at all times, and (f) clearly indicates when activated where the signal is coming from, to be implemented voluntarily.

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

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Criterion O4.8 under the LTC Homes Program Standards Manual, now found in O. Reg. 79/10, s.89(1)(a)(iv)	N/A	N/A	Log #1011-2009	120



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Signature of Licensee or Representative of Licensee 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. <i>B. Susnik</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>Feb. 4/11</i>	