

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Central East Service Area Office
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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|---|--|
| Feb 23, 2021 | 2021_640601_0001 | 015853-20, 015863- 20, 016099-20, 022610-20, 023930- 20, 024127-20 | Complaint |

Licensee/Titulaire de permisExtendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9**Long-Term Care Home/Foyer de soins de longue durée**Extendicare Cobourg
130 New Densmore Road Cobourg ON K9A 5W2**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KARYN WOOD (601)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 7, 8, 13, 14, 15, 18, and 19, 2021.

The following intakes were completed in this Complaint Inspection:

Two logs related to the same allegations of staff to resident neglect and medication management.

A log related to pest control management and medication management.

Two logs related to pest control management.

A log related to allegations of staff to resident neglect and pest control management.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Environmental Service Manager (ESM), Dietary Manager (DM), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping Aide (HSK), and a resident.

The inspector also reviewed applicable policies, contracts, and maintenance log records, resident health care records, observed the home environment, observed the delivery of resident care and services, including staff to resident interactions.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Contenance Care and Bowel Management

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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

- 5 WN(s)**
- 3 VPC(s)**
- 2 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is
provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care for a resident related to the task of transferring was provided to them as specified in the plan.

The Ministry of Long-Term Care (MLTC) received a complaint that a resident was not being transferred, as specified in the plan of care due to the specified equipment not being available.

The resident indicated they were not being transferred, as specified in the plan of care due to the specified equipment not being available.

The plan of care for the resident directed to use the specified equipment to transfer the resident in and out of bed. Staff interviews indicated the resident would report discomfort with transfers while using the specified equipment and the resident was not being transferred, as specified in the plan of care. Staff indicated they did not feel the specified equipment was safe for the resident and they were waiting for new equipment to be purchased before they were able to transfer the resident, as specified in the plan of care.

The Administrator and Director of Care (DOC) indicated that staff had reported concerns about the specified equipment and staff were reporting they were not able to transfer the resident in and out of bed, as specified in the plan of care. They both indicated the resident reported discomfort with the specified equipment. The DOC indicated the equipment had been purchased based on the resident's assessed needs and according to the vendor the specified equipment should meet the resident's needs. The DOC further indicated they had contacted the vendor to provide staff education on how to transfer the resident in and out of bed using the equipment currently available for the resident.

The resident had been requesting to transfer out of bed and was at potential risk for social isolation and impaired skin integrity due to care not being provided, as specified in the plan of care.

Sources: A resident's care plan, RAI MDS assessment, and progress notes, internal e-mails, interviews with Personal Support Workers (PSW), Registered Practical Nurse (RPN), Physiotherapist (PT), the DOC and Administrator. [s. 6. (7)]

Additional Required Actions:

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

WN #2: 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 :

1. The licensee has failed to ensure that as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, there were schedules and procedures in place for routine, preventive and remedial maintenance related to the roof, ventilation systems, floors, walls and ceilings.

A complaint was received by the Ministry of Long-Term Care related to water infiltration and a black substance in the air supply vents.

During the inspection, evidence of water infiltration was observed along the baseboards near the steam table and the flooring beneath the steam table in a dining room and on the wall across from the dining room in a home area; inside the cabinetry under the sinks in two serveries; the flooring material in the main kitchen, especially under the dishwasher and under fixed equipment; under the ice machine next to the main kitchen; the dining room walls and carpet.

Three home area serveries, dining areas, hallways and the center corridor had brown stained ceiling tiles and a ceiling tile had an unknown black substance with a water stain around it.

The exhaust vents and return air grills throughout the home were filled with dust and several ceiling air supply grills and surrounding surfaces were covered in black soot.

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Staff reported that water had leaked from the ceiling in multiple areas of the home for several years. The Environmental Service Manager (ESM) indicated the current approach to manage the water infiltration was to react and repair the roof when the problem occurred. The ESM further indicated they would inspect the roof for damage, accumulation of leaves and water drainage. They acknowledged there were no written procedures for preventative roof maintenance or inspections and there was no record of when the roof was inspected or the findings of the inspection. The Administrator and ESM indicated there were no plans in place to repair or replace the roof to prevent further water infiltration.

