



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

**Rapport d'inspection
prévus 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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système de santé
Direction de l'amélioration de la performance et de la
conformité

☐ 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
December 7, 2010	2010-120-2577-07DEC083506	H-2950 Follow-up to January 5 & 7, 2010

Licensee/Titulaire

Canadian Reformed Society for a Home for the Aged Inc., 337 Stone Church Road East, Hamilton, ON L9B 1B1

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

Mount Nemo Christian Nursing Home, 4486 Guelph Line, RR#2, Milton, ON L9T 2X6

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

Bernadette Susnik, 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 issued under the Ministry of Health and Long-Term Care Homes Program Standards Manual with respect to the following program service areas:

- O2.1 (Maintenance Services)
- M3.3 (Safety Systems)

During the course of the inspection, the above noted inspector spoke with the Administrator, Director of Care, maintenance, nursing and housekeeping staff. The inspector inspected each of the tub/shower rooms, all of the resident rooms and common spaces.

The following Inspection Protocols were used during this inspection:

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

☒ There are findings of Non-Compliance as a result of this inspection. The following actions were taken:

**2 WN
2 VPC**

Corrected non-compliance is listed in the section titled "Corrected Non-Compliance" on pg 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.

Previously issued as Unmet Criterion O2.1 under the MOHLTC Homes Program Standards Manual

Findings:

1. Floor tiles are lifting in various resident rooms in the East section of the home. Flooring material in one resident bedroom is ripped. The flooring material is lifting in the soiled utility room.
2. Many windows located in resident bedrooms are not easy to operate. Many were found to be open by about 1 inch as they are not able to be closed using the hand crank located on the side of the window. A person has to go outside of the building and push the window towards the frame in order to latch them closed. The outdoor air temperature during the inspection was -3C and resident rooms were drafty.
3. Various resident room overbed lights were noted to have burnt out bulbs (lower half of light) and certain lights were burnt out in all three Spa rooms.
4. Overbed lights in various resident rooms are missing a light pull or the pull is too short and the resident cannot conveniently reach it.
5. Exhaust fan not operational in the Spa room located in the long hall near room #47.
6. Rusty baseboard electrical heaters noted in two resident washrooms and spa room (long hall).

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 with s. 15(2)(c) with respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

WN#2: *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.

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 observations were noted;

1. One housekeeper observed during cleaning routine to be wearing the same pair of gloves for multiple duties and did not clean from clean to dirty. Very little disinfectant was noted to be used on the cloth to properly saturate a surface and allow the product to have contact with the surface to kill germs.

2. No disinfectant was noted to be available in several shower/tub rooms for shower/commode chair cleaning. Commode chairs are not being disinfected between resident use, especially when the commode chair is shared between rooms. One PSW was observed wheeling a commode chair from one room to another and indicated that a disinfectant is not used at all.
3. A high level disinfectant for the sterilization of foot care instruments was not available in the home.

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) with respect to ensuring that all staff participate in the infection prevention and control program.

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

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
M3.3 under the MOHLTC Homes Program Standards Manual now found in Ontario Reg. 79/10, s. 5.	N/A	N/A	Log #14-2010	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. 
Title:	Date:	Date of Report: (if different from date(s) of inspection). 