



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

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 19, 2019	2019_539120_0008	026637-18	Complaint

**Licensee/Titulaire de permis**

2063414 Ontario Limited as General Partner of 2063414 Investment LP  
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Midland Gardens Care Community  
130 Midland Avenue SCARBOROUGH ON M1N 4E6

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

BERNADETTE SUSNIK (120)

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



**Ministry of Health and  
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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 4, (onsite), 11, 23, November 2, 8, 12, 26, 28, December 11, 2018, January 2, 10, 11, 14, 2019 (off site)**

**Complaint #026637-18 was received related to the management of mould in the home.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Supervisor and personal support workers.**

**During the course of the inspection, the inspector toured all six floors and observed the condition of the building (walls, ceilings, floors), reviewed mould evaluation reports, operational plans, heating and air conditioning service reports and air temperature logs.**

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

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

**1 WN(s)**

**0 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>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 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 failed to ensure that the home, specifically the walls were maintained in a safe condition and in a good state of repair.

A follow-up inspection was being conducted by Inspector #500 in September 2018, at which time the inspector contacted LTC Homes Consultant and Environmental Inspector #120 regarding the condition of the walls in various areas of the home and concerns about mould. Photographs were taken and shared with Inspector #120. Based on those photos, a separate inspection was conducted on October 4, 2018.

On October 4, 2018, a tour of the building was conducted, specifically corridors, dining areas and random resident rooms. During the inspection, red tape was observed covering wall paper seams in corridors and house wrap with red tape was observed in two dining rooms and a wall in an identified corridor. The areas covered by the tape were small and the areas covered by the house wrap in an identified corridor and dining rooms was more substantial. No visible mould was seen on walls in the corridors or the dining rooms at the time, but a mouldy ceiling tile was observed in an identified corridor. Inspector #500 photographed visible mould on a specified date in September 2018, in an identified dining room and a corridor. Confirmation was made with the Environmental Services Supervisor (ESS) that the house wrap and the tape were used to cover the mould, to keep it contained. The extent of the mould growth under these areas was not known. Neither the Administrator or the ESS were able to provide how or who provided them with the direction to cover the mould growth in this manner. The Administrator identified that the method was in place before taking over the position in the home after July 2017.

The areas that were affected by mould growth were in and around windows where



portable air conditioners were in place over the summer months or above fixed incremental cooling units. The incremental units were observed in dining rooms and were running, with a lot of condensation on the surface (pooling water) at the time of inspection. Although outdoor temperatures were cool, the dining rooms were overly stuffy and humid due to portable steam tables. The areas in the corridors where peeling wallpaper was taped over, appeared to have been areas where water leaked down from a floor above or from leaky pipes. It appeared that instead of dealing with the water damage immediately, the areas were covered with tape and house wrap. The method that was chosen to deal with the condition did not ensure that the walls remained in a good state of repair and allowed the mould to exist creating a potentially unsafe condition.

In October 2018, an external company specializing in mould assessment and remediation, completed a cursory walk through the building and conducted air quality testing for mould spores in the home. Twelve days later, the Administrator shared the findings. The report concluded that several non-resident areas and a large dining room had unacceptable indoor mould spore levels. Remediation began immediately and was completed by January 2019. Other areas of the home were also identified to have visible mould.

The ESS provided a capital plan of action during the inspection, to address the mould growth and other issues in the corridors and dining rooms. The plan included that all dining rooms would be renovated beginning in April or May 2019, but that each corridor would be renovated between 2019 and 2023, to deal with plumbing issues, mould and to modernize the spaces. The plan did not include any immediate actions, but would continue to follow the timelines in their capital plan. The timelines for addressing the mould in resident accessible areas is not acceptable. The requirement is to maintain the home in a safe condition and in a good state of repair. Any work that is scheduled for repair must be done so within a reasonable period of time. A five year plan to manage the mould, possibly growing behind tape or wrap on the walls, is not reasonable.