The licensee's preventative maintenance policy directed the home to have a preventive and remedial maintenance program that provided a system of routine inspections and repairs to the building components including the equipment and systems that are part of the building that included the mechanical ventilation systems. Their preventative maintenance policy, indicated that preventative maintenance was a scheduled event and will be recorded on the required checklist forms. Maintenance requests that are unexpectedly required or requested is not part of the preventative maintenance program and is considered demand maintenance. These demand requests are logged in the "Maintenance Request Log" which is checked daily by maintenance staff. The jobs are undertaken according to priority or risk and signed off when completed by maintenance staff.

The Environmental Service Manager (ESM) reported that most of the repairs in the home were done in response to new resident admissions, room changes or when staff documented the disrepair in the maintenance log record. The ESM acknowledged there was no written record of the disrepair identified in three home areas, the kitchen, and a dining room. They further indicated they did not have assistance to complete all the maintenance work required, and many of the repairs have not been completed.

The Environmental Service Manager (ESM) indicated there was not a remedial maintenance program in place to inspect the exhaust, air return and air supply grills. The ESM acknowledged the vents and grills were dirty, and there was no record of when these areas were last cleaned or inspected. They further indicated a schedule had not been developed to inspect or clean these vents, but they should be cleaned three times a year.

There was no plan in place to address the multiple issues related to the disrepair in the home or a specific time frame when the repairs would be completed. There is potential

risk that the resident's environment is not safe due to evidence of water damage, and the unknown black substance in all three home areas.

Sources: Preventative Maintenance policy, Preventative Maintenance policy, observation throughout the home, Interviews with the ESM, Administrator, Dietary Manager, house keeping staff, registered staff, and PSWs. [s. 90. (1) (b)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that their Medication Management policy included in the required medication program was complied with, for resident #005.

Ontario Regulation 79/10, s.114 (2), indicates that written policies and protocols are developed for the medication management system to ensure the accurate administration of all drugs are used in the home.

Specifically, staff did not comply with the home's policy and procedure "The Medication Pass", that directed to ensure the resident has taken their medication when administered.

The Ministry of Long-Term Care (MLTC) received a complaint that resident #001 had

taken medication that should have been administered to another resident.

The RPN crushed resident #005 's medication and added the medication to the resident's coffee. The RPN remained with resident #005 while they drank half of their coffee, and then left the resident. The RPN returned to the table and noted that resident #001 had resident #005's coffee in front of them and was not certain if resident #001 had drunk from resident #005's coffee. The Director of Care (DOC) investigated the medication incident and determined that RPN did not follow the home's medication pass policy, as they did not observe resident #005 ingest their medications, during their medication pass. There was potential risk for resident #001 when the RPN did not ensure that resident #005 had taken their medication when administered.

Sources: Resident progress notes and medication incident report, medication administration record, plan of care; Medication Pass policy, and interview with the DOC.

2. The licensee failed to ensure that their Medication Management policy included in the required medication program was complied with, for resident #006.

The Ministry of Long-Term Care (MLTC) received a complaint that resident #002 had taken medication that should have been administered to another resident.

The RN crushed resident #006 's medication and added the medication to the resident's juice. The RN then left the area to attend to another resident. The RN returned and noted that resident #002 had resident #006's juice in front of them and was not certain if resident #002 had drunk from resident #006's juice. The Director of Care (DOC) investigated the medication incident and determined the RN did not follow the home's medication pass policy, as they did not observe resident #006 ingest their medications, during their medication pass. There was potential risk for resident #002 when the RN did not ensure that resident #006 had taken their medication when administered.

Sources: Resident progress notes and medication incident report, medication administration record, plan of care; Medication Pass policy, and interview with the DOC.

[s. 8. (1) (b)]

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 where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.

WN #4: 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:

- 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; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (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 :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

The home's equipment, walls, and flooring were visibly soiled in several areas of the home. The Housekeeper (HSK) indicated they would clean the home areas assigned to them daily and they were not aware of a specific written cleaning schedule. The HSK indicated they would clean the resident rooms, bathrooms and would dry and wet mop every residents floor daily. The Environmental Service Manager (ESM) and Dietary Manager (DM) both acknowledged there was debris behind the coffee makers, under the ice machine, dishwasher, and the servery floors were dirty and needed to be stripped and re-waxed. There were no schedules as to when the flooring surfaces were last stripped and re-waxed or when they were due. The ESM indicated the HSK staff were responsible for the cleanliness of the home and the Dietary Aides (DA) would clean the serveries and main kitchen. They further indicated there were no written cleaning schedules outlining the HSK or DA daily cleaning responsibilities or a record that the cleaning had been completed.

