



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

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Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

**Public Copy/Copie du public**

| Report Date(s) /<br>Date(s) du Rapport | Inspection No /<br>No de l'inspection | Log # /<br>Registre no        | Type of Inspection /<br>Genre d'inspection |
|--|---------------------------------------|-------------------------------|--|
| May 7, 2014                            | 2014_189120_0019                      | H-000262-<br>14/000517-<br>13 | Other                                      |

**Licensee/Titulaire de permis**

DEEM MANAGEMENT SERVICES LIMITED  
2 QUEEN STREET EAST, SUITE 1500, TORONTO, ON, M5C-3G5

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

HAMILTON CONTINUING CARE  
125 WENTWORTH STREET SOUTH, HAMILTON, ON, L8N-2Z1

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

BERNADETTE SUSNIK (120)

**Inspection Summary/Résumé de l'inspection**



**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**

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): March 19 & 20, 2014**

**The purpose of this visit was to inspect upon areas of specialized concern raised during the Resident Quality Inspection conducted by Ministry of Health and Long Term Care Homes Inspectors on February 19-25, 2014. During this time, a follow-up inspection was also conducted relating to an Order issued on August 8, 2013 (2013-189120-0048) related to the provision of essential services during a power outage.**

**During the course of the inspection, the inspector(s) spoke with the administrator, environmental services supervisor, maintenance person, housekeeping staff, registered staff and personal support workers.**

**During the course of the inspection, the inspector(s) toured the home, took illumination measurements, tested the resident-staff communication and response system, tested stairwell and front door alarms and locks and reviewed policies and procedures.**

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

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



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Legendé</p> <p>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</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 O.Reg 79/10, s. 19. Generators Specifically failed to comply with the following:**

**s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).**

**Findings/Faits saillants :**



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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

1. The licensee of the home was not able to provide a guarantee that they would have access to a generator that would be operational within 3 hours of a power outage and that would maintain the required essential services.

The City of Hamilton was affected by a rain storm beginning 6:15 p.m. on Friday, July 19, 2013. The home lost power for a total of 28 hours. The management of the home accessed a generator for 10 hours starting at 2 p.m. on July 20, 2013 to operate one refrigerator and a small appliance. All essential services and lighting systems required could not be maintained over the course of the 28 hours. The administrator confirmed that they did not have any contracts or arrangements with a generator company that could guarantee that the home had access to a generator which could supply the necessary power to operate the services required under clauses 1(a),(b) and(c). An Order was therefore issued on August 8, 2013 (2013-189120-0048).

For this follow-up visit, the licensee did not comply with the Order made on August 8, 2013 because the licensee still does not have guaranteed access to a generator that would be operational within three hours of a power outage. The licensee has mitigated some of the risk to residents identified on July 19, 2013 by entering into an agreement with a generator supplier for access to a generator; however, that access is subject to conditions (generator availability, weather, road conditions). Based on the scope of the non-compliance, the risk to residents should a generator not be operational within three hours of a power outage, and the compliance history, an Order is warranted. Because the licensee now has access to a generator and has indicated its intention to purchase a generator in 2015, the compliance date is set for June 1, 2015. [s. 19(4)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**



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

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

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Findings/Faits saillants :



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

1. The licensee did not ensure that all doors leading to stairways and to the outside of the home, other than doors leading to secure outdoor areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to were alarmed and connected to the resident-staff communication and response system or to the audio visual enunciator that is connected to the nurses' station nearest to the door.

Both of the home's main entrance doors (spaced approximately 15 feet apart in a vestibule) were tested for an alarm and to determine if either door was connected to the main nurse's station enunciator panel nearest the door. An alarm did not sound when either door was held open for over 1 minute. The enunciator panel had a visual and audio component for one of the doors, but the alarm and the light on the panel activated only when the door bell was pressed.

The home's multiple stairwell doors were all tested. 2 doors were tested in the basement, 3 doors on the 1st floor, 2 doors on the 2nd floor and 2 doors on the 3rd floor. The 1st and 2nd floor doors were connected to an alarm, however neither of the basement or 3rd floor doors were alarmed. None of the stairwell doors were connected to the enunciator panel closest to that door. The doors were all equipped with a magnetic locking system that were found to be locked. [s. 9. (1)]

2. The licensee did not ensure that doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and the door was not kept closed and locked when not being supervised by staff.

