



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 11, 2016	2015_216144_0063	031227-15	Resident Quality Inspection

Licensee/Titulaire de permis

MERITAS CARE CORPORATION
567 VICTORIA AVENUE WINDSOR ON N9A 4N1

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

FRANKLIN GARDENS LONG TERM CARE HOME
24 FRANKLIN ROAD LEAMINGTON ON N8H 4B7

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

CAROLEE MILLINER (144), CHRISTINE MCCARTHY (588), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 16, 17, 18, 19, 20, 23, 24, 2015.

One complaint inspection and three critical incident inspections were completed with the Resident Quality Inspection (RQI).

Complaint log #027442-15 related to pain management, plan of care and resident rights.

Critical Incident log #'s 024330-15, 028750-15 and 030185-15 related to abuse.

During the course of the inspection, the inspector(s) spoke with 40+ residents, three family members, one Family Council representative, the Administrator, Director of Resident Care (DRC), Assistant Director of Resident Care (ADRC), Continuous Quality Improvement (CQI) Nurse, Environmental Services Manager (ESS), Director of Programs and Support Services, Activation Manager, seven Registered Nurses (RN), one Registered Practical Nurse (RPN), four Personal Support Workers (PSW), six Health Care Aides (HCA), one maintenance personnel, one Cook and one Housekeeping Aide.

During the course of the inspection, the Inspector(s) toured all resident home areas, medication rooms, observed dining service, medication administration, provision of care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed residents clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Sufficient Staffing**

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

4 WN(s)

4 VPC(s)

1 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>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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

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

A) During stage one of the RQI, one resident stated that "the floors could be cleaned more often, they are often sticky." The Inspector noted their own shoes stuck to the floor in front of the resident's washroom.

B) The following housekeeping concerns were observed during stage one of the RQI:

- Build up of a black coloured substance along the transition strip from one resident's room to the washroom and around the base of the washroom door frame.
- A strong lingering urine odour was noted in the same location at two specific time intervals on the same date and continued throughout the RQI.
- The floor through the centre of one resident's room and in front of one bed, was sticky on one identified date. A housekeeper advised the Inspector they were going to wash the floor. The floor remained sticky on the Inspector's return to the room at a later time on the same date. The Administrator viewed the floor with the Inspector's second tour of the room and confirmed the floor remained soiled and sticky.
- A build up of a black coloured substance on one baseboard in one resident washroom and around the washroom door frame.
- The baseboard heater under the window in one resident's room had an accumulation of dust.
- Washroom exhaust fans in thirteen resident rooms had an accumulation of dust.
- Cobwebs were observed hanging from the washroom exhaust fan in one resident's room.
- A black coloured substance was observed in one resident's room in the corner above the washroom sink where the wall tiles meet. The baseboard heater under the window had an accumulation of dust.
- A build up of a black sticky substance in one resident's room on the transition strip between the hallway and the room entrance and, the flooring leading from the washroom floor into the residents room.
- The back of a dining chair located in front of one resident's bed was heavily soiled and the wood colouring on the legs of the chair scraped.
- A build up of dust in one resident's room on the baseboard heater under the window and the window sill.
- One resident's privacy curtain was visibly soiled with a brown coloured fluid-like stain.
- A rust coloured stain was noted on the floor by the toilet in one resident room.

- The left side of the door frame on entry to one resident room was covered with dirt and cob webs. A black coloured substance was observed between the floor joints on the floor between two beds.

C) Review of the daily housekeeping schedule for resident rooms did not address unwanted and or lingering odours and dusting of window ledges and baseboard heaters.

D) The ESS confirmed cleaning of washroom exhaust fans was the responsibility of maintenance personnel and that exhaust fans are not captured in the list of items to be audited annually in all resident rooms. The ESS agreed there is no formal schedule or routine to address cleaning of exhaust fans in resident washrooms.

F) The ESS confirmed it was her expectation that housekeeping personnel would address the concern of room odours and dust build up when in the resident rooms during their daily cleaning. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

A) During the RQI, the following items were observed to be in need of repair:

- Four resident closet doors were heavily soiled, scraped and not attached to the floor tracking.

- The paint on the entry door to one resident's room was heavily chipped. A washroom ceiling tile was chipped and had water stains. The washroom door was heavily chipped and gouges of wood were missing along the hinges. The toilet tank was cracked.

