Ontario

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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Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy	**Rapport d'inspection prevue de le Loi de 2007 les foyers de soins de longue durée** ☐ Copie du Titulaire ☒ Copie de la Publique	
Date(s) of Inspection/Date de l'Inspection August 10, 11, 2010	**Inspection No/ d'inspection** 2010_146_2711_10Aug161112 2010_127_2711_10Aug094030	**Type of Inspection/Genre d'insptection** Complaint H-00367-2010 (ref H-00340 – 2010)

Licensee/Titulaire
Unger Nursing Homes Limited
75 Plains Road West, Burlington, On L7T 1E8

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

Tufford Nursing Home, 312 Queenston Street, St Catharines, Ontario, L2P 2X4

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

Barbara Naykalyk-Hunt – LTC Homes Inspector – Nursing #146

Richard Hayden – LTC Homes Inspector – Environmental Health #127.

Inspection Summary/Sommaire d'inspection

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

The inspection was conducted by the above named inspectors.

The inspection occurred on August 10th and 11th, 2010.

During the course of the inspection, the inspector(s) spoke with:
DOC, housekeeping staff, a resident, nursing staff and office staff.
The following Inspection Protocols were used in part or in whole during this inspection:
Infection prevention and control.

Findings of Non-Compliance were found during this inspection. The following action was taken:
3 WN
1 CO: CO# 1

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.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Acitvity Order/Ordres: travaux et activitiés

WN#1: The Licensee has failed to comply with: LTCHA , 2007, S.O. 2007, c. 8, s.86(2)(b)
The infection prevention and control program must include measures to prevent the transmission of infections.

Findings:

1. Accel TB wipes with 0.5% accelerated hydrogen peroxide are used in the home to clean and disinfect resident equipment and personal assistive devices for confirmed or suspected cases of *Clostridium difficile (C.diff).* The Provincial Infectious Diseases Advisory Committee (PIDAC) *Best Practices for Environmental Cleaning for Infection Prevention and Control in All Health Care Settings (December 2009)* document indicates 4.5% accelerated hydrogen peroxide should be used. The home presently has no C.diff infections.

2. 11 August 2010 - Housekeeping staff indicated they use R2a disinfectant (ammonium chloride) and Accel TB wipes in rooms identified with *C. diff* infection and that there is no other chemical disinfectant available.

Inspector ID#: 127, 146

WN#2: The Licensee has failed to comply with: O. Reg. 79/10, s. 112. 3.
For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home: Any device with locks that can only be released by a separate device, such as a key or magnet.

Findings:

1. 10 August 2010 - 1335 hrs – A resident was observed to be restrained by a pencil-point restraint while sitting in her wheelchair. The belt is a front-closing seat belt attached to the chair and supplied by the manufacturer. To release the belt, one must use a separate device, in this case, the point of a pen/pencil and insert it into a hole in the front of the belt.

2. Tufford Nursing Home Physical Restraint Flow Sheet - July 2010 - Pencil point safety belt restraint used on a resident 01 to 21 July 2010.

Inspector ID#: 127, 146

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.

CO# 1 was served on Greg Latanik, Director Of Care on August 10, 2010 at 1500 hrs.

Required Compliance Date: Immediate

WN#3: The Licensee has failed to comply with: O. Reg. 79/10, s. 229(5)(b)
The licensee shall ensure that on every shift, the symptoms are recorded and that immediate action is taken as required.

Findings:

1. On June 28, 2010 the home received notice that the lab had rejected a specimen sent on June 24, 2010. Between July 1st and 7th, 2010 the notes indicate that more specimens were available but were neither collected nor sent to the lab until July 7, 2010.

Inspector ID#: 127, 146

Signature of Licensee of Designated Representative
Signature du Titulaire du représentant désigné

Title:

Date:

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.

Date of Report (if different from date(s) of inspection).