Sources: Observation of the home, and interviews with the ESM, DM and HSK. [s. 15. (2) (a)]

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, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control

Specifically failed to comply with the following:

s. 88. (1) As part of organized programs of housekeeping and maintenance services under clauses 15 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken. O. Reg. 79/10, s. 88 (1).

s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was an organized preventive pest control program in place using the services of a licensed pest controller.

A complaint was received by the Ministry of Long-Term Care related to specified pests being observed in the home. The complainant indicated they had purchased pest traps to place in a resident's room due to a specified pest being observed on a resident's windowsill.

Staff reported that a specified pest was observed in various areas of the home for several years and another specified pest had been found in areas where food was left out or dropped to the floor, and in a resident's bed. On one occasion, a different pest was observed entering a crack in the foundation near a back door and the same pest was observed in a resident's room.

The licensee's preventive pest control program was to include the monthly services of a licensed pest controller for specified pests for the whole building.

The pest control technician's records for 2020 did not include preventative measures for a specified pest. There were sightings of a different pest that was part of the preventative pest control program, and there were no records to indicate that preventive pest control measures were in place for five specified months in 2020. The Administrator and ESM both indicated the pest control technician's had not visited the home monthly, and they were no longer visiting the home due to the testing requirements during the COVID-19 pandemic.

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The licensee's maintenance log record identified that a specified pest was observed on two occasions and the documented action taken by the Environmental Service Manager (ESM) was to put out a specified bait, instead of using the services of their licensed pest controller. The ESM verified that the licensed pest controller was not contacted to treat the specified pest in the home.

The lack of routine scheduled visits from the pest control company along with the failure to monitor and document what and if other areas of the building were impacted by the specified pest would be indicative of a program that is not preventative.

Sources: Review of the Maintenance Log Record for 2020, Interviews with a resident's Substitute Decision Maker (SDM), ESM, Administrator, Housekeeper, Dietary Manager, Personal Support Workers. [s. 88. (1)]

2. The licensee has failed to ensure that immediate action was taken to deal with a specified pest.

The licensee's pest control policy directed staff to contact the pest control company immediately, if a suspected infestation was identified in the home. All staff were to report suspected pest problems to management or the supervisor immediately and make a note of the location and a description of all pests sighted. Preventative measures in place included the establishment of a regular and specific cleaning program for all storage cupboards and drawers, ensure grease and soil was removed from all corners and duct work by implementing a regular cleaning schedule, implement effective preventative maintenance programs such as inspecting all baseboards, walls and corner openings.

The licensed pest control technician made eleven visits to the home over a ten-month period, and observed pest activity in the home. The technician recommended cleaning specified areas and to complete maintenance to several areas in the home with disrepair. The technician identified areas in disrepair were still pending and preventative pest measures had not been completed. The ESM indicated they had completed one of the recommendations, but all the other areas identified in the technician's report were still outstanding during this inspection.

Staff documented they observed the specified pest in the home during the months when the pest control technician had not visited the home, and there was no documentation that the ESM had notified the pest control company, on the specified months. The Administrator and ESM both indicated the pest control technician's last visit to the home

was two months prior to the inspection, and they were no longer visiting the home due to the testing requirements during the COVID-19 pandemic. They both further indicated there was no plan in place to ensure immediate action was taken to deal with the specified pest when the contracted pest control company was not entering the home. The technician was not immediately notified when sightings of pests occurred, and an alternate licensed pest control company was not and has not been arranged during the COVID-19 pandemic.

Sources: Pest Control Policy, the maintenance log record, Interviews with the Administrator and ESM. [s. 88. (2)]

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 the home has an organized preventive pest control program using the services of a licensed pest controller and are there records indicating the dates of visits and actions taken; and the home will take immediate action to deal with pests, to be implemented voluntarily.

Issued on this 25th day of February, 2021

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

Original report signed by the inspector.

