

**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
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Amended Public Copy/Copie modifiée du public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Nov 06, 2019	2019_539120_0022 (A2)	027201-18, 003429-19	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

Amended by BERNADETTE SUSNIK (120) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

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The compliance due dates for compliance orders #001 and #002 have been extended from October 31, 2019, to January 31, 2020.

Issued on this 6 th day of November, 2019 (A2)

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

Original report signed by the inspector.

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

Amended by BERNADETTE SUSNIK (120) - (A2)

Amended Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): June 20, 21 and 25,
2019**

A complaint was received related to pest management in the home.

Please note, findings of non-compliance related to O. Reg 79/10, s.8(1)(b) identified during this inspection were included on the critical incident inspection report #2019-808535-0010, which was conducted at the same time.

During the course of the inspection, the inspector(s) spoke with Executive Director, Environmental Services Supervisor, Housekeeping Supervisor, Food Services Supervisor, dietary supervisors, personal support workers, housekeepers, dietary staff and residents.

During the course of the inspection, the inspector toured all seven floors of the home, including the main kitchen, all dining rooms, all tub/shower rooms and random resident rooms, reviewed housekeeping cleaning schedules and procedures, pest control service reports, maintenance procedures, audits and schedules, resident 2018 survey results, Residents' Council meeting minutes and the home's quality improvement policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance**

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

**2 WN(s)
0 VPC(s)
2 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. 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 failed to ensure that procedures were developed and implemented for cleaning of the home, including floors, furnishings, privacy curtains, contact surfaces and wall surfaces.

During a tour of the home, sanitation levels were poor in all ten tub rooms and five dining rooms located on floors two to six. In general, each tub room was equipped with a large tub that was full of items and supplies that did not belong in a tub room. One tub room was overly cluttered with equipment and objects on the floor over a two day period. The floor appeared dusty and dirty and each tub was dusty or dirty and not readily available for use by residents on either day of the inspection. It was obvious that no tub had been used or cleaned over several days.

In general, all five dining rooms had visibly soiled or stained walls, floors, chairs, tables, cabinets and window coverings. Heavy accumulation of food matter was noted on walls in and around the refrigerators, on walls and floors around garbage receptacles and soiled dish carts. Walls were visibly stained around the entrances to most dining rooms.

Around all dining room floor perimeters, along the baseboards, the floors were black with build up. Flooring under the steam tables in each dining room was soiled with a build up of debris. Flooring in the sixth floor dining room had rust stains. Flooring surfaces in the main corridor around the nurse's stations and down each corridor on each floor were discoloured from high foot and equipment traffic. Black staining was evident from wheelchairs wheels and cart wheels.

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Dining tables with light coloured tops were stained with juice marks. Folding tables in two dining rooms were heavily coated with old food matter on the lower folding components of the table.

Mould was growing on caulking around the utility sinks in two dining rooms. Mould was growing along the corner (from ceiling to mid wall level) in one dining room (near the steam table). Mould and a heavy build up of soiling was found on surfaces underneath the utility sinks, (inside the lower cabinetry) in two dining rooms. Mould was growing on the side of the heating/cooling unit by a table in one dining room. Discussion was held with the Director of Environmental Services (DES) regarding the conditions observed, as he was unaware of the issue. Plans were developed to remove all mouldy caulking, rotted materials and to clean all surfaces of mould and soiling.

Curtains and sheers on windows in each dining room were water stained or stained by food matter. Privacy curtains in two tub rooms were stained or soiled.

Several wing-backed chairs (yellow in colour) located in a main floor common area were stained (blackened in areas).

