



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

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 performance et de la
conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 24, 25, 28, Oct 1, 2012	2012_072120_0073	Other

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, maintenance personnel, non-registered staff, registered staff and residents. (H-001720-12)

During the course of the inspection, the inspector(s) toured all tub/shower rooms and most resident rooms on both 1st and 2nd floors and reviewed bed safety audit reports.

This inspection was conducted concurrently with the Resident Quality Inspection (#2012-070141-0017) which was conducted between September 11 & 27, 2012.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails

Specifically failed to comply with the following subsections:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(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. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

[O. Reg. 79/10, s. 15(1)(b)] The licensee has not ensured that where bed rails are used,

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

The home arranged to have a bed safety audit conducted between January 8 and 16, 2012 to evaluate all resident beds for entrapment risks, regardless of bed rail use. Numerous beds where bed rails are used did not pass zones 2 and 4 which relate to mattress density and the space between the rail and the top of the mattress. New mattresses were purchased and installed to mitigate the identified risks and some beds received new bed rails. No post assessment was conducted to determine if the interventions meet Health Canada Guidelines titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards". In addition, none of the beds received an evaluation of zones 5, 6 and 7. During the inspection, many beds where bed rails are used and seen in the up position were found to have large gaps (greater than 5 inches) between the head board and mattress or the foot board and the mattress (zone 7). Three beds, all with rails in the up position were identified with split rails that do not meet the guideline measurements (zone 5). Zone 6 relates to the space between the end of the bed rail and the side edge of the head board and compliance could not be confirmed.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



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Specifically failed to comply with the following subsections:

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;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(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 :

[LTCHA 2007, S.O. 2007, c.8, s. 15(2)(a)] The licensee of a long-term care home did not ensure that furnishings and equipment are kept clean and sanitary.

* Exhaust grilles and ceiling mounted fixtures such as light covers and lift tracks were coated in a layer of black soot and/or dust in most of the tub/shower rooms.

* In the 1st floor large community dining room, the large planter was visibly soiled on the vertical surfaces. Some of the baseboards, table legs and walls (near servery and planter) were visibly soiled.

* The chair frames in the 2nd floor dining room were visibly soiled with food/liquid debris. Dietary staff had already cleaned the tables after the lunch meal service and did not clean the chair seats or frames.

2. [LTCHA 2007, S.O. 2007, c. 8, s. 15(2)(c)] The licensee of a long-term care home has not ensured that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

* The flooring material has split in the Fountain View, Goreway Way (#2452) and Woodhill Way(#1921) tub/shower rooms. In 2 of these rooms, the flooring has split and the material has lifted, creating an unsafe condition for staff and residents who continue to use the rooms daily. Some of the seams identified are not raised, but allow water to seep in underneath, creating an environment for mould growth and odours. Staff using these rooms reported that they have complained repeatedly about the condition of the floors to maintenance staff. The split seams were identified during an inspection conducted on January 12, 2011 on inspection report #2011-120-9562-12Jan173740. The administrator reported that the rooms are slated for a complete renovation in 2013, but did not have any immediate plans to address the condition of the flooring. Maintenance staff also confirmed that they have not been given any directives to repair the flooring.

*The door to the Blue Jay Way tub/shower room does not close and open smoothly due to a self closing device that has become unhinged. The door was heavy and difficult to operate. Staff reported that if they do not assist residents with the door, the door becomes a hazard as it will slam shut. The maintenance staff reported that they are aware of the issue and have had a consultant in to review the problem and suggested replacing the door frame and door. No time frame for replacement could be provided.

* The wall tile in the shower room of #1245 located in the Blue Jay Way home area is not in good repair and has fallen off, leaving a large hole in the wall. The tile is missing just above the fixed shower bench and the interior wall cavity may now be water damaged. It appears as if the use of the bench contributed to the tiles falling.