The laundry room door was found propped open on both March 19 and 20, 2014. The door was not equipped with a lock. No staff were in the laundry room on either date. Chemicals were observed in the room which were being used to launder clothing. Within the laundry room, another door, which leads to an unenclosed outdoor area, was observed to be ajar. The door could not close properly without a lot of force. The basement and laundry room was fully accessible to residents via an elevator which is used to access the dining room. [s. 9(1)2]

***Additional Required Actions:***

***CO # - 002, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***



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

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**WN #3:** The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

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**Findings/Faits saillants :**

1. The licensee has not ensured that the home is a safe environment for its residents. The home was equipped with a laundry chute on each floor that was not capable of being secured to prevent resident access. The potential for a resident to climb into the chute and fall down into the basement is quite probable. [s.5]

***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 is a safe and secure environment for its residents, to be implemented voluntarily.***

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**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).
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**Findings/Faits saillants :**



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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

1. The licensee did not ensure that the home was maintained in a safe condition and in a good state of repair.

Five severely cracked floor tiles were observed in the basement corridor in front of the kitchen entrance, 10 tiles were observed to be lifting, cracked and/or missing large chunks in the basement corridor near the entrance to the staff lounge. These tiles were a potential trip hazard. Damaged and lifting floor tiles were observed in the laundry room (concrete floor beneath was not level). Tiles with hairline cracks were observed in #305 and more deeply cracked tiles were observed in #109.

The toilet seat was observed to be extremely loose and unsafe in one identified washroom. In another 6 resident washrooms and the 1st floor tub room and 1st floor common washroom the seats were loose and could cause residents to become unstable while seated. The information was relayed to the maintenance person who tightened them by the time the inspection was completed. [s. 15(2)(c)]

***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 is maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 17:  
Communication and response system**





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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

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**Findings/Faits saillants :**

1. The resident-staff communication and response system was not available for use in the 2nd floor hair salon as the pull cord was missing from the activation switch. [s. 17(1)(a)]
2. The resident-staff communication and response system was not available in every area accessible by residents. The dining room located in the basement, which was used by residents, did not have an activation station for staff, visitor and resident use. [s. 17(1)(e)]

***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 an activation station is available and connected to the resident-staff communication and response system in all areas accessible by residents, to be implemented voluntarily.***



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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.**

**TABLE**

**Homes to which the 2009 design manual applies**

**Location - Lux**

**Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux**

**All other homes**

**Location - Lux**

**Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout**

**In all other areas of the home - Minimum levels of 215.28 lux**

**Each drug cabinet - Minimum levels of 1,076.39 lux**

**At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux**

**O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4**

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**Findings/Faits saillants :**

1. The lighting requirements as set out in the lighting table were not maintained.

A Sekonic Handi Lumi illumination light meter was used to measure various areas of the home such as resident bedrooms, bathrooms, common areas and corridors. Outdoor lighting conditions at the time of the inspection were overcast. The meter was held 0.8 meters above and parallel to the floor and held away from the body to avoid shadowing. Daylight affecting the meter could not be controlled for in all areas as window coverings were minimal or allowed for some seepage.

In corridors, measurements were taken between the ceiling mounted fluorescent light fixtures (luminaires) as well as directly below them. On the 1st floor corridor, outside rooms 100-112, the lux was approximately 225 and the lux between two luminaires was 0. On the 2nd floor, luminaires were spaced 8 feet apart outside room 212. 200



lux was measured directly under one luminaire and 90 lux under another. The lux between the luminaires was 0. Outside room 207, various illuminaires were measured and were 75 and 425 lux. The level of illumination between these two luminaires was 50 lux. On the third floor, the luminaires were spaced 12 feet apart outside room 309. Two illuminaires were 250 lux and the space between them was 0 lux. The level of lux was not maintained at a consistent and continuous 215.28.

In resident bathrooms, different types of luminaires were provided, some mounted from the ceiling and some on the wall above the sink area. In washrooms #107, 111 and 110, the illumination level over the sink was 150 lux and the lux level over the toilet area was 50. In washroom #106, the lux over the toilet and the sink was 50. In washroom #209, the lux over the toilet area was 0. The minimum requirement is 215.28 lux.

In resident bedrooms, one or several central luminaires were provided. In room #112, external daylight was excluded by closing the blinds. The lux directly under the luminaire was 100 (with and without the over bed light on). In room #213, the lux was 90. The minimum requirement is 215.28 lux.

In the first floor lounge, a ceiling fan with lights was on and located in the center of the room. In addition, 3 hooded wall mounted luminaires were noted and all were turned on. The blinds were all drawn on the windows. The lux was 175 under the fan light. The second floor lounge also had a fan light which was 400 lux and the lux dropped from 100 to 50 lux as the meter was moved away from the light source. The minimum requirement is 215.28 lux.