- The wall behind the head board of one bed was damaged. Part of the baseboard behind the entrance door to the room was missing. The frame around the washroom door was gouged and scraped. Three ceramic wall tiles were missing in the washroom.

- The entry door to one resident room was heavily scraped.

- Two washroom walls in one resident's room were scraped. The inside of the washroom door and the door frame were scraped and gouged.

- The wall to the right of the entrance to one room was scraped. The washroom door and door frame were both chipped.

- The inside of one resident's washroom door was heavily scraped and the surface of the wall to the left in the washroom was not uniform and smooth.

- The wall to the left on entry to one resident's room was scraped and the silvering on the washroom mirror was coming off along the lower edge. The washroom door frame was scraped and jagged.

B) The home's Room Condition Audit policy, last revised October 2014, confirmed an audit was completed annually in each resident's room in order to monitor and repair items on a regular and as needed basis to ensure the safety and comfort of all residents



and staff.

C) Review of the home Preventative Maintenance Room Condition Audit, last revised October 2014, confirmed each residents room was audited by maintenance personnel in February 2015.

D) The Administrator confirmed that despite the resident room audits being completed in February 2015, the above identified items were outstanding and needed to be repaired.

[s. 15. (2) (c)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector". VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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

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

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

Findings/Faits saillants :



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

A) Observation with an RN of the medication room emergency drug box on November 19, 2015, revealed discrepancies between the current medication inventory monitoring sheet and medication that was available in the box. The RN confirmed that the discrepancies were accurate and that the contents of the emergency drug box were monitored by the Pharmacy and RN's working the night shift.

The following medications were not available in the emergency drug box:

- Amoxi-Clav 250 mg, two cards missing
- Amoxicillin 250 mg, one card missing
- Azithromycin 250 mg, one card missing
- Cefuroxime 250 mg, one card missing
- Ciprofloxacin 250 mg, one card missing
- Dexamethasone 4mg/ml, one 5ml bottle missing

B) Interview with the DRC revealed the Medical Pharmacies Policy & Procedure Manual for LTC Homes, Policy 2-4 related to the Emergency Starter Box indicates "Contents of the ESB (emergency starter box) must match the inventory monitoring sheet. All packs must be accounted for."

C) The DRC confirmed that the expectation of the home was that the contents of the emergency drug box match the inventory monitoring sheet. [s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement



Specifically failed to comply with the following:

s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the PASD used to assist a resident with a routine activity of living was included in the resident's plan of care.

- A) One resident was observed with a personal assistive safety device (PASD) in place.
 - B) One RN and one PSW confirmed the resident used the PASD for specific reasons.
 - C) The resident's written plan of care did not include the use of the PASD.
 - D) The resident's Physical Restraint / PASD Assessment did not include the PASD as a requirement for the resident.
 - E) The DRC confirmed it was her expectation that the PASD used by the resident to assist them with the routine activity of living, will be included in the resident's plan of care.
- [s. 33. (3)]

2. The licensee has failed to ensure that the PASD used to assist a resident with a routine activity of living was included in the resident's plan of care.

- A) One resident was observed on two occasions using a PASD.
 - B) One PSW confirmed the resident used the PASD for a specific purpose.
 - C) The resident's current written plan of care did not include the use of the PASD.
 - D) The resident's Physical Restraint / PASD Assessment did not include the PASD as a requirement for the resident.
 - E) The DRC confirmed it was her expectation that the PASD used by the resident to assist them with the routine activity of living, will be included in the resident's plan of care.
- [s. 33. (3)]

3. The licensee has failed to ensure that the use of a PASD to assist a resident with a routine activity of living was included in the resident's plan of care.

- A) One resident was observed throughout stage 1 of the RQI using a PASD.
- B) The resident's current MDS assessment indicated the resident was at risk.

C) A Physical Restraint/ PASD Assessment and Consent was initiated however, the assessment did not designate the device as either a restraint or PASD. Nor, did the plan of care indicate the device had been used.

D) Interviews with one RN and DRC revealed the reasons the resident was at risk and required the PASD.

E) Both the RN and DRC explained that if the resident did not use the PASD, they would have been at greater risk.