* The shower located in the tub/shower room of the Fountain View home area (#1125) has been out of commission for approximately 1 year. The area was sealed off with plastic. When interviewed, neither the staff or management present could explain why the shower was not in good working order. Post inspection, the Environmental Services Supervisor was able to confirm that the shower area was sealed off due to water leaks and mould growth. The area is slated for a complete renovation sometime in late 2012 or early 2013.



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Additional Required Actions:

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

Issued on this 1st day of October, 2012

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

B. Sunit



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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 performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BERNADETTE SUSNIK (120)
Inspection No. / No de l'inspection :	2012_072120_0073
Type of Inspection / Genre d'inspection:	Other
Date of Inspection / Date de l'inspection :	Sep 24, 25, 28 , Oct 1, 2012 <i>61</i>
Licensee / Titulaire de permis :	THE REGIONAL MUNICIPALITY OF PEEL 10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9
LTC Home / Foyer de SLD :	PEEL MANOR 525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	RANJIT GALAY <i>James Egan</i> <i>61</i>

To THE REGIONAL MUNICIPALITY OF PEEL, you are hereby required to comply with the following order(s) by the date (s) set out below:



Ministry of Health and
Long-Term Care

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

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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # / Ordre no :	001	Order Type / Genre d'ordre :	Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
(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. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The licensee shall:

1. Assess all resident beds in the home for all 7 entrapment zones as outlined in Health Canada's Guidelines titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards".
2. Identify and implement interventions to mitigate the risks to residents identified by the bed entrapment zone audit. Submit to the Inspector, a summary of the types of interventions instituted for the identified non-compliant zone(s).
3. Submit to the Inspector a summary of how many beds failed an entrapment zone and which entrapment zones were not compliant.
4. Submit to the Inspector a summary of what long term measures will be put in place to ensure beds continue to pass all zones of entrapment.

Any required submission shall be e-mailed to Bernadette.susnik@ontario.ca or faxed to the attention of Bernadette Susnik, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th floor, Hamilton, ON L8P 4Y7 -fax 905-546-8255.

The above requirements shall be complied with by ~~October 31, 2012~~ December 21, 2012 *el*

Grounds / Motifs :



**Ministry of Health and
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de l'article 154 de la *Loi de 2007 sur les foyers
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1. [O. Reg. 79/10, s. 15(1)(b)] The licensee has not ensured that where bed rails are used,

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

The home arranged to have a bed safety audit conducted between January 8 and 16, 2012 to evaluate all resident beds for entrapment risks, regardless of bed rail use. Numerous beds where bed rails are used did not pass zones 2 and 4 which relate to mattress density and the space between the rail and the top of the mattress. New mattresses were purchased and installed to mitigate the identified risks and some beds received new bed rails. No post assessment was conducted to determine if the interventions meet Health Canada Guidelines titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards". In addition, none of the beds received an evaluation of zones 5, 6 and 7. During the inspection, many beds where bed rails are used and seen in the up position were found to have large gaps (greater than 5 inches) between the head board and mattress or the foot board and the mattress (zone 7). Three beds, all with rails in the up position were identified with split rails that do not meet the guideline measurements (zone 5). Zone 6 relates to the space between the end of the bed rail and the side edge of the head board and compliance could not be confirmed. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2012

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;

(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and

(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).

Order / Ordre :



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
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The Licensee shall:

