Ontario

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

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

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

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

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
Hamilton ON L8P 4Y7

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
October 26, 2010	2010-120-2887-27OCT094739	H-02499 Follow-up to April 17, 2009

Licensee/Titulaire

2063414 Ontario Limited as General Partner of 2063414 Investment LP, 302 Town Centre Blvd., Suite 200, Toronto, ON L3R 0E8

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

Leisureworld Brampton Woods, 9257 Goreway Drive, Brampton, ON L6P 0N5

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 under the Ministry of Health and Long-Term Care Home Program Standards Manual with respect to the following unmet criteria;

B3.16 (Safety and Security)

During the course of the inspection, the inspector spoke with the administrator, maintenance staff, director of care and nursing staff.

During the course of the inspection, the inspector conducted a walk-through of the building and tested the perimeter and stairwell door access control systems, inspected many resident bedrooms, washrooms, dining areas and common bathing areas.

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
2 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 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. Water has seeped under the flooring material (around the drain) in the 3W shower room. The water has seeped down to the 2W soiled utility room, where water stained ceiling tiles were observed.
2. A rectangular section of the flooring material in the 2E shower room has split and lifted, allowing water to seep down onto ceiling tiles in the soiled utility room below. The shower area continues to be used for showering residents.
3. The cart wash area in the main kitchen is leaking water down into the basement. The flooring material has lifted around the drain, allowing water to seep below. As a result, several mouldy ceiling tiles were identified in the basement service corridor, directly below the kitchen area.
4. The flooring material has split and lifted in the staff washroom in the basement.
5. Lights are burnt out in 2E, 2W and 3E tub rooms.
6. The door to the 2W shower room does not close properly and gets stuck on the door frame.
7. The dispensing unit is not functioning properly in the 2E soiled utility room. The disinfectant is not being pulled from the container and being diluted with the water.
8. The shower hoses are dripping heavily in the 2W and 2E shower rooms.
9. Water is dripping down from the 2-compartment sink, along the drain pipe and onto the kitchen floor.

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 #2: 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 odours.

Findings:

Strong odours noted in the basement that appear to be related to sewer gas (which can seep into the building through dried out water drain traps). The maintenance person indicated that he poured water down a drain located in the staff washroom to fill the drain trap. Other drains are present in the basement that are not routinely monitored and procedures have not been developed to address these types of odours. Also noted on a previous inspection conducted on April 17, 2009.

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. 87(2)(d) in respect to ensuring that incidents of lingering offensive odours are addressed, to be implemented voluntarily.

WN #3: The licensee has failed to comply with O. Reg. 79/10, s. 88(1) As part of organized programs of housekeeping and maintenance services under clauses 15 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken.

Findings:

Numerous black phorid flies noted in the kitchen. The maintenance records indicate that 2 out of the approximately 5 drains in the kitchen have been cleaned routinely and that an insecticide foam is being used by maintenance personnel in the drains to control the insects. One drain was identified under the 2-compartment sink that is not being monitored and was dirty and flies were noted to be crawling around the drain. The sighting of these insects in the kitchen was noted during an inspection conducted on April 17, 2009. Although the home has contracted a licensed pest controller, the application of insecticides and the monitoring of the flies has been managed by personnel of the home.

CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.16, LTC Homes Program Manual, now found in O. Reg. 79/10, s 9.1.ii and iii. A and s. 91	N/A	N/A	Log #280-2009	120

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. B. Smith
Title: Date:	Date of Report: (if different from date(s) of inspection). Dec 3/10