F) The DRC and Activation Manager confirmed that staff have have used a PASD for the resident, that there was no direction in the care plan to do so and that an assessment related to the resident's needs is required. [s. 33. (3)]

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 PASD used to assist a resident with a routine activity of living is included in the residents' plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure a resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a



clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

A) A review of the clinical record for one resident revealed that a continence assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence was not completed to reflect the residents change in continence status since the admission assessment.

B) The MDS information revealed that the resident had a significant change in their continence status within the last five months during which time, the MDS record indicated the resident was incontinent of bowel.

C) A review of the home's Policy and Procedure Bladder and Bowel Assessment indicated:

"Elimination Assessment on PCC completed by the Registered Nurse

To be completed within 7 days of admission, re-admission, quarterly and change in health status."

D) The current MDS assessment revealed that the resident was incontinent.

E) An interview with one RN and the DRC confirmed that the home does not complete continence assessments other than on admission, and not in MDS using a clinically appropriate assessment instrument that included causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

F) The DRC confirmed her expectation that the home should be completing assessments using a clinically appropriate assessment instrument when a change in a resident's continence status occurs per the home's policy and procedure. [s. 51. (2) (a)]

2. A) Review of the clinical record for one resident revealed that a continence assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence, was not completed to reflect the resident's change in bowel continence status.

B) The clinical record revealed that the resident was continent on one specific date and occasionally incontinent on an alternate date five months later.

C) The current MDS assessment identified the resident was frequently incontinent of bladder.

D) An interview with one RN and the DRC confirmed that the home does not complete continence assessments other than on admission, or in MDS using a clinically

appropriate assessment instrument that included causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

E) A review of the home's Policy and Procedure Bladder and Bowel Assessment indicated:

"Elimination Assessment on PCC completed by the Registered Nurse

To be completed within 7 days of admission, re-admission, quarterly and change in health status."

F) The DRC confirmed the expectation that the home should be completing these assessments per procedure or when a change in continence status occurs. [s. 51. (2) (a)]

3. A) Review of the plan of care for one resident revealed five different MDS assessments identified a change in the continence status of this resident as follows:

- The resident was frequently incontinent of bowel and incontinent of bladder on one assessment

- The resident was incontinent of both bowel and bladder on four assessments.

B) The record review also revealed the last Elimination Assessment was completed prior to the identified five MDS assessments.

C) Interview with the DRC revealed that the home did not complete an assessment of a resident when there was a change in their continence status and that the home should be completing the assessment per procedure or when a change in status occurs. [s. 51. (2) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure a resident who is incontinent receives an assessment using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.



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soins de longue durée**

Issued on this 12th day of January, 2016

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

Original report signed by the inspector.



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**

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CAROLEE MILLINER (144), CHRISTINE MCCARTHY
(588), TERRI DALY (115)

Inspection No. /

No de l'inspection : 2015_216144_0063

Log No. /

Registre no: 031227-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Jan 11, 2016

Licensee /

Titulaire de permis : MERITAS CARE CORPORATION
567 VICTORIA AVENUE, WINDSOR, ON, N9A-4N1

LTC Home /

Foyer de SLD : FRANKLIN GARDENS LONG TERM CARE HOME
24 FRANKLIN ROAD, LEAMINGTON, ON, N8H-4B7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : SHELLY DOBSON

To MERITAS CARE CORPORATION, you are hereby required to comply with the following order(s) by the date(s) set out below:



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) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (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).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure procedures are developed and implemented for cleaning of the home in accordance with the LTCHA, 2007, S.O. c.8, s. 15(2).

The written compliance plan shall include at a minimum, the following:

1. A written description of the plan to ensure that cleaning of the home in resident and non-resident areas is consistent with and implemented according to the home's procedures.
2. Development of a process to evaluate the effectiveness of the plan to ensure cleaning of the home.

The plan shall be submitted to Carolee Milliner, LTC Homes Inspector, either by email or mail to:

carolee.milliner@ontario.ca or 130 Dufferin Avenue, London, ON N6A 5R2

Grounds / Motifs :

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

A) During stage one of the RQI, resident #044 stated that "the floors could be cleaned more often, they are often sticky." The Inspector noted their shoes stuck

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
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to the floor in front of the resident's washroom.