1. Repair all split seams, beginning with the seams that have lifted in the Fountain View and Woodhill Way tub/shower rooms to ensure that the seams are flat to prevent a tripping hazard and adequately sealed to prevent water penetration to the sub floor layer. Ongoing monitoring shall be implemented to ensure the floors remain in a safe condition and in a good state of repair until the rooms are renovated as per the home's plans. Order to be complied with by ~~October 31, 2012~~. *December 21, 2012* *BS*
2. Repair or replace the door to the Blue Jay Way tub/shower room so that it does not present a hazard to staff and residents using the door. The door must not slam closed or be difficult to push open. Order to be complied with by ~~October 31, 2012~~. *December 21, 2012* *BS*
3. Repair and re-enforce if necessary the shower bench located in the shower room identified as #1245 in the Blue Jay Way home area. Replace any water damaged materials and re-tile the shower wall so that it is water impervious, tight-fitting and easy to clean. Order to be complied with by ~~October 31, 2012~~. *December 21, 2012* *BS*
4. (a) The shower area located in #1125 shall be assessed by a professional mould remediation company to determine type of and extent of mould contamination. The summary of the report shall be submitted to the Inspector. Order to be complied with by ~~October 31, 2012~~. *November 9, 2012* *BS*
(b) The home shall institute all necessary measures to prevent any mould contamination from affecting residents. If necessary, the tub and shower room located in #1125 can be closed until such time that the area is free of mould contamination. Order to be complied with by October 31, 2012
(c) A plan shall be submitted to the Inspector should the tub room also require closing, describing the steps taken to ensure that residents continue to receive their baths or showers. Order to be complied with by ~~October 31, 2012~~. *Nov. 9, 2012* *BS*
(d) Once the home has received all necessary information regarding the extent of the mould contamination, a plan shall be submitted to the Inspector describing what work will be done to the tub and shower room and the time frames for completion. Order to be complied with by November 30, 2012.

Any required submission shall be e-mailed to Bernadette.susnik@ontario.ca or faxed to the attention of Bernadette Susnik, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th floor, Hamilton, ON L8P 4Y7 -fax 905-546-8255.

Grounds / Motifs :



Ministry of Health and
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Pursuant to section 153 and/or
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. [LTCHA 2007, S.O. 2007, c. 8, s. 15(2)(c)] The licensee of a long-term care home has not ensured that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

* The flooring material has split in the Fountain View, Goreway Way (#2452) and Woodhill Way (#1921) tub/shower rooms. In 2 of these rooms, the flooring has split and the material has lifted, creating an unsafe condition for staff and residents who continue to use the rooms daily. Some of the seams identified are not raised, but allow water to seep in underneath, creating an environment for mould growth and odours. Staff using these rooms reported that they have complained repeatedly about the condition of the floors to maintenance staff. The split seams were identified during an inspection conducted on January 12, 2011 on inspection report #2011-120-9562-12Jan173740. The administrator reported that the rooms are slated for a complete renovation in 2013, but did not have any immediate plans to address the condition of the flooring. Maintenance staff also confirmed that they have not been given any directives to repair the flooring.

* The door to the Blue Jay Way tub/shower room does not close and open smoothly due to a self closing device that has become unhinged. The door was heavy and difficult to operate. Staff reported that if they do not assist residents with the door, the door becomes a hazard as it will slam shut. The maintenance staff reported that they are aware of the issue and have had a consultant in to review the problem and suggested replacing the door frame and door. No time frame for replacement could be provided.

* The wall tile in the shower room of #1245 located in the Blue Jay Way home area is not in good repair and has fallen off, leaving a large hole in the wall. The tile is missing just above the fixed shower bench and the interior wall cavity may now be water damaged. It appears as if the use of the bench contributed to the tiles falling.

* The shower located in the tub/shower room of the Fountain View home area (#1125) has been out of commission for approximately 1 year. The area was sealed off with plastic. When interviewed, neither the staff or management present could explain why the shower was not in good working order. Post inspection, the Environmental Services Supervisor was able to confirm that the shower area was sealed off due to water leaks and mould growth. The area is slated for a complete renovation sometime in late 2012 or early 2013. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

~~Nov 30, 2012~~

61

December 21, 2012 for items #1-3
November 9, 2012 for item #4(a)+(c)
October 31, 2012 for item #4(b)
November 30, 2012 for item #4(d)



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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 services for the Licensee.

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue 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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair 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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 1st day of October, 2012

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office