The housekeeping services in the home were provided by an external company. Written procedures and schedules for cleaning of the home were reviewed with the housekeeping supervisor. For the dining rooms, the procedures included the requirement to clean dining room walls, floors and furnishings daily, followed by a monthly deep clean. When informed why the dining rooms appeared soiled, the supervisor reported that his cleaning staff were not given adequate free time within the dining room to complete a proper cleaning due to the dining room being continuously occupied. According to the housekeeping supervisor, the dietary services staff in the home were responsible for cleaning walls, floors and the steam table within the enclosure of each servery. The housekeeping supervisor stated that they did not clean the inside of the cabinetry located in dining rooms or monitored the sanitation of the window coverings throughout the building or privacy curtains in tub rooms. The procedures and schedules were clearly defined and did not include the areas inside of the serveries. For other areas of the home, procedures and schedules were included for cleaning of sofa chairs, tub exteriors and showers, floors, walls and a requirement to report stained or dirty privacy curtains to maintenance. However the procedures did not reference the need to monitor and report stained or dirty window coverings.

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The flooring throughout the corridors and dining rooms were last stripped and re-waxed by the external cleaning company in January 2018. The housekeeping supervisor stated that floor refinishing should be done yearly, depending on foot traffic. According to the company's procedures, dining room floors should have been refinished quarterly if required. The Administrator was aware of the condition of the flooring and had provided several quotes, one dated in June 2019, for floor stripping and re-waxing.

According to the Food Services Supervisor (FSS), the cabinetry located in dining rooms were last cleaned in April 2019, and were not used by dietary staff thereafter. The FSS confirmed that the dietary aides were responsible for cleaning the walls behind the soiled food carts after each meal if they were responsible for soiling them. The floor surfaces within the servery enclosure were not included in the dietary cleaning schedule and were not cleaned.

According to the housekeeping supervisor, routine sanitation audits were conducted of all areas in the building, with the last one conducted in June 2019. A review of the audit revealed that sanitation issues were also identified with floors in corridors and floors, walls and furnishings in the dining rooms and soiled privacy curtains in one identified tub room. However, it did not appear that any cleaning changes were made to address the findings.

Discussion with the licensee's corporate Dietary and Environmental Operations Partner was held during the inspection, after they had met with the management of their external cleaning company. Plans were put in place to start refinishing all of the flooring beginning the following week and immediate plans were initiated to deep clean all dining rooms. The tub rooms were cleared out and tubs cleaned by the conclusion of the inspection.

According to the Executive Director, a sanitation audit form was available for internal staff to complete as part of their continuous quality improvement program for housekeeping services. However, the audit form had not been completed in 2019 and the overall level of sanitation and areas requiring action were not identified.[s. 87. (2) (a)]

Additional Required Actions:

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

(A2)

The following order(s) have been amended: CO# 001

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. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that procedures were implemented to ensure that all sinks and plumbing fixtures were maintained and kept free of corrosion and cracks.

On the first date of inspection, a bucket full of odourous and blackened water were observed underneath the utility sinks in two dining rooms. The sinks were observed to be used by dietary and personal support workers for various purposes, including hand washing. The buckets were placed underneath the sinks to capture leaking water from the faucet taps. Based on staff interview, the leaking had been happening for many weeks. Based on the condition of the cabinetry surfaces underneath the sink, which were rotted, mouldy and not cleanable, the situation was not new. The Director of Environmental Services

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(DES) was not aware of the condition when shown.

Hand sinks in three identified resident washrooms were chipped in multiple locations, causing the exposed areas to corrode. The DES was unaware of the condition of these sinks and reported that they had extra sinks in storage and would replace them immediately.

The terrazzo mop sink in a housekeeping closet on one floor was identified by the housekeeping supervisor to be cracked in May 2019. They reported the issue to the DES. The crack was not immediately visible, and the continued use of the sink by staff caused water damage to all of the ceiling tile and t-bars in the housekeeping closets located below. The DES was aware of the condition, but failed to act upon the issue.

A shower head located in one shower area was leaking heavily over a two day period. The DES was unaware of the issue, as staff had not reported the leak via their electronic maintenance system.

A water line located in the north side tub room on one floor was shut off to a tub with a sign on the wall dated May 2019 "out of order pipe broken, in off status, please do not touch till it's fixed".

