



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

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

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

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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

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### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 1, 2014	2014_189120_0054	H- 000500/504/ 505-14	Follow up

#### **Licensee/Titulaire de permis**

HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON, L8J-2J3

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

HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON, L8J-2J3

#### **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**

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

**This inspection was conducted on the following date(s): August 20 and 25, 2014**

**An inspection was previously conducted between March 5-14, 2014, at which time non-compliance was identified with respect to bed safety, maintenance and housekeeping programs. Orders #006, 010, and 011 were issued at the time. For this follow-up visit, it was determined that some of the Orders were not fully met. See below for details.**

**During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, Housekeeping Supervisor, Maintenance Supervisor and maintenance staff.**

**During the course of the inspection, the inspector(s) toured all three floors of the home, dining rooms, resident bedrooms and washrooms, observed resident bed systems and reviewed maintenance and housekeeping 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  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</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 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).**

**Findings/Faits saillants :**



1. The licensee did not implement their procedures related to wall surface cleaning.

The home's policy #07-02-01 titled "Resident Room Cleaning" requires staff to spot clean walls daily. On August 20, 2014, resident rooms 100, 104, 110, 115, 116, 123, 133, 132, 136, 139, 2nd floor corridors, 2nd floor lounge room, 201, 207, 209, 270, 271, 232, 236, 230, 239, 233 were observed to have visible matter on walls (around and above beds, near bathrooms and along walls separating the room) and closet doors. All of the rooms on the first floor, rooms 201, 207, 209, 271 and 2nd floor lounge and 2nd floor corridors were re-visited on August 25, 2014 and the walls were observed to have the exact same soiling marks.

The home's policy #07-02-01 did not include the requirement for housekeeping staff to clean corridor walls. Corridor walls were heavily soiled on the second floor, in and around the fish tank, along handrails and in areas where residents congregate on both August 20 and 25, 2014. [s. 87(2)(a)]

***Additional Required Actions:***

***CO # - 001, 003 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. 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).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that schedules and procedures were in place for all interior areas of the building.

The licensee was previously ordered to develop a schedule and person responsible for conducting preventive audits of all resident rooms, common areas and bathing areas. During the inspection, documentation revealed that only resident rooms had



been audited. The licensee's preventive maintenance program for interior areas (Document #01-01-04) did not include any audits or schedules for common areas and bathing areas.

The resident room audit included a list of interior surfaces and furnishings for inspection and when reviewed, no formal schedules had been developed to address the issues that were identified by staff. Wall surfaces, bedroom doors, closet doors, bathroom flooring, baseboards and door trim were identified to be either lifting, damaged, peeling, chipped or scuffed.

During the inspection, the following issues were observed:

\*The condition of night tables (top surfaces) were identified to have been re-surfaced in some rooms, however the surfaces were still not smooth and easy to clean. Worn and or cracked surfaces were noted in but not limited to rooms 270, 271(x2), 232(x2), 239 (x2), 284(x2), 123, 103, 326, 366.

\*Worn surfaces on desk tops observed in rooms 232, 239(x2)

\*Paint on bathroom door trim peeled down to metal in rooms 377, 130, 132, 117, 327, 324, 321, 316, 311,312, 307, 379, 370, 270, 284. The result was a rough surface that cannot be easily cleaned.

\*Bedroom doors in poor condition in rooms 207, 284, 228, Tub (251), 136, 270, 139. Door edges are gouged out, leaving splintered surfaces. The maintenance staff attempted to fill the gouges with wood filler. According to the administrator, the bedroom doors will be replaced during renovations which will take place over the course of the next 12-15 months.

\* The wood handrails on the 1st and 2nd floors located in the corridors had rough surfaces in certain sections. Wood filler was used in the past to try and smooth out the rough areas, however many rough areas still remained.

The licensee was previously ordered to develop a schedule and person responsible to address, in a timely manner, any identified interior surfaces or furnishings that were in need of repair or painting during the room auditing process. The licensee designated a maintenance person to audit and identify surfaces requiring painting or repair, however, the licensee did not ensure that the painting or repair process could be completed in a timely manner.

According to the maintenance person who completed resident room audits and in reviewing the audit records that were completed in June and July 2014, issues that



were identified for repair or painting remained outstanding at the time of inspection. [s. 90(1)(b)]

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails  
Specifically failed to comply with the following:**

**s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**

**(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**

**(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**

**(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that residents were assessed in accordance with prevailing practices to minimize risk to the resident where bed rails are used.

