Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Division des opérations relatives aux 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 rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 16, 2021	2021_769646_0013	005305-21, 005306-21, 008027-21	Critical Incident System

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

St. George Care Community
225 St. George Street Toronto ON M5R 2M2

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

IVY LAM (646)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): July 29 and 30; August 3, 4, 5, 6, 9, 10, 11, 12, 13, and 16, 2021.

The following follow-up inspections were completed:
Log #005305-21 related to Compliance Order (CO) #001 related to maintenance.
Log #005306-21 related to CO #002 related to nutrition and hydration, falls prevention, and plan of care.

The following Critical Incident System (CIS) intake was also completed:
Log #008027-21 related to falls with injury.

The mandatory Infection Prevention and Control (IPAC) and the cooling requirement inspections were also completed.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Directors of Care (ADOCs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Registered Dietitian (RD), Director of Food Service, Program staff, Supervisor of Housekeeping and Laundry, Maintenance staff, Dietary Aides, Infection Prevention and Control (IPAC) lead, Building Services Partner, Falls Lead, Physiotherapist (PT), Substitute Decision Makers, and Residents.

During the course of the inspection, the inspector conducted a tour of the home, made observations related to the home's care processes; staff to resident, and resident to resident interactions; conducted record reviews, and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Falls Prevention
Infection Prevention and Control
Nutrition and Hydration
Safe and Secure Home

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

- **4 WN(s)**
- **2 VPC(s)**
- **2 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #002	2021_769646_0002	646

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 residents' bed systems were maintained in a safe condition and in a good state of repair.

The licensee was required by CO #002 under inspection #2021_769646_0002 to: Audit all residents' beds in the home to check that the beds can be elevated to a 90-degree angle, and to report any beds identified with issues to maintenance to be fixed and/or replaced using the maintenance reporting system.

The home's education for bed positioning indicated that if a resident is in the bed for meals, the head of the bed should be between 60 to 90 degrees, and no lower than 60 degrees to prevent reflux of food content that can cause aspiration pneumonia.

1) The home's bed audit identified 25 beds with maintenance issues. Multiple concerns were identified for one resident's bed in two different months.

The resident was observed to be fed in the identified bed by a staff, with their head of bed (HOB) positioned at about 30 degrees. A Personal Support Worker (PSW) and a Registered Practical Nurse (RPN) indicated that the resident was currently positioned at about 45-50 degrees with a pillow and blanket, as their bed could not be further elevated. They stated this had been communicated to maintenance earlier, but the bed had yet to be fixed.

Maintenance documentation identified concerns on the day of the inspection and the bed was replaced with a spare bed the same day. Four days later, another maintenance documentation indicated that the HOB was again not able to elevate properly.

The resident was observed during mealtime, and the HOB was below 60 degrees even with a pillow and blanket. The resident stated they were not comfortable and wanted to sit straighter up. The PSW and RPN indicated the bed was fixed four days earlier, but was broken again, and they would inform maintenance again.

The next day at mealtime, the resident's head of bed (HOB) was able to elevate past 60 degrees, however the bed was stuck in the lowest position while the resident was in bed for meals. The RPN indicated the bed that was given should elevate, but the bed was stuck in the lowest position and was hard for staff to provide care for the resident. The RPN stated they will inform the maintenance staff to fix again.

During the inspection, six residents' beds were identified to have issues. Maintenance work orders showed a maintenance concern was identified for the bed above. No other mention of the bed issues for the five beds were documented between the time of the order on March 25, 2021, to the Compliance Due Date (CDD) of June 18, 2021.

2) The home's bed audit showed 25 beds with maintenance issues identified, along with 53 beds that were not audited due to Infection Prevention and Control (IPAC) issues or the beds being occupied at the time of the audit. The home could not provide evidence of follow-up actions to the identified concerns for the 25 beds with identified concerns. There was no evidence of a second bed audit completed for the 53 beds that were not audited.

Observations of the beds by the inspector showed six beds were not in a good state of repair. The identified bed issues included one bed with HOB that could not elevate at all, one bed with the bed frame caught under the headboard with difficulty elevating, and four beds with HOBs that could not elevate past 45 degrees. Two of these beds belonged to residents who regularly had meals in bed. When asked about the condition of the beds, the PSWs and RPNs indicated the beds were old and the concerns have already been reported to maintenance. Some were not sure how long the issues have existed for, and one indicated the issues have existed for about a year.

The Director of Care (DOC) indicated the staff have been educated on safe positioning at mealtimes. However, the beds are difficult to be maintained in a good state of repair, as the beds are old and frequently break down. The Executive Director (ED) indicated they are advocating for new beds for residents.

There was risk to residents when their beds were not in a good state of repair, as there was increased risk of aspiration for residents when they could not be positioned properly while eating. Further, there was a risk to the abovementioned resident's comfort and care when their bed continued to break down despite being fixed multiple times.

[Sources: Review of Safe Positioning and Monitoring at Mealtimes training, Manager By Walkabout Audit (MBWA) tools completed, Bed Audit; Mealtime observations, bed observations; Interviews with residents, Executive Director (ED), Director of Care (DOC), Registered Practical Nurse (RPN), Personal Support Worker (PSW)s, Program staff, and other residents and staff.] [s. 15. (2) (c)]

Additional Required Actions:

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

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. Compliance order #001 related to O. Reg. 79/10, s. 90(2) from inspection 2021_769646_0002 issued on March 25, 2021, with a compliance due date (CDD) of June 18, 2021, is being re-issued as follows:

The licensee has failed to ensure that procedures were developed and implemented to ensure that all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories were maintained and kept free of corrosion and cracks.

The licensee was required to develop a monthly audit related to the cleanliness and state of repair of residents' washrooms and spa/shower rooms, so that they would be

maintained and kept free of corrosion and cracks. The audit was to be communicated to all maintenance staff and completed as scheduled.

The licensee was also required to complete audits and repairs to ensure the six identified residents' washrooms were kept in a good state of repair.

The resident room audits for the six rooms noted four of the identified bathroom and flooring were in a good state of repair and indicated the bathroom flooring for two of the identified rooms needed to be replaced. Another audit completed by the home's managers indicated one of the six washrooms needed repairs but did not indicate concerns for the other five washrooms.

A contractor's renovation proposal was received but required an asbestos assessment before work could start. No actions were taken until the asbestos sampling proposal two months later, and the actual asbestos sampling report was completed on 17 days after the sampling proposal.

Observations of the washrooms in the six above-mentioned rooms during the time of inspection showed that the washrooms continued to be in a state of disrepair over one month past the CDD.

The housekeeping lead stated they had completed the audit and noticed the flooring issues in all the rooms, but stated these were contractor issues and did not document their concerns on the audit, but had passed on the concerns to the environmental team.

The Executive Director (ED) stated the previous DES was no longer employed by the home about one month before the CDD. They further stated that no renovation work had been done for the six above-mentioned residents' washrooms, as they were still waiting for the contractor to come. The ED indicated the washrooms were not in a good state of repair. The ED and the Building Services Partner was not able to explain why there was a two-month delay for the asbestos assessment and renovation work.

All six residents' washrooms identified to be in disrepair in the compliance order were not