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : KARYN WOOD (601)

Inspection No. /

No de l'inspection : 2021_640601_0001

Log No. /

No de registre : 015853-20, 015863-20, 016099-20, 022610-20, 023930-20, 024127-20

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Feb 23, 2021

Licensee /

Titulaire de permis : Extendicare (Canada) Inc.
3000 Steeles Avenue East, Suite 103, Markham, ON,
L3R-4T9

LTC Home /

Foyer de SLD : Extendicare Cobourg
130 New Densmore Road, Cobourg, ON, K9A-5W2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Allan Myles

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

To Extendicare (Canada) Inc., you are hereby required to comply with the following
order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Order # /

No d'ordre : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee must be compliant with s. 6 (7) of the LTCHA.

Specifically, the licensee shall ensure:

1.All interventions included in the resident's plan of care related to transferring are implemented by all staff providing the resident's care, as outlined in the plan of care.

2.To provide training to all registered staff and PSWs who provide direct care to the resident on how to safely use the specified equipment being used for transferring the resident in and out of bed.

The home shall keep a documented record pertaining to part 2 of this order to present to the inspector upon request.

Grounds / Motifs :

1. The licensee has failed to ensure that the care set out in the plan of care for a resident related to the task of transferring was provided to them as specified in the plan.

The Ministry of Long-Term Care (MLTC) received a complaint that a resident was not being transferred, as specified in the plan of care due to the specified equipment not being available.

The resident indicated they were not being transferred, as specified in the plan of care due to the specified equipment not being available.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

The plan of care for the resident directed to use the specified equipment to transfer the resident in and out of bed. Staff interviews indicated the resident would report discomfort with transfers while using the specified equipment and the resident was not being transferred, as specified in the plan of care. Staff indicated they did not feel the specified equipment was safe for the resident and they were waiting for new equipment to be purchased before they were able to transfer the resident, as specified in the plan of care.

The Administrator and Director of Care (DOC) indicated that staff had reported concerns about the specified equipment and staff were reporting they were not able to transfer the resident in and out of bed, as specified in the plan of care. They both indicated the resident reported discomfort with the specified equipment. The DOC indicated the equipment had been purchased based on the resident's assessed needs and according to the vendor the specified equipment should meet the resident's needs. The DOC further indicated they had contacted the vendor to provide staff education on how to transfer the resident in and out of bed using the equipment currently available for the resident.

The resident had been requesting to transfer out of bed and was at potential risk for social isolation and impaired skin integrity due to care not being provided, as specified in the plan of care.

Sources: A resident's care plan, RAI MDS assessment, and progress notes, internal e-mails, interviews with Personal Support Workers (PSW), Registered Practical Nurse (RPN), Physiotherapist (PT), the DOC and Administrator.

An order was made by taking the following factors into account:

Severity: There was potential harm as the resident was at risk for social isolation and impaired skin integrity.

Scope: The scope of this non-compliance was isolated to one resident.

Compliance History: The licensee was found to be non-compliant with different sections of the legislation in the past 36 months. (601)

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Mar 23, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Order # /

No d'ordre : 002

Order Type /

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

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 must be compliant with s. 90. (1)(b) of the O. Reg 79/10.

Specifically, the licensee shall ensure:

1. The roofing system is inspected by a professional roofing company and fully repaired so that it is capable of shedding any moisture away from the interior of the building.

2. Develop and implement a written preventive maintenance procedure and schedule to ensure that the building interior and exterior is maintained in a safe condition and good state of repair that includes but is not limited to the following:

a) The frequency of visual inspections of all walls, ceilings, flooring materials and other surfaces in the home which include but are not limited to the roof, kitchens, serveries, corridors, bedrooms, washrooms, tub/shower rooms and common areas for mould accumulation, moisture damage, cracks, bubbling, peeling paint, stains and other issues indicative of poor maintenance; and

b) Whether the inspection of the buildings interior and exterior will be completed by external contractors or knowledgeable home employees or both; and

c) How the results of the inspections will be documented; and

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

d) Who will review the inspection results; and

e) Take actions required when deficiencies are identified; and

f) Time frame for remedial action.

3. Repair all walls that were damaged by moisture so that they are smooth, tight-fitting and easy to clean.

4. Replace all stained ceiling tiles. When they become wet in future, investigate cause of moisture immediately and ensure tiles are properly dried if they will be re-used.