Prevailing practices associated with bed rail use can be found in a document titled "Clinical Guidance for the Assessment and Implementation of Bed Rails for Hospitals, Long Term Care Facilities and Home Care Settings" developed by the U.S. Food and Drug Administration and endorsed by Health Canada. According to the document, an interdisciplinary team is to evaluate residents for safe use of a bed rail and to determine whether its use outweighs the risks. The homes' Director of Care confirmed that a decision tree, tool or form had not been developed to guide the interdisciplinary team in making consistent and appropriate decisions for the residents around bed rail use.

Upon touring resident rooms, unoccupied beds in many rooms were observed to have at least one bed rail in the elevated position for no apparent reason. Signage,





developed for each resident and their care needs and which was posted in closets for review by personal support workers, were blank for bed rail use unless two rails were to be employed. In reviewing the residents plan of care, no information was available regarding their use of any bed rails. The Director of Care confirmed that only those residents who were assessed as requiring two rails had information in their health record about their bed rails. The assessments that were completed focused more on whether bed rails were a restraint or a personal assistance services device. Shortly after the visit, the administrator provided documentation that confirmed that all residents were re-evaluated to determine if they required one or more bed rails and those residents, if necessary received a bed accessory to reduce any entrapment gaps where identified. [s. 15(1)(a)]

2. The licensee did not take steps to prevent resident entrapment.

The licensee made adjustments (rail caps added, rails tightened and mattress keepers added) to the beds since the previous inspection completed between March 5-14, 2014 to decrease entrapment risks. Over 100 beds were previously identified to have one or more entrapment zone failures. During this follow-up visit, the number of beds with one or more entrapment failures was down to 42 beds. The Director of Care confirmed that out of the 42 beds, 23 residents were identified to need one or more rails. Four beds were provided with bolsters and one bed with a rail pad (to reduce entrapment risk). However, 18 remaining beds did not have any interventions in place at the time of the visit.

Upon touring resident rooms, unoccupied beds in many rooms were observed to have at least one bed rail in the elevated position for no apparent reason. One identified resident was lying in a bed with a three quarter rail elevated and no bolster or bed rail pad in place. When the bed was tested at the time of inspection, it failed zones 2 and 4. The licensee was not aware that the resident used one rail for repositioning while in bed and was not aware that the bed had failed two different entrapment zones. The bed had been moved around since it was audited in May 2014 and it was difficult to determine exactly which beds passed or failed. It was identified during the inspection that some personal support workers were in the habit of leaving one bed rail elevated, thereby increasing the likelihood that a resident could become entrapped in and around a bed rail. No interventions such as a bolster or bed rail pad to reduce any gaps between the bed rail and mattress were observed in the above noted rooms at the time of the visit. Shortly after the visit, the administrator provided written documentation that confirmed that all 18 residents received some form of accessory



that reduced any entrapment risks where identified. [s. 15(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 that residents are assessed in accordance with prevailing practices to minimize risk to the resident where bed rails are used, to be implemented voluntarily.***

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

<b>COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:</b>			
<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 15. (1)	CO #006	2014_214146_0005	120

**Issued on this 6th day of October, 2014**

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





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\_0054

**Log No. /**

**Registre no:** H-000500/504/505-14

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Oct 1, 2014

**Licensee /**

**Titulaire de permis :** HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON,  
L8J-2J3

**LTC Home /**

**Foyer de SLD :** HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON,  
L8J-2J3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** ROSEMARY OKIMI

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To HERITAGE GREEN NURSING HOME, 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**

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**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

**Order # /**

Ordre no : 001

**Order Type /**

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

**Linked to Existing Order /**

Lien vers ordre existant: 2014\_214146\_0005, CO #010;

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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;

(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;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

**Order / Ordre :**

The licensee shall implement their cleaning procedure identified as #07-02-01 titled "Resident Room Cleaning" and clean the walls in rooms 100, 104, 110, 115, 116, 123, 133, 132, 136, 139, 2nd floor corridors, 2nd floor lounge room, 201, 207, 209, 270, 271, 232, 236, 230, 239, 233.

The licensee shall develop and implement a procedure that includes wall surface cleaning in common areas.

**Grounds / Motifs :**



**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

1. The licensee did not implement their procedures related to wall surface cleaning.

The home's policy #07-02-01 titled "Resident Room Cleaning" requires staff to spot clean walls daily. On August 20, 2014, resident rooms 100, 104, 110, 115, 116, 123, 133, 132, 136, 139, 2nd floor corridors, 2nd floor lounge room, 201, 207, 209, 270, 271, 232, 236, 230, 239, 233 were observed to have visible matter on walls (around and above beds, near bathrooms and along walls separating the room) and closet doors. All of the rooms on the first floor, rooms 201, 207, 209, 271 and 2nd floor lounge and 2nd floor corridors were re-visited on August 25, 2014 and the walls were observed to have the exact same soiling marks.