The third floor tub room luminaire was 190 lux and the light was burnt out in the shower area. The illuminaires in the hair salon were 50-100 lux. The minimum requirement is 215.28 lux. [s. 18]

***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 lighting requirements set out in the Table to this section are maintained, to be implemented voluntarily.***



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

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans**

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

**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. O. Reg. 79/10, s. 230 (4).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the emergency plans provided for dealing with the loss of one or more essential services (elevator, refrigeration, food preparation equipment, lighting, emergency equipment, resident-staff communication and response system)

Non-compliance and a voluntary plan of action was issued for an inspection conducted on July 24, 2013 (2013-189120-0048) regarding the lack of detailed home-specific direction for staff when one or more essential services fail. During this inspection, the administrator could not provide any policy updates or plans. [s. 230(4)1]

***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 emergency plans deal with the loss of one or more essential services (loss of hydro, heat, elevator, lighting, refrigeration, hot holding equipment, emergency equipment, food preparation equipment), to be implemented voluntarily.***



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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 87.**

**Housekeeping**

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

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**

**(a) cleaning of the home, including,**

**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**

**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**

**(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:**

**(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,**

**(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and**

**(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that procedures were implemented for cleaning of the home, specifically floors. The home's floor care program does not consist of routine floor sealing, stripping and re-waxing.

The flooring tiles located in resident rooms, washrooms, dining rooms and lounge space were observed to be dull, dirty in appearance and discoloured. The home's policies #05-03-01 and 05-03-05 titled "Floor Care" outlined that floors be stripped either annually or every 2-3 years (dependent on foot traffic) and that floors be buffed monthly. The policy also identified that flooring tiles are porous if not sealed adequately, allowing stains to penetrate the tile. Heavy foot traffic in the home over the years has caused dirt to become ground into the tiles causing a dirty appearance. Stains were observed in 8 identified washrooms. Staff were not able to confirm the



cause of the stains but suspected the use of a harsh toilet cleaning chemical. Housekeeping staff reported that the stains could not be removed as they had seeped into the tile. The Environmental Services Supervisor (ESS) was not able to recall the last time the floors had been sealed with wax. Wax wear patterns were noted in 2 identified bedrooms. Sticky floors were noted in #212 after mopping was completed and it was determined that the housekeeper was using a disinfectant on the floor. Discussion was held with the ESS that the product, although had specifications that it could be used on floors, was not ideal for floor surfaces due to the limited cleaning ingredients in the product. As a disinfectant (which is not required on floors), it included ingredients that are typically left behind on the floor, creating a residue and stickiness when drying. This may account for one of the reasons why the floor surfaces were dull in resident rooms. [s. 87(2)(a)]

2. As part of the organized program of housekeeping under clause 15(1)(a) of the Act, the licensee did not ensure that procedures were developed and implemented for cleaning and disinfection of resident care equipment and devices in accordance with prevailing practices.

The home's infection control policies and procedures were reviewed. A general cleaning guideline was available (03-02-07) however, no home specific procedures could be identified regarding the cleaning and disinfection of bed pans, wash basins and bath tubs. The tub/shower rooms were observed to have posted instructions to use a specific disinfectant product on shower chairs.

According to staff, wash basins and bed pans are cleaned in resident rooms by spraying them with disinfectant and using paper towel. The practice is adequate for articles that are not overly soiled, however, overly soiled items require submersion in a disinfectant cleaner. Policies were not available to direct staff where to dispose of bodily waste, when to use the hoppers and how to use the hoppers properly, when to dispose of personal care devices or articles and where and how these articles are to be properly cleaned if necessary and stored.

None of the utility rooms were equipped with a large sink to be able to submerge personal care devices such as wash basins for deep cleaning. Toilet or slop hoppers, which are used to collect and flush bodily waste, were available in small closet-sized rooms on the 1st and 2nd floor in the home. The soiled utility room on the 3rd floor was larger in size and was equipped with a sluice sink. A sprayer hose was connected to the available hoppers for the purpose of rinsing the bed pan or



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

washbasin after emptying. However best practices discourages the use of sprayers to avoid aerosolization of contaminates from the items being sprayed into the air and onto surfaces and people. [s. 87(2)(b)]

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Issued on this 7th day of May, 2014

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

B. Sosnik



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

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

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

**Public Copy/Copie du public**

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Name of Inspector (ID #) /

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

Inspection No. /

No de l'inspection : 2014\_189120\_0019

Log No. /

Registre no: H-000262-14/000517-13

Type of Inspection /

Genre

Other

d'inspection:

Report Date(s) /

Date(s) du Rapport : May 7, 2014

Licensee /

Titulaire de permis : DEEM MANAGEMENT SERVICES LIMITED  
2 QUEEN STREET EAST, SUITE 1500, TORONTO,  
ON, M5C-3G5

LTC Home /

Foyer de SLD :

HAMILTON CONTINUING CARE  
125 WENTWORTH STREET SOUTH, HAMILTON, ON,  
L8N-2Z1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Enesia Malapela

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To DEEM MANAGEMENT SERVICES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:





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

**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

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

**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



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
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section 154 of the *Long-Term Care  
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de soins de longue durée*, L.O. 2007, chap. 8

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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**      2013\_189120\_0048, CO #001;  
**existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

**Order / Ordre :**

The licensee shall ensure that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c).

