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
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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'inspection**
December 7 and 8 ,2010	2010_192_2853_07Dec093925	Complaint H-01909

Licensee/Titulaire
Liuna Local 387 Nursing Home (Hamilton) Corporation, 44 Hughson Street South, Hamilton, Ontario, L8N 2A7

Long-Term Care Home/Foyer de soins de longue durée
Queen's Gardens, 80 Queen Street North, Hamilton, Ontario, L8R 3P6

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

Debora Saville Nursing Inspector # 192

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: The Administrator, Environmental Supervisor, Director of Care, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.

During the course of the inspection, the inspector: observed supplies in all home areas, observed resident care.

The following Inspection Protocols were used during this inspection: Laundry Inspection Protocol

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

1 WN
1 VPC

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. 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. 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 O. Reg. 79/10, s. 89(1)(b)

As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

Findings:

1. December 7, 2010, Personal Support Workers (PSW), confirmed that there are not enough linens to complete resident care on some shifts.

2. On December 7, 2010, linen supplies in the rooms on one of the home areas were checked by the inspector - 5 of 9 rooms did not have adequate linen supplies of towels and face cloths for resident use.

3. On December 7, 2010 the linen cart on one home area was checked - there was inadequate supply of clean linens available for the care to residents.

Inspector ID #:	Nursing Inspector #192

Additional Required Actions:

VPC - pursuant to the LTC 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, ensuring that there are adequate linen supplies for all residents in all home areas on all shifts, to be implemented voluntarily.

Signature of Licensee of Designated Representative 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).**