In December 2018, the ESS confirmed that they had completed an audit of the mould covered areas in the home which were covered by tape or house wrap. The information was forwarded to Inspector #120 who confirmed that the areas were the same as previously identified by other inspectors. Inspector #535 also confirmed that four identified corridors had various surfaces covered in tape or wrap during their inspection in January 2019.



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In January 2019, Inspector #535 conducted a follow-up inspection regarding other matters in the home and was asked by Inspector #120 to confirm whether the mould had been removed along with the tape and house wrap. Photos taken by Inspector #535 of the corridors and dining rooms depicted the same red tape and house wrap on surfaces in the same locations. According to Inspector #535, the Administrator was asked when they planned to address the mould growth in the corridors during the inspection in January 2019, and responded that the mould would be dealt with over a five year period and that the capital plan had not received final approval.

The licensee did not ensure that the home, specifically the walls, were maintained in a safe condition or a good state of repair. [s. 15. (2) (c)]

***Additional Required Actions:***

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

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**Issued on this 19th day of February, 2019**

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

**Original report signed by the inspector.**



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

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

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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

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

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

**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 :** 2019\_539120\_0008

**Log No. /**

**No de registre :** 026637-18

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Feb 19, 2019

**Licensee /**

**Titulaire de permis :** 2063414 Ontario Limited as General Partner of 2063414  
Investment LP  
302 Town Centre Blvd., Suite 300, MARKHAM, ON,  
L3R-0E8

**LTC Home /**

**Foyer de SLD :** Midland Gardens Care Community  
130 Midland Avenue, SCARBOROUGH, ON, M1N-4E6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Kris Coventry

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O. 2007, chap. 8

To 2063414 Ontario Limited as General Partner of 2063414 Investment LP, you are hereby required to comply with the following order(s) by the date(s) set out below:





Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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**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 must be compliant with s.15(2)(c) of the LTCHA.

The licensee shall prepare, submit and implement a plan to ensure that the home, specifically the walls, are maintained in a safe condition and in a good state of repair.

The plan must include, but is not limited, to when the mould will be removed and the walls repaired in the corridors (so that they are smooth, easy to clean and free of tape or house wrap) that were identified by the Environmental Services Supervisor in December 2018, and by whom. The plan shall be implemented and the work completed by March 31, 2019.

Please submit the written plan, quoting inspection #2019-539120-0008 and Inspector name by email to TorontoSAO.MOH@ontario.ca by February 28, 2019. If an extension is required to complete the work, send an email and include reasons for the extension before the compliance due date.

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

**Grounds / Motifs :**

1. The licensee failed to ensure that the home, specifically the walls were maintained in a safe condition and in a good state of repair.

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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

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The areas that were affected by mould growth were in and around windows where portable air conditioners were in place over the summer months or above fixed incremental cooling units. The incremental units were observed in dining rooms and were running, with a lot of condensation on the surface (pooling water) at the time of inspection. Although outdoor temperatures were cool, the dining rooms were overly stuffy and humid due to portable steam tables. The areas in the corridors where peeling wallpaper was taped over, appeared to have been areas where water leaked down from a floor above or from leaky pipes. It appeared that instead of dealing with the water damage immediately, the areas were covered with tape and house wrap. The method that was chosen to deal with the condition did not ensure that the walls remained in a good state of repair and allowed the mould to exist creating a potentially unsafe condition.

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O. 2007, chap. 8

The licensee did not ensure that the home, specifically the walls, were maintained in a safe condition or a good state of repair.

This compliance order is based upon three factors, severity, scope and the licensee's compliance history in keeping with section 299(1) of the Long Term Care Home Regulation 79/10. In respect to severity, there was a potential for harm (2), the scope was a pattern, (2) and the home had a level 3 history as they had one or more related non compliance under this section of the LTCHA that included: A voluntary plan of correction (VPC) issued on October 31, 2018 (2018-659500-0016)  
(120)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Mar 31, 2019



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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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Health Services Appeal and Review Board and the Director

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603





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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 19th day of February, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

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

**Service Area Office /**

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