B) The following housekeeping concerns were observed during stage one the RQI:

- room 104 - build up of a black coloured substance along the transition strip from the resident's room to the washroom and around the base of the washroom door frame
 - room 201 - a strong lingering urine odour was noted on November 19, 2015 at 1029, 1115 and 1315 hours. The home placed an air purifier in the room late in the day on November 19, 2015. A urine odour continued in room 201 throughout the balance of the RQI.
 - room 201 - the floor through the centre of the room and in front of bed D was sticky on November 19, 2015 at 1029 hours. A housekeeper completed extra housekeeping duties in this room after 1029 hours and advised the Inspector the floor would be washed. The floor remained sticky on the Inspector's entrance to the room again 1315 hours.
 - room 209 - a build up of a black coloured substance on one baseboard in the washroom and around the washroom door frame
 - room 211 - the baseboard heater under the window had an accumulation of dust
 - the washroom exhaust fans in rooms 209, 211, 212, 214, 301, 302, 313, 402, 405, 406, 409, 411 and 412 had accumulations of dust
 - cobwebs were observed hanging from the washroom exhaust fan in room 310
 - room 302 - a black coloured substance in the corner above the washroom sink where the wall tiles meet; the baseboard heater under the window had an accumulation of dust
 - room 301 - a build up of a black sticky substance on the transition strip between the hallway and the room entrance and, the flooring leading from the washroom floor into the residents room
 - room 302 - the back of a dining chair in front of bed D was heavily soiled and the wood colouring on the legs of the chair faded and scraped
 - room 307 - a build up of dust on the baseboard heater under the window and the window sill
 - room 411 - bed A, the privacy curtain was stained
 - room 412 - a rust coloured stain noted on the floor by the toilet
 - room 414 - the left side of the door frame on entry to the room was covered with dirt and cob webs; a black coloured substance was observed between the floor joints on the floor between beds A and B
- C) Review of the home's Daily Housekeeping Schedule (revised November 2014) for resident rooms did not include unwanted and or lingering odours and

dusting of window ledges and baseboard heaters.

D) The ESS further confirmed cleaning of washroom exhaust fans was the responsibility of maintenance personnel and that exhaust fans are were captured in the list of items to be audited annually in all resident rooms. The ESS agreed there is no formal schedule or routine to address cleaning of exhaust fans in resident washrooms.

E) The ESS confirmed it was her expectation that housekeeping personnel would address the concern of room odours and dust build up when in the resident rooms during their daily cleaning.

F) The scope of this incident is noted to be a pattern, as there are twenty-five documented incidents during this inspection, involving the home, furnishings and equipment not being kept clean and sanitary. There is a compliance history related to section 15(2)(a)(c) of the regulation. A voluntary plan of correction was issued for section 15(2) of the regulation with the September 23, 2015, Resident Quality Inspection. The severity of risk is minimal harm or potential for actual harm.

(144)

2. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

A) The following repairs in resident rooms remain outstanding:

- room 201 - the four resident closet doors along the left wall, were heavily soiled, scraped and off the floor track

- room 202 - the paint on the entry door to the room is heavily chipped, a washroom ceiling tile is chipped and has water stains, the washroom door is heavily chipped and there are gouges of wood missing along the hinges, the lower panel on the inside of the washroom door is laden with dirt, the toilet tank is cracked

- room 211 - unrepaired wall damage behind the head board of bed B; part of the baseboard behind the entrance door to the room is missing, the frame around the washroom door is gouged and scraped, three ceramic wall tiles are missing in the washroom

- 301 - the entry door to the room is heavily scraped

- room 306 - wall repair is required on two washroom walls, inside of the washroom door and the door frame are scraped and gouged

- room 307 - the wall to the right of the entrance to the room is scraped, the washroom door and door frame are both chipped

- room 310 - inside of the washroom door is heavily scraped, the surface of the



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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
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wall to the left in the washroom is not uniform and smooth

- room 313 - the wall to the left on entry to the room is scraped , the silvering on the washroom mirror is coming off along the lower edge, washroom door frame is scraped and jagged

B) The Administrator arranged for the closet doors in room 201 and cracked toilet in room 202 to be replaced November 19, 2015.

C) Review of the home Preventative Maintenance Room Condition Audit, last revised October 2014, confirmed each resident room was audited by maintenance personnel in February 2015.

D) The Administrator confirmed that despite the resident room audits in February 2015, the above identified items need to be repaired.

(144)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2016



**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

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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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

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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.



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

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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*

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^e 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.

Issued on this 11th day of January, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : CAROLEE MILLINER

Service Area Office /

Bureau régional de services : London Service Area Office