



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

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
Jan 6, 11, 2012	2012_072120_0008	Complaint

Licensee/Titulaire de permis

LIUNA LOCAL 837 NURSING HOME(HAMILTON) CORPORATION
44 HUGHSON STREET SOUTH, HAMILTON, ON, L8N-2A7

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

QUEEN'S GARDEN
80 Queen Street North, HAMILTON, ON, L8R-3P6

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 a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the acting administrator, infection control designate/educator, maintenance manager, registered staff, unregistered staff, residents and family members regarding building operations and infection prevention and control.

During the course of the inspection, the inspector(s) toured the home, measured air temperatures and humidity levels, reviewed policies and procedures, maintenance logs, service reports, educational materials, staff attendance records to in-house training courses, Resident Council minutes and complaint logs. (H-002497-11)

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Infection Prevention and Control

Reporting and Complaints

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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
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)(c)] The licensee has not ensured that the home is maintained in a safe condition and in a good state of repair.

1. The homes heating and ventilation system was not in a good state of repair during the inspection on January 6, 2011. The heaters were either too hot or off in various common areas and resident rooms. The excessive heat on some radiators in resident rooms reached over 58C, a safety risk to the resident. On January 9, 2012, the contracted service for the heating system was contacted and the heating system was reviewed on January 10, 2012. Disrepair was identified with the radiator system and a heat sensor had failed on a boiler.

2. The flooring material in two shower rooms, one located in the Mountain Brow home area and one located in the Westdale home area, are in a poor state of repair. Flooring material has split/lifted at the transition points between the soft flooring material and the ceramic tile. Water seepage is evident. The floor tile in the Westdale shower does not have any grout between the tiles, causing water to pool in between tiles, creating an ideal breeding ground for bacterial and fungal growth.

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 to ensure that the home is 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 LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council
Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

The resident's council advised the licensee of concerns regarding the operation of the home and the licensee did not, within 10 days of receiving the concern respond to the Residents' Council in writing.

On January 24, 2011, a resident council meeting was held at which time the residents raised concerns about being either too cold or too hot. No response was received in writing by the Resident's Council from the licensee. Subsequent Council meeting minutes were reviewed which revealed that the issue was never truly resolved or managed. On March 22, 2011, another statement was made at Resident's Council that air temperatures were too hot in resident rooms and that they would like someone else besides the maintenance manager to be educated on how to make adjustments to the heating system. On September 13, 2011, residents were again dissatisfied with the air temperatures in the building and commented in the Council minutes that only 50% of the air conditioning was functional. No response from the licensee was provided for any of these concerns.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

- (a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
- (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
- (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
- (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
- (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
- (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
- (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
- (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
- (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
- (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
- (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
- (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. [O. Reg. 79/10, s.90(1)(a)] The licensee has not ensured that maintenance services is available in the home seven days per week. The full-time maintenance person confirmed that no formal arrangements have been made to provide maintenance services while he is away on holiday or off ill. The home has one part-time maintenance person who works 2 days per week. Interviews with staff in the home also confirmed that they do not know who to call if the usual maintenance person is away during weekends. During the inspection on January 6, 2012, the heating system was not functioning properly and no maintenance person was contacted until the homes' full-time maintenance person returned to work on January 9, 2012.

[O. Reg. 79/10, s.90(2)(c)] Procedures have not been developed to ensure that the heating, ventilation and air conditioning systems are kept in a good state of repair. The heating system in the building was not functioning properly on January 6, 2012. Complaints of excessive heat were being received during the inspection by residents and staff. Verification was made manually and with a laser thermometer that the radiators in half of the resident rooms were off or cold to the touch and the other half were very hot and ranged between 35C and 58C. No procedures could be located or produced by the maintenance manager to determine how the system operates and how it is to be monitored to determine effectiveness.

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 maintenance services in the home are available seven days per week and that procedures are developed and implemented to ensure that heating, ventilation and air conditioning systems are cleaned and in good state of repair, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 100. Every licensee of a long-term care home shall ensure that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101. O. Reg. 79/10, s. 100.

Findings/Faits saillants :

The home's policy titled "Complaints" (LTCE-RCA-E-009) does not meet the requirements set out in section 101(1)1. of O. Reg. 79/10. The section states that "where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately". The home's policy does not include this information.

The home's policy titled "Complaints" (LTCE-RCA-E-009) does not describe what requirements must be met when a verbal complaint cannot be resolved within 24 hours.

Sections 101(2)(a) through (f) of Ont. Regulation 79/10 state that when the verbal complaint is not able to be resolved within 24 hours of the complaint being received, the licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

Page 2 of the policy states that the "Investigation Report Form may be used to assist in the investigation". No other details are provided.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following subsections:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. A response shall be made to the person who made the complaint, indicating,

- i. what the licensee has done to resolve the complaint, or
- ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

The licensee was not able to provide information or documentation to determine if written or verbal complaints made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with. The home's complaint summary log had over 30 complaints logged between January 1, 2011 and August 31, 2011, however no paperwork was available to determine whether the complaints were investigated, resolved where possible and whether or not a response was provided to the complainant (whether verbal or written). The acting administrator was not able to determine how complaints were handled prior to their appointment to the position in late 2011.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following subsections:

s. 229. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

- (a) infectious diseases;
- (b) cleaning and disinfection;
- (c) data collection and trend analysis;
- (d) reporting protocols; and
- (e) outbreak management. O. Reg. 79/10, s. 229 (3).

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

Findings/Faits saillants :

1. [O. Reg. 79/10, s.229(3)(b)&(c)] The designated staff member who co-ordinates the infection prevention and control program does not have education and experience in infection prevention and control practices related to cleaning and disinfection and data collection and trend analysis. The designate confirmed that they have not had any experience with these areas of practice and have not attended any formal educational courses related to these areas of practice.

2. [O. Reg. 79/10, s.229(4)] The licensee has not ensured that all staff participate in the implementation of the infection prevention and control program. Several employees were observed to be wearing gloves for cleaning duties such as mopping and surface dusting and/or were noted to be wearing gloves while walking around in the corridors. The home's policy with respect to glove use requires that staff immediately remove gloves after handling bodily fluids or after providing direct care to a resident.



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Issued on this *24th* day of February, 2012

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

B. Susnik