Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: March 26, 2025
Inspection Number: 2025-1220-0004
Inspection Type: Critical Incident Follow up
Licensee: Six Nations of the Grand River
Long Term Care Home and City: Iroquois Lodge Nursing Home, Ohsweken

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 18, 20, 24, 25, 2025

The inspection occurred offsite on the following date(s): March 19, 2025

The following was inspected:

- A follow-up to Compliance Order (CO) issued under the FLTCA, 2021, s. 5 related to mould remediation.
- A follow-up to CO issued under O. Reg. 246/22, s. 96 (1) (b) related to maintenance services.
- A follow-up to CO issued under O. Reg. 246/22, s. 78 (7) (c) related to dietary services.
- Critical incidents related to an emergency/environmental hazards – Fire in steam table in kitchen, gas leak in kitchen, dryer fire in laundry room and mould in the kitchen.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1220-0002 related to FLTCA, 2021, s. 5
Order #002 from Inspection #2024-1220-0002 related to O. Reg. 246/22, s. 78 (7) (c)
Order #003 from Inspection #2024-1220-0002 related to O. Reg. 246/22, s. 96 (1) (b)

The following **Inspection Protocols** were used during this inspection:

Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Safe and Secure Home
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Housekeeping

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (4)
Housekeeping
s. 93 (4) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

The licensee has failed to ensure that a sufficient supply of housekeeping equipment was readily available to staff at the home, specifically but not limited to automated floor cleaning and buffing equipment.

Flooring surfaces throughout the home, including the kitchen were not adequately maintained (cleaned, sealed and buffed) using appropriate equipment as per their floor care cleaning policies. Housekeeping and dietary staff were limited to mops

and floor pads to clean large areas of flooring in corridors, activity room, dining room and kitchen. Flooring throughout the home had worn finishes and high traffic areas were visibly discolored with soil-impregnation.

Sources: Observations, interview with dietary and housekeeping staff, Environmental Services Manager, Dietary Manager and review of floor cleaning procedures. [120]

WRITTEN NOTIFICATION: Maintenance services

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)
Maintenance services
s. 96 (1) As part of the organized program of maintenance services under clause 19 (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.

As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, the licensee has failed to ensure that there were schedules and procedures in place for preventive maintenance, for but not limited to the home's dryers, gas cooking equipment and electric steam table.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that their preventive maintenance schedules and procedures for laundry and dietary department appliances were complied with.

In February 2025, a steam table caught fire and shortly thereafter a gas leak was discovered at a flat top griddle and gas stove in the kitchen. No routine preventive maintenance was conducted according to the home's maintenance procedures or any manufacturer's instructions on any of the appliances in the kitchen.

In March 2025, laundry inside of a dryer caught fire. The exhaust ducting interior was observed to contain heavy amounts of lint. Records included that the three driers in the home were last preventively inspected as per manufacturer's instructions in March 2022, and not monthly and quarterly as required.

Sources: Observations, review of dryer maintenance procedure MN-5200 and Dryer manufacturer's user manual, laundry handling procedures and interviews with Dietary Manager, dietary staff, laundry staff and Environmental Services Manager. [120]

WRITTEN NOTIFICATION: Orientation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (1) 2.
Orientation
s. 259 (1) For the purposes of paragraph 11 of subsection 82 (2) of the Act, the following are additional areas in which training shall be provided:
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.

The licensee has failed to ensure that training was provided on the safe and correct use of equipment that was relevant to the staff member's responsibilities, for the purposes of paragraph 11 of subsection 82 (2) of the Act, which requires additional areas in which training shall be provided.

1) The licensee did not ensure that all staff who were required to work in the laundry room received training on the safe and correct use of the dryers, specifically on adequate lint cleaning requirements and the proper use of the dryer's programable digital control keypad for temperature, dryness level and

heating/cooling time.

A dryer fire occurred in March 2025, which was associated with but not limited to excessive lint in the exhaust duct, restricting airflow.

2) The licensee did not ensure that dietary staff received training on the safe and correct use of the steam tables, specifically on cleaning and water draining processes for the steam table.