The licensee's preventive maintenance policy V-C-10.00 dated November 2017, requires regular and scheduled audits of plumbing in common areas (tub rooms) and team member areas (staff areas) on a monthly basis and resident rooms on a quarterly basis. The results of the audits were required to be kept electronically since early 2019, but when reviewed, the information was not entered into the system by maintenance staff. Paper copies of completed audits were requested but not provided. The DES stated that since starting with the home in December 2018, the remedial maintenance requests were backlogged and became a priority. Once the majority of the repairs were made, a sustainable preventive component, whereby audits are conducted as per their schedule will be implemented. [s. 90. (2) (d)]

Additional Required Actions:

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

(A2)

The following order(s) have been amended: CO# 002

Issued on this 6 th day of November, 2019 (A2)

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

Original report signed by the inspector.

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch
Division des foyers de soins de
longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by BERNADETTE SUSNIK (120) - (A2)

**Inspection No. /
No de l'inspection :** 2019_539120_0022 (A2)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 027201-18, 003429-19 (A2)

**Type of Inspection /
Genre d'inspection :** Complaint

**Report Date(s) /
Date(s) du Rapport :** Nov 06, 2019(A2)

**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 :** Roxanne Adams

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

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

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)

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 :

Order(s) of the Inspector

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

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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

The licensee must be compliant with r. 87(2) under O. Reg 79/10.

Specifically, the licensee shall conduct the following;

1. Clean all areas/items identified in the grounds. If curtains or privacy curtains cannot be cleaned, replace where required.
2. For mould contaminated surfaces on walls in one dining room (not covered by Tyvek wrap), clean surfaces with cleaner, dry and paint with mould resistant paint and maintain free of mould until renovations begin.
3. Replace mouldy caulking around counter tops in two identified dining rooms. Maintain mould-free until renovations begin.
4. A full sanitation audit shall be conducted by a person with training or experience in housekeeping services of the sanitation adequacy of all areas of the home, including resident rooms, lounges, dining rooms, soiled and clean utility rooms, linen rooms, medication rooms, nurse's stations, main kitchen, serveries, storage rooms and housekeeping closets. The audit form must include but not be limited to walls, floors, doors (incl hardware), ceilings (incl exhaust and air supply grilles), windows (sills, hardware, screens, glass, trim), plumbing fixtures (tubs, showers, hand sinks, toilets, mop sinks, utility sinks), heating/cooling equipment (PTAC units and portable units), cabinets, furnishings, privacy curtains and window coverings.
5. Document the results of the audit, date audit completed, follow up action taken, date completed or planned date for completion and person responsible and have available for inspection upon follow-up.
6. Develop a schedule for routine sanitation audits.

Grounds / Motifs :

1. The licensee failed to ensure that procedures were developed and implemented for cleaning of the home, including floors, furnishings, privacy curtains, contact surfaces and wall surfaces.

During a tour of the home, sanitation levels were poor in all ten tub rooms and five

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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

dining rooms located on floors two to six. In general, each tub room was equipped with a large tub that was full of items and supplies that did not belong in a tub room. One tub room was overly cluttered with equipment and objects on the floor over a two day period. The floor appeared dusty and dirty and each tub was dusty or dirty and not readily available for use by residents on either day of the inspection. It was obvious that no tub had been used or cleaned over several days.

In general, all five dining rooms had visibly soiled or stained walls, floors, chairs, tables, cabinets and window coverings. Heavy accumulation of food matter was noted on walls in and around the refrigerators, on walls and floors around garbage receptacles and soiled dish carts. Walls were visibly stained around the entrances to most dining rooms.

Around all dining room floor perimeters, along the baseboards, the floors were black with build up. Flooring under the steam tables in each dining room was soiled with a build up of debris. Flooring in the sixth floor dining room had rust stains. Flooring surfaces in the main corridor around the nurse's stations and down each corridor on each floor were discoloured from high foot and equipment traffic. Black staining was evident from wheelchairs wheels and cart wheels.