**Grounds / Motifs :**



Ministry of Health and  
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1. The licensee of the home was not able to provide a guarantee that they would have access to a generator that would be operational within 3 hours of a power outage and that would maintain the required essential services.

The City of Hamilton was affected by a rain storm beginning 6:15 p.m. on Friday, July 19, 2013. The home lost power for a total of 28 hours. The management of the home accessed a generator for 10 hours starting at 2 p.m. on July 20, 2013 to operate one refrigerator and a small appliance. All essential services and lighting systems required could not be maintained over the course of the 28 hours. The administrator confirmed that they did not have any contracts or arrangements with a generator company that could guarantee that the home had access to a generator which could supply the necessary power to operate the services required under clauses 1(a),(b)and(c). An Order was therefore issued on August 8, 2013 (2013-189120-0048).

For this follow-up visit, the licensee did not comply with the Order made on August 8, 2013 because the licensee still does not have guaranteed access to a generator that would be operational within three hours of a power outage. The licensee has mitigated some of the risk to residents identified on July 19, 2013 by entering into an agreement with a generator supplier for access to a generator; however, that access is subject to conditions (generator availability, weather, road conditions). Based on the scope of the non-compliance, the risk to residents should a generator not be operational within three hours of a power outage, and the compliance history, an Order is warranted. Because the licensee now has access to a generator and has indicated its intention to purchase a generator in 2015, the compliance date is set for June 1, 2015. (120)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jun 01, 2015**



Ministry of Health and  
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Ministère de la Santé et  
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Order(s) of the Inspector  
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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

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| <b>Order # /</b><br><b>Ordre no :</b> 002 | <b>Order Type /</b><br><b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b) |
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

**Order / Ordre :**



Ministry of Health and  
Long-Term Care

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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  
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The licensee shall prepare and submit a plan that provides short and long term goals to ensure that all doors that lead to unenclosed outdoor areas are connected to the resident-staff communication and response system or to the enunciator panels located closest to the applicable doors.

The plan shall be emailed to [Bernadette.susnik@ontario.ca](mailto:Bernadette.susnik@ontario.ca) or faxed to 905-546-8255 by July 31, 2014. The plan shall be implemented by March 31, 2015

**Grounds / Motifs :**

1. The licensee did not ensure that all doors leading to stairways and to the outside of the home, other than doors leading to secure outdoor areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to were alarmed and connected to the resident-staff communication and response system or to the audio visual enunciator that is connected to the nurses' station nearest to the door.

Both of the home's main entrance doors (spaced approximately 15 feet apart in a vestibule) were tested for an alarm and to determine if either door was connected to the main nurse's station enunciator panel nearest the door. An alarm did not sound when either door was held open for over 1 minute. The enunciator panel had a visual and audio component for one of the doors, but the alarm and the light on the panel activated only when the door bell was pressed.

The home's multiple stairwell doors were all tested. 2 doors were tested in the basement, 3 doors on the 1st floor, 2 doors on the 2nd floor and 2 doors on the 3rd floor. The 1st and 2nd floor doors were connected to an alarm, however neither of the basement or 3rd floor doors were alarmed. None of the stairwell doors were connected to the enunciator panel closest to that door. The doors were all equipped with a magnetic locking system that were found to be locked.  
(120)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2015**



Ministry of Health and  
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Order(s) of the Inspector  
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**Order # /**

**Ordre no :** 003

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or  
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

**Order / Ordre :**

The licensee shall equip the laundry room door with a locking mechanism so that it can be kept locked and inaccessible to residents when not occupied by staff members.



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

**Grounds / Motifs :**

1. The licensee did not ensure that doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and the door was not kept closed and locked when not being supervised by staff.

The laundry room door was found propped open on both March 19 and 20, 2014. The door was not equipped with a lock. No staff were in the laundry room on either date. Chemicals were observed in the room which were being used to launder clothing. Within the laundry room, another door, which leads to an unenclosed outdoor area, was observed to be ajar. The door could not close properly without a lot of force. The basement and laundry room was fully accessible to residents via an elevator which is used to access the dining room.  
(120)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : May 12, 2014**



Ministry of Health and  
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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](http://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, 11e 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](http://www.hsarb.on.ca).

Issued on this 7th day of May, 2014

Signature of Inspector /

Signature de l'inspecteur :

B. Susnik

Name of Inspector /

Nom de l'inspecteur :

BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office