A flame erupted from a heating element inside of a drained steam table in February 2025. Dietary staff reported draining the water from the steam table soon after turning the dial thermostat until the power indicator light went out. The dial did not have a face plate or indicator lines on it to know how far to turn the dial to ensure that the system was off. A different staff member reported that the indicator light was on when they doused the flame.

Sources: Observations, review of steam table and dryer use instructions, interview with a plumbing and mechanical contractor, Dietary Manager, dietary and laundry staff and Environmental Services Manager. [120]

WRITTEN NOTIFICATION: Emergency Plans

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (14) (a)
Emergency plans
s. 268 (14) Every licensee of a long-term care home shall ensure that staff, volunteers and students are trained on the emergency plans,
(a) before they perform their responsibilities; and

The licensee has failed to ensure that staff were trained on the emergency plans before they performed their responsibilities.

Laundry and dietary staff who were recently hired within the last six months did not receive any training on Codes Grey and Red, which related to gas leaks and fires. An identified staff member was not adequately prepared when they had to deal with an emergency situation in March 2025.

Sources: Interview with laundry and dietary staff, the Nurse Educator, Enviornmental Services Manager, Dietary Manager, and review of learning records for staff. [120]

WRITTEN NOTIFICATION: Attestation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 270 (3)
Attestation
s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

The licensee has failed to ensure that the attestation related to emergency plans being in place and in compliance with the regulations was submitted annually to the Director.

The acting Administrator, who started in September 2024, was not aware that the attestation form was required to be submitted to the Director annually by December 31, 2024.
Sources: Interview with the Administrator. [120]

WRITTEN NOTIFICATION: Website

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 271 (1) (f)

Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(f) the current version of the emergency plans for the home as provided for in section 268;

The licensee has failed to ensure that their website that was open to the public included their current version of the emergency plans for the home as provided for in section 268 of the Regulation.

The licensee's website displayed emergency plans that were not the same as those used to train staff in the home.

Sources: Observation and interviews with the Nurse Educator and Administrator. [120]

COMPLIANCE ORDER CO #001 Home to be safe, secure environment

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 5
Home to be safe, secure environment
s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 5 [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to the following:

- How the gas fire place controls will be secured so that residents are not able to turn it on, and that the fire place is not able to achieve temperatures above 49C.
- How contractors will be monitored while in the home and that their work areas and equipmnet are secured against resident access.
- How the outdoor enclosed patio will be used and managed until hazards are rectified or if the patio will remain closed to resident use, what the alternative options are for residents with respect to outdoor use.
- How the loose wooden logs for the garden beds to which residents have access will be secured and kept free of protruding nails or rebar.

Please submit the written plan for achieving compliance for inspection #2025-1220-0004 to Bernadette Susnik (120), LTC Homes Inspector, MLTC, by email to hamiltondistrict.mltc@ontario.ca by April 1, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure that the home was a safe and secure environment for its residents.

During the inspection the following was observed:

- Raised garden beds located just outside of the main entry area were supported by square wooden logs that had become loose and rotted and were unsecured with many sitting on the ground. A large nail was sticking out one of the logs on the ground. This area is commonly used by residents.
- A gas fireplace was observed to be in use in the dining room on three separate days during the inspection. No thermostat to adjust the heat setting was observed and an easily accessible on/off switch was available. When the fire place was approached, the stainless-steel grate surrounding the unit was too hot to touch and would cause a skin burn with prolonged contact.
- Contractors working in the home who were renovating several spaces were not adequately monitored to ensure that they kept their equipment secured (ladder, cutters, drills) when not directly supervised. Two spaces were left unlocked with multiple types of equipment acccessible inside and a ladder was left in the corridor.
- The enclosed outdoor space for resident use was observed to be unsafe for resident use. Two gates did not have locks, the area near the gazebo within

the grassy area had a ditch with water and a large hole in the ground and the paved area near the exit doors was cracked, uneven and missing sections of concrete. Staff identified that residents required assistance to use the space due to the safety hazards and were directed to an outdoor area that was not enclosed at the front of the building.

Failure to ensure that the residents' environment is safe and secure may lead to resident injury.

Sources:

Observations, interview with the Environmental Services Manager and Administrator. [120]

This order must be complied with by

May 5, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

In the past 36 months, compliance order under the FLTCA, 2021, s. 5 was issued (2024-1220-0002).

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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