Dining tables with light coloured tops were stained with juice marks. Folding tables in two dining rooms were heavily coated with old food matter on the lower folding components of the table.

Mould was growing on caulking around the utility sinks in two dining rooms. Mould was growing along the corner (from ceiling to mid wall level) in one dining room (near the steam table). Mould and a heavy build up of soiling was found on surfaces underneath the utility sinks, (inside the lower cabinetry) in two dining rooms. Mould was growing on the side of the heating/cooling unit by a table in one dining room. Discussion was held with the Director of Environmental Services (DES) regarding the conditions observed, as he was unaware of the issue. Plans were developed to remove all mouldy caulking, rotted materials and to clean all surfaces of mould and soiling.

Curtains and sheers on windows in each dining room were water stained or stained by food matter. Privacy curtains in two tub rooms were stained or soiled.

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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

Several wing-backed chairs (yellow in colour) located in a main floor common area were stained (blackened in areas).

The housekeeping services in the home were provided by an external company. Written procedures and schedules for cleaning of the home were reviewed with the housekeeping supervisor. For the dining rooms, the procedures included the requirement to clean dining room walls, floors and furnishings daily, followed by a monthly deep clean. When informed why the dining rooms appeared soiled, the supervisor reported that his cleaning staff were not given adequate free time within the dining room to complete a proper cleaning due to the dining room being continuously occupied. According to the housekeeping supervisor, the dietary services staff in the home were responsible for cleaning walls, floors and the steam table within the enclosure of each servery. The housekeeping supervisor stated that they did not clean the inside of the cabinetry located in dining rooms or monitored the sanitation of the window coverings throughout the building or privacy curtains in tub rooms. The procedures and schedules were clearly defined and did not include the areas inside of the serveries. For other areas of the home, procedures and schedules were included for cleaning of sofa chairs, tub exteriors and showers, floors, walls and a requirement to report stained or dirty privacy curtains to maintenance. However the procedures did not reference the need to monitor and report stained or dirty window coverings.

The flooring throughout the corridors and dining rooms were last stripped and re-waxed by the external cleaning company in January 2018. The housekeeping supervisor stated that floor refinishing should be done yearly, depending on foot traffic. According to the company's procedures, dining room floors should have been refinished quarterly if required. The Administrator was aware of the condition of the flooring and had provided several quotes, one dated in June 2019, for floor stripping and re-waxing.

According to the Food Services Supervisor (FSS), the cabinetry located in dining rooms were last cleaned in April 2019, and were not used by dietary staff thereafter. The FSS confirmed that the dietary aides were responsible for cleaning the walls behind the soiled food carts after each meal if they were responsible for soiling them. The floor surfaces within the servery enclosure were not included in the dietary cleaning schedule and were not cleaned.

Order(s) of the Inspector

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

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l'article 154 de la *Loi de 2007 sur les
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L. O. 2007, chap. 8

According to the housekeeping supervisor, routine sanitation audits were conducted of all areas in the building, with the last one conducted in June 2019. A review of the audit revealed that sanitation issues were also identified with floors in corridors and floors, walls and furnishings in the dining rooms and soiled privacy curtains in one identified tub room. However, it did not appear that any cleaning changes were made to address the findings.

Discussion with the licensee's corporate Dietary and Environmental Operations Partner was held during the inspection, after they had met with the management of their external cleaning company. Plans were put in place to start refinishing all of the flooring beginning the following week and immediate plans were initiated to deep clean all dining rooms. The tub rooms were cleared out and tubs cleaned by the conclusion of the inspection.

According to the Executive Director, a sanitation audit form was available for internal staff to complete as part of their continuous quality improvement program for housekeeping services. However, the audit form had not been completed in 2019 and the overall level of sanitation and areas requiring action were not identified.

