Ontario

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

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

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

**Rapport d'inspection prévue 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**

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**Public Copy/Copie du public**

| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|---|---|
| Feb 1, 2, 2012 | 2012_072120_0015 | Complaint |

**Licensee/Titulaire de permis**

RYKKA CARE CENTRES LP
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

WELLINGTON PARK CARE CENTRE
802 HAGER AVENUE, BURLINGTON, ON, L7S-1X2

**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, environmental services supervisor, food services supervisor, registered staff, non-registered staff and residents.(H-002054-11/H-001640-11/H-002588-11)**

**During the course of the inspection, the inspector(s) toured all floors, resident rooms, common areas, supply rooms, laundry, kitchen, reviewed resident care records, linen supplies, incontinence supplies, verified food probe thermometer accuracy, refrigeration and freezer temperatures, reviewed food temperature logs and policies and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping**

**Accommodation Services - Laundry**

**Training and Orientation**

**Findings of Non-Compliance were found during this inspection.**

## NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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| Legend | Legendé |
|---|---|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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.)<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.<br><br>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. 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 :**

1. [O. Reg. 79/10, s.89(1)(a)(iii)] The licensee of a long term care home did not ensure that (a) procedures are developed and implemented to ensure that residents' soiled clothes are collected, sorted, cleaned and delivered to the resident.

The home's policy and procedure C-20-10 regarding the processing of residents' personal clothing does not address the need to sort the clothing prior to washing. Families and residents were interviewed regarding the laundry program and all of those interviewed complained about their clothing being bleached and faded. Some were very upset because the clothing was newly purchased. Numerous resident's clothing was observed both in resident's closets and in the laundry room to be discoloured and faded. The home's policy does not direct the laundry worker to sort clothing in any way prior to washing and states to "raise the laundry bag into the opening of the washer and empty contents". A placard in the laundry room requires staff to set the washing machines to specific programs for specific types of laundry (table linens, meal aprons, personal clothing - dark vs lights etc). It was observed during the inspection on February 1, 2012, that dark personal clothing was mixed in with white bed linens and towels while being washed and dried. Another washing machine contained various coloured articles and was set on a washing program which uses bleach. On February 2, 2012, two washing machines were observed to contain various coloured articles such as meal aprons, table linens, sheets, personal clothing items and the program was set to a cycle which uses bleach. The home's policies do not address any sorting processes or the use of the machines and the setting of programs.

The Environmental Services Supervisor confirmed that laundry staff do not sort clothing once laundry bags are sent to laundry. The laundry bags are dumped directly into the machines along with the laundry bag. The linen hampers on the units were observed during the inspection and noted to contain mixed items. No sorting was occurring on the units prior to sending down to the laundry room.

2. [O.Reg. 79/10, s.89(1)(b] The licensee has not ensured that a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents. On February 1, 2012, the linen supply room on 3E did not contain hand towels, bed linens, peri care cloths or face cloths between 10 a.m. and 12:30 p.m. The majority of residents did not have linens available to them in their rooms or washrooms. The laundry room did not have these linens available prior to 12:30 p.m. as they were still being processed. Staff and family interviewed at the time of inspection stated that they are routinely short of face cloths, hand towels and peri care cloths.

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans**

**Specifically failed to comply with the following subsections:**

**s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:**
**1. Dealing with,**
**i. fires,**
**ii. community disasters,**
**iii. violent outbursts,**
**iv. bomb threats,**
**v. medical emergencies,**
**vi. chemical spills,**
**vii. situations involving a missing resident, and**
**viii. loss of one or more essential services.**
**2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.**
**3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home.**
**4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency. O. Reg. 79/10, s. 230 (4).**

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**Findings/Faits saillants :**

The licensee has not ensured that the emergency plans provide for supplies vital for the emergency response being set aside and readily available at the home. The home does not have blankets or comforters that could keep residents warm, readily available in the home for each resident for times when there is a loss of one or more essential services such as heating.

**Issued on this 23rd day of April, 2012**

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

B. Smith