The home's policy #07-02-01 did not include the requirement for housekeeping staff to clean corridor walls. Corridor walls were heavily soiled on the second floor, in and around the fish tank, along handrails and in areas where residents congregate on both August 20 and 25, 2014. (120)

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

**Vous devez vous conformer à cet ordre d'ici le :** Oct 01, 2014

**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*

**Order # /**

Ordre no : 002

**Order Type /**

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

**Linked to Existing Order /**

Lien vers ordre existant: 2014\_214146\_0005, CO #011;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

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

**Order / Ordre :**

The licensee shall address, in a timely manner, interior areas of the building that are not in good repair. Specifically, all bedroom and bathroom door trim shall be painted by October 31, 2014.

All desks and night tables that have been identified via auditing to have worn or cracked surfaces shall be re-surfaced to be smooth, tight-fitting and water resistant by October 31, 2014.

All handrails are to be made smooth, water-resistant and easy to clean by October 31, 2014.

All bedroom doors shall have a surface that is smooth and tight-fitting (no splinters), so that they do not pose any risks to occupants of the building.

The licensee shall develop a preventive maintenance audit check list for common areas and bathing areas of the building and complete the audit of these areas on a regular basis.

**Grounds / Motifs :**

1. The licensee did not ensure that schedules and procedures were in place for

all interior areas of the building.

The licensee was previously ordered to develop a schedule and person responsible for conducting preventive audits of all resident rooms, common areas and bathing areas. During the inspection, documentation revealed that only resident rooms had been audited. The licensee's preventive maintenance program for interior areas (Document #01-01-04) did not include any audits or schedules for common areas and bathing areas.

The resident room audit included a list of interior surfaces and furnishings for inspection and when reviewed, no formal schedules had been developed to address the issues that were identified by staff. Wall surfaces, bedroom doors, closet doors, bathroom flooring, baseboards and door trim were identified to be either lifting, damaged, peeling, chipped or scuffed.

During the inspection, the following issues were observed:

\*The condition of night tables (top surfaces) were identified to have been re-surfaced in some rooms, however the surfaces were still not smooth and easy to clean. Worn and or cracked surfaces were noted in but not limited to rooms 270, 271(x2), 232(x2), 239 (x2), 284(x2), 123, 103, 326, 366.

\*Worn surfaces on desk tops observed in rooms 232, 239(x2)

\*Paint on bathroom door trim peeled down to metal in rooms 377, 130, 132, 117, 327, 324, 321, 316, 311,312, 307, 379, 370, 270, 284. The result was a rough surface that cannot be easily cleaned.

\*Bedroom doors in poor condition in rooms 207, 284, 228, Tub (251), 136, 270, 139. Door edges are gouged out, leaving splintered surfaces. The maintenance staff attempted to fill the gouges with wood filler. According to the administrator, the bedroom doors will be replaced during renovations which will take place over the course of the next 12-15 months.

\* The wood handrails on the 1st and 2nd floors located in the corridors had rough surfaces in certain sections. Wood filler was used in the past to try and smooth out the rough areas, however many rough areas still remained.

The licensee was previously ordered to develop a schedule and person responsible to address, in a timely manner, any identified interior surfaces or furnishings that were in need of repair or painting during the room auditing process. The licensee designated a maintenance person to audit and identify surfaces requiring painting or repair, however, the licensee did not ensure that



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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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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

the painting or repair process could be completed in a timely manner.

According to the maintenance person who completed resident room audits and in reviewing the audit records that were completed in June and July 2014, issues that were identified for repair or painting remained outstanding at the time of inspection. (120)

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

**Vous devez vous conformer à cet ordre d'ici le :** Oct 31, 2014



**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*

**Order # /**

Ordre no : 003

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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;

(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;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

**Order / Ordre :**

The licensee shall develop, submit and implement a plan that describes at a minimum, how the wall surfaces in the home will be kept clean and by whom, who will monitor the sanitation levels and how often the monitoring will occur.

**Grounds / Motifs :**



**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*

1. The licensee did not implement their procedures related to wall surface cleaning.

The home's policy #07-02-01 did not include the requirement for housekeeping staff to clean corridor walls. Corridor walls were heavily soiled on the second floor, in and around the fish tank, along handrails and in areas where residents congregate on both August 20 and August 25, 2014. (120)

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

**Vous devez vous conformer à cet ordre d'ici le : Oct 01, 2014**



**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  
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**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

**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



**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*

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).



**Ministry of Health and  
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Pursuant to section 153 and/or  
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**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*

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> 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.



**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*

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 1st day of October, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** BERNADETTE SUSNIK

**Service Area Office /**

**Bureau régional de services :** Hamilton Service Area Office