5. Remove the peeling wallpaper in the Celebration dining room and clean any visible damage.

6. Repair or replace all flooring in the kitchen that is lifting, cracked, split or torn. All flooring in the main kitchen shall be smooth, tight-fitting and impervious to moisture.

7. Replace any rotten baseboards in the main kitchen and serveries.

8. Install flooring material under the ice machine so that there is a smooth transition between the corridor and the area where the ice machine sits.

9. Repair or replace any moisture damaged cabinetry under the servery sinks in the Poplar and Pine home areas.

Grounds / Motifs :

1. The licensee has failed to ensure that as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, there were schedules and procedures in place for routine, preventive and remedial maintenance related to the roof, ventilation systems, floors, walls and ceilings.

A complaint was received by the Ministry of Long-Term Care related to water infiltration and a black substance in the air supply vents.

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

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During the inspection, evidence of water infiltration was observed along the baseboards near the steam table and the flooring beneath the steam table in a dining room and on the wall across from the dining room in a home area; inside the cabinetry under the sinks in two serveries; the flooring material in the main kitchen, especially under the dishwasher and under fixed equipment; under the ice machine next to the main kitchen; the dining room walls and carpet.

Three home area serveries, dining areas, hallways and the center corridor had brown stained ceiling tiles and a ceiling tile had an unknown black substance with a water stain around it.

The exhaust vents and return air grills throughout the home were filled with dust and several ceiling air supply grills and surrounding surfaces were covered in black soot.

Staff reported that water had leaked from the ceiling in multiple areas of the home for several years. The Environmental Service Manager (ESM) indicated the current approach to manage the water infiltration was to react and repair the roof when the problem occurred. The ESM further indicated they would inspect the roof for damage, accumulation of leaves and water drainage. They acknowledged there were no written procedures for preventative roof maintenance or inspections and there was no record of when the roof was inspected or the findings of the inspection. The Administrator and ESM indicated there were no plans in place to repair or replace the roof to prevent further water infiltration.

The licensee's preventative maintenance policy directed the home to have a preventive and remedial maintenance program that provided a system of routine inspections and repairs to the building components including the equipment and systems that are part of the building that included the mechanical ventilation systems. Their preventative maintenance policy, indicated that preventative maintenance was a scheduled event and will be recorded on the required checklist forms. Maintenance requests that are unexpectedly required or requested is not part of the preventative maintenance program and is considered demand maintenance. These demand requests are logged in the "Maintenance Request Log" which is checked daily by maintenance staff. The

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jobs are undertaken according to priority or risk and signed off when completed by maintenance staff.

The Environmental Service Manager (ESM) reported that most of the repairs in the home were done in response to new resident admissions, room changes or when staff documented the disrepair in the maintenance log record. The ESM acknowledged there was no written record of the disrepair identified in three home areas, the kitchen, and a dining room. They further indicated they did not have assistance to complete all the maintenance work required, and many of the repairs have not been completed.

The Environmental Service Manager (ESM) indicated there was not a remedial maintenance program in place to inspect the exhaust, air return and air supply grills. The ESM acknowledged the vents and grills were dirty, and there was no record of when these areas were last cleaned or inspected. They further indicated a schedule had not been developed to inspect or clean these vents, but they should be cleaned three times a year.

There was no plan in place to address the multiple issues related to the disrepair in the home or a specific time frame when the repairs would be completed. There is potential risk that the resident's environment is not safe due to evidence of water damage, and the unknown black substance in all three home areas.

Sources: Preventative Maintenance policy, Preventative Maintenance policy, observation throughout the home, Interviews with the ESM, Administrator, Dietary Manager, house keeping staff, registered staff, and PSWs.

An order was made taking the following factors into account:

Severity: There is potential risk of resident exposure to microbial growth due to the ongoing water infiltration throughout the home.

Scope: The scope of the non-compliance was widespread.

Compliance history: The licensee was found to be non-compliant with different sections of the legislation in the past 36 months. (601)

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2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Aug 31, 2021

Order(s) of the Inspector

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2007, chap. 8

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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

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Pursuant to section 153 and/or
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Care Homes Act, 2007*, S.O.
2007, c. 8

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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of 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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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of February, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Karyn Wood

Service Area Office /

Bureau régional de services : Central East Service Area Office