



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
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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
Feb 12 + 13, 2012	2012_072120_0017	Complaint

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

TALL PINES LONG TERM CARE CENTRE
1001 Peter Robertson Blvd., BRAMPTON, ON, L6R-2Y3

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 administrator, director of care, 3rd floor nursing supervisor, environmental services supervisor, infection control designate/education co-ordinator, a resident and their family and non-registered staff.(H-002430-11)

During the course of the inspection, the inspector(s) toured the laundry room, 2nd and 3rd floor home areas which included utility rooms, common areas and resident rooms, reviewed laundry, infection control and housekeeping policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Infection Prevention and Control

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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., c.8, s. 15(2)(a)] The licensee has not ensured that the home is kept clean and sanitary. Visible accumulation of dust & dirt noted on horizontal surfaces such as window sills, heaters, wood trim (baseboards) and picture frames in corridors in home areas on the 3rd and 2nd floors. The dining room in Wildfield had sugar packets and other debris stuffed between the radiator and the wall beside one of the tables. Visible food/liquid stains were noted on the radiator tops and on stools. Accumulation of dust and dirt was also noted on window sills throughout the dining room. A family member identified that stand up room fans provided by the home are not part of a routine cleaning schedule as they are very dusty. This was confirmed by observing a number of fans throughout the home with heavy dust build-up on blades.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service
Specifically failed to comply with the following subsections:

s. 89. (1) 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,
(a) procedures are developed and implemented to ensure that,
(i) residents' linens are changed at least once a week and more often as needed,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents' lost clothing and personal items;
(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;
(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and
(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

[O. Reg. 79/10, s.89(1)(b)] Peri care cloths have not been sufficiently supplied by the home for resident care needs. The supply of blue peri care cloths was observed to be very low on laundry delivery carts, the small blue care carts and in resident rooms in the 3 home areas inspected. While in the laundry room, the Environmental Services Supervisor confirmed that the blue peri care cloths are in short supply and opened a cabinet where a small number were observed. A count of the blue peri cloths was made just after the delivery of freshly laundered linens to the Wildfield home area on February 13, 2012, at approx. 3 p.m. Only 20 cloths were counted. The linen supply is delivered only once per day, each day to accommodate all 3 shifts. The number of residents requiring peri care in this home area is greater than 10 and they would require toileting, cleaning and care more than once in a 24 hour period. A family member was interviewed who expressed that her family member who is a resident, is often cleaned with a paper towel because there are no peri care cloths available.

WN #3: 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. (2) The licensee shall ensure,

- (a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;**
- (b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;**
- (c) that the local medical officer of health is invited to the meetings;**
- (d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and**
- (e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).**

Findings/Faits saillants :

[O. Reg. 79/10, s. 229(2)(d)] The infection prevention and control program which includes cleaning and disinfection practices, has not been evaluated and updated in accordance with evidence-based practices. A family member witnessed personal support workers use a wash basin on a number of occasions without cleaning and disinfecting the articles after use. She witnessed the workers rinse the articles and place them back in the bathroom cabinet. The home's policy LTC9-07.16 and LTC9-07.17 dated September 1, 2011 regarding the procedure to clean and disinfect such articles does not follow current infection control evidence-based practices. The policies vary slightly and require staff to clean the basin with soap and water and to return the item to the room. It requires staff to disinfect the item only once per week, which is not good practice. Current evidence-based practices recommend that such articles are disinfected between use. A discussion with the home's infection control designate was held on February 14, 2012 at which time it was confirmed that he expects staff to disinfect such articles after use. He was not aware that staff were following policies which were not evaluated and updated to reflect current evidence-based practices.

Issued on this 15th day of March, 2012



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

B. Susnil