



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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Apr 24, 2019	2019_539120_0016	005523-19	Complaint

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



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

**This inspection was conducted on the following date(s): April 15, 2019 (on site),
April 16, 2019 (off site)**

This complaint inspection was related to the home's pest control program.

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Housekeeping/Laundry Supervisor, Food Services Supervisor, Maintenance
Supervisor, registered staff, personal support workers, dietary aides and
housekeepers.**

**During the course of the inspection, the inspector toured all three floors, all
serveries, main kitchen, dining rooms and random resident rooms, reviewed pest
control service reports, pest tracker action report forms,**

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping**

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

1 WN(s)

1 VPC(s)

0 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 O.Reg 79/10, s. 88. Pest control
Specifically failed to comply with the following:**

**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 failed to ensure that immediate action was taken to deal with pests.

An anonymous complaint was received by the MOHLTC in March 2019, related to



cockroaches in the home, specifically in dining rooms. The complainant reported that the management of the home did not take any immediate action with the exception of increasing the frequency of cleaning routines.

A tour of the home was conducted including all serveries, dining rooms and the main kitchen. Over 50 live cockroaches were observed in one identified servery, with only a few observed in other serveries. Sanitation was not adequate in three out of the four serveries, including the main kitchen. Accumulated grease was observed around the grease traps under the dishwashers, debris under fixed equipment and visible food splatter on walls. The main kitchen had accumulated grease and debris under the stove and dishwasher and accumulated stuck on food debris on the dishwasher. One out of the two serveries on the third floor, although no cockroaches were seen during the visit, a staff member on the the third floor reported that there were recent sightings and the number of cockroaches had diminished in number since January 2019. The servery had rotted particle board shelving beside a non-functional dishwasher and a lot of scale and debris was noted in and around the dishwasher and a set of storage drawers. The serveries all had open wall holes in and around plumbing and electrical lines. Glue boards dated February, were seen in all serveries, the main kitchen and a housekeeping closet in the hall on the third floor. Some were full of dead cockroaches. According to the pest control technician, when a follow up visit was conducted in March 2019, the traps should have been replaced.

Documentation was observed at each nurse's station on all three floors, which consisted of entries made by various staff members regarding what type of pest they saw and when. Entries on the third floor identified cockroaches in the dining rooms, a resident room and nursing station on six different dates in January and two dates in February 2019, but did not have any follow up action documented. Entries were made on the second floor on 14 different dates in January, two dates in March and one date in April 2019, identifying cockroaches in corridors, on nourishment carts and in the servery. Entries for three dates in January 2019, were signed off by the pest control technician when he made a visit on a specified date in January 2019. The rest of the entries did not include any follow up action documented. Staff on the first floor made an entry dated on a specified date in March 2019, regarding a cockroach sighting in an identified resident room (with no follow up action documented) and no other entries for 2019. The pest control technician reported that they were not aware of where the documentation was kept on the other floors.

Dietary and nursing staff on all three floors who were interviewed, confirmed seeing



cockroaches on most days in serveries and occasionally in dining rooms since January 2019.

The licensee established that they had a contract with a licensed pest control company to monitor and treat for cockroaches in the home. A review of the service reports revealed that a technician visited the home once per month in 2018 and 2019, with the exception of December 2018 and January 2019. The contract included a routine check for pests and to treat where necessary. During the month of December 2018, the technician visited twice and identified that there were issues with cockroaches on all three floors. No specific areas were identified, but a note included that glue trap monitors were added and that problem areas were baited [later confirmed to include the use of a pesticide-laden gel]. Upon return in January 2019, the serveries were checked. No additional information was included. On a different date in January 2019, a follow up was conducted of the second floor servery where glue board monitors were added and a meeting was held with the Administrator and food services supervisor regarding the issues. In February 2019, the technician made a note that there were cockroaches in the second floor servery, that a recommendation was made to seal holes around plumbing lines, that food debris around the dishwasher needed to be cleaned and that the second floor needed to be treated.

The pest control technician, interviewed in April 2019, confirmed that the term "treatment" meant a full dusting inside of wall cavities and a chemical spray along baseboards and inside food carts. The technician reported having multiple conversations with the food services supervisor and the maintenance supervisor about the extent of the cockroach population and the need to conduct a more extensive treatment. However, no approval was given for such a treatment. The last full treatment was completed of the first floor servery and kitchen in September 2018. The technician reported that at the time, not all of the food carts were treated, but other measures such as storing cardboard and garbage outside of the facility were implemented. The technician reported that monthly visits were established as a preventive process and were not effective in dealing with an infestation. In order for an infestation to be mitigated, the licensee would have needed to upgrade the frequency of service, which was not implemented.

During the inspection, the Administrator identified that in early April 2019, plans were made with the pest control company to complete a full treatment in late April 2019. Discussions were held regarding the need to ensure that all serveries and the kitchen were adequately cleaned before the full treatment and that weekly monitoring visits and additional full treatments be implemented as necessary thereafter.



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The licensee failed to ensure that immediate action was taken to deal with pests, specifically cockroaches. [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 that immediate action is taken to deal with pests, specifically cockroaches, to be implemented voluntarily.

Issued on this 24th day of April, 2019

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

Original report signed by the inspector.