



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

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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 11ième étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 23, 2015	2015_189120_0088	028573, 028574-15	Follow up

Licensee/Titulaire de permis

CLARION NURSING HOMES LIMITED
337 HIGHWAY #8 STONEY CREEK ON L8G 1E7

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

CLARION NURSING HOME
337 HIGHWAY #8 STONEY CREEK ON L8G 1E7

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 18, 2015

An inspection (2014-267528-0036) was previously conducted on November 12-20, 2014 at which time several Orders were issued. Order #002 was issued related to the resident-staff communication and response system and Order #003 was issued related to the maintenance program. Neither Order was fully complied with during a follow-up inspection conducted on June 26, 2015 and the Orders were revised and re-issued. For this follow up visit, the Order related to the resident-staff communication and response system was fully met and cleared. However, the Order related to the written component of the licensee's maintenance program was not met.

During the course of the inspection, the inspector(s) spoke with the Director of Care, Director of Lakeview Retirement Home (who covers for the maintenance person at The Clarion when away) and following the inspection, the maintenance person who was contacted by phone.

During the inspection, the inspector reviewed the home's maintenance manual and available preventive schedules, toured resident rooms and common areas on both floors and reviewed previously identified maintenance issues and confirmed whether activation stations were installed and functional in resident accessible areas.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 17. (1)	CO #002	2015_189120_0052		120

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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 O.Reg 79/10, s. 90. Maintenance services**Specifically failed to comply with the following:**

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, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

The licensee did not ensure that procedures or schedules were in place for routine or preventive maintenance.

Non-compliance was previously issued (November 19, 2014 and June 26, 2015) for failure to ensure that the home's maintenance program included written preventive and routine maintenance procedures, preventive inspection audits and schedules to remediate any findings. Many examples of surfaces and furnishings in poor repair were observed during the initial inspection and no schedules were in place to address them.

During a follow-up inspection on June 26, 2015, the majority of previously identified maintenance issues were addressed with the exception of the condition of closet doors and the flooring. No updates or amendments were made to the maintenance manual and no schedules for preventive audits had been developed. Closet doors and flooring material in some resident rooms remained in poor condition.

During a follow-up inspection conducted on November 18, 2015, the maintenance manual did not include any written maintenance procedures for the home's interior surfaces (walls, floors, doors, decorative trim), furnishings (beds, tables, night tables, chairs, sofas) and baseboard heaters. A discussion with the maintenance person was held on November 22, 2015 via telephone as he was not present during the inspection. The maintenance person confirmed that he did not document any of the preventive audits he completed in the past and that no formal check lists had been established as a guide to organize any findings. Discussion was held that the expectation is that all areas of the home, including resident rooms and common areas are routinely inspected and that the condition of surfaces, equipment and furnishings be monitored. The maintenance manual provided at the time of inspection included written procedures for



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the home's lighting, heating and ventilation system, dietary and laundry equipment and mechanical lifts but not the surfaces, equipment and furnishings identified above. The home's maintenance procedures did not include the expectations for the condition of surfaces, furnishings and equipment, how they would be maintained, by whom and how they would be monitored.

Remaining at the time of inspection and carried forward from November 19, 2014, floor tiles were observed to be deeply cracked or heaved slightly in rooms 106, 105, 107, 108. No documentation was available as to whether a floor condition audit was completed and no repair schedules or plans to have the tiles replaced or repaired were in place.
[s. 90(1)(b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 23rd day of November, 2015

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

Original report signed by the inspector.



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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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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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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : BERNADETTE SUSNIK (120)

Inspection No. /

No de l'inspection : 2015_189120_0088

Log No. /

Registre no: 028573, 028574-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Nov 23, 2015

Licensee /

Titulaire de permis : CLARION NURSING HOMES LIMITED
337 HIGHWAY #8, STONEY CREEK, ON, L8G-1E7

LTC Home /

Foyer de SLD : CLARION NURSING HOME
337 HIGHWAY #8, STONEY CREEK, ON, L8G-1E7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Michael Janjic

To CLARION NURSING HOMES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /

Lien vers ordre existant: 2015_189120_0052, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall:

1. Develop written procedures that include what the maintenance expectations of the home's interior furnishings, equipment and surfaces (doors, walls, floors, ceilings, lights, windows, closets, base board heaters, etc) should be and who will monitor them and who will address them. The procedures should reflect any manufacturer's requirements if available and should be specific enough to determine when action should be taken.

2. Develop a preventive audit form or check list that will be used to complete routine inspections of the furniture, equipment and surfaces in the home. Establish how often they will be conducted, by whom and what follow up action is required when disrepair has been identified. Document the findings and the follow-up actions on the form or check list.

3. Repair the floor tiles identified in rooms 105, 106, 107 and 108.

Grounds / Motifs :

1. The licensee did not ensure that procedures or schedules were in place for routine or preventive maintenance.

Non-compliance was previously issued (November 19, 2014 and June 26, 2015)

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section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

for failure to ensure that the home's maintenance program included written preventive and routine maintenance procedures, preventive inspection audits and schedules to remediate any findings. Many examples of surfaces and furnishings in poor repair were observed during the initial inspection and no schedules were in place to address them.

During a follow-up inspection on June 26, 2015, the majority of previously identified maintenance issues were addressed with the exception of the condition of closet doors and the flooring. No updates or amendments were made to the maintenance manual and no schedules for preventive audits had been developed. Closet doors and flooring material in some resident rooms remained in poor condition.

During a follow-up inspection conducted on November 18, 2015, the maintenance manual did not include any written maintenance procedures for the home's interior surfaces (walls, floors, doors, decorative trim), furnishings (beds, tables, night tables, chairs, sofas) and baseboard heaters. A discussion with the maintenance person was held on November 22, 2015 via telephone as he was not present during the inspection. The maintenance person confirmed that he did not document any of the preventive audits he completed in the past and that no formal check lists had been established as a guide to organize any findings. Discussion was held that the expectation is that all areas of the home, including resident rooms and common areas are routinely inspected and that the condition of surfaces, equipment and furnishings be monitored. The maintenance manual provided at the time of inspection included written procedures for the home's lighting, heating and ventilation system, dietary and laundry equipment and mechanical lifts but not the surfaces, equipment and furnishings identified above. The home's maintenance procedures did not include the expectations for the condition of surfaces, furnishings and equipment, how they would be maintained, by whom and how they would be monitored.

Remaining at the time of inspection and carried forward from November 19, 2014, floor tiles were observed to be deeply cracked or heaved slightly in rooms 105, 106, 107, 108. No documentation was available as to whether a floor condition audit was completed and no repair schedules or plans to have the tiles replaced or repaired were in place. (120)



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de l'article 154 de la *Loi de 2007 sur les foyers
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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2016



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 23rd day of November, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office