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 pattern, (2) and the home had a level 3 history of compliance as there was previous non compliance issued under the same subsection issued under O. Reg 79/10, that included:

A VPC issued in April 2018 (2018_626501_0002)

(120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 31, 2020(A2)

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)

Pursuant to / Aux termes de :

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

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :

Order(s) of the Inspector

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The licensee must be compliant with s.90(2) of O. Reg. 79/10.

Specifically, the licensee shall;

1. Repair leaking or non-functioning fixtures as identified in A, C, D and E in the grounds below.
2. Replace the chipped sinks as identified in B in the grounds below.
3. Conduct an audit of all plumbing fixtures (sinks/faucets, toilets, shower heads/hoses, water lines to tubs, janitor mop sinks) in the home for proper function, cracks, corrosion or leaks.
4. Document the results of the audit, date completed, follow up action, date completed or planned date for completion and person responsible and have available for inspection upon follow-up.
5. The frequency of the maintenance audits shall be completed as per the licensee's preventive maintenance policy V-C-10.00, dated November 2017.

Grounds / Motifs :

1. The licensee failed to ensure that procedures were implemented to ensure that all sinks and plumbing fixtures were maintained and kept free of corrosion and cracks.
 - A. During the first day of the inspection, a bucket full of odourous and blackened water were observed underneath the utility sinks on both the fifth and sixth floor dining rooms. The sinks were observed to be used by dietary and personal support workers for various purposes, including hand washing. The buckets were placed underneath the sinks to capture leaking water from the faucet taps. Based on staff interview, the leaking had been happening for many weeks. Based on the condition of the cabinetry surfaces underneath the sink, which were rotted, mouldy and not cleanable, the situation was not new. The Director of Environmental Services (DES) was not aware of the condition when shown.
 - B. Hand sinks in three identified resident washrooms were chipped in multiple locations, causing the exposed areas to corrode. The DES was unaware of the condition of these sinks and reported that they had extra sinks in storage and would

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replace them immediately.

C. The terrazzo mop sink in a housekeeping closet on one floor was identified by the housekeeping supervisor to be cracked in May 2019. They reported the issue to the DES. The crack was not immediately visible, and the continued use of the sink by staff caused water damage to all of the ceiling tile and t-bars in the housekeeping closets on floors below. The DES was aware of the condition, but failed to act upon the issue.

D. A shower head located in one shower area was leaking heavily over a two day period. The DES was unaware of the issue, as staff had not reported the leak via their electronic maintenance system.

E. A water line located in the north side tub room on one floor was shut off to a tub with a sign on the wall dated May 2019 "out of order pipe broken, in off status, please do not touch till it's fixed".

The licensee's preventive maintenance policy V-C-10.00 dated November 2017, requires regular and scheduled audits of plumbing in common areas (tub rooms) and team member areas (staff areas) on a monthly basis and resident rooms on a quarterly basis. The results of the audits were required to be kept electronically since early 2019, but when reviewed, the information was not entered into the system by maintenance staff. Paper copies of completed audits were requested but not provided. The DES stated that since starting with the home in December 2018, the remedial maintenance requests were backlogged and became a priority. Once the majority of the repairs were made, a sustainable preventive component, whereby audits are conducted as per their schedule will be implemented.

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 pattern, (2) and the home had a level 3 history of compliance as there was previous non compliance issued under the same subsection issued under O. Reg 79/10, that included:

A CO issued in December 2018 (2018-639589-0011)

A CO issued in October 2018 (2018-659500-0016)

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A CO and DR issued in July 2018 (2018-714673-0009)
(120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 31, 2020(A2)

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

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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, 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:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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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.

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L. O. 2007, chap. 8

**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, 11e 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.

Issued on this 6 th day of November, 2019 (A2)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by BERNADETTE SUSNIK (120) - (A2)

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foyers de soins de longue durée*,
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**Service Area Office /
Bureau régional de services :**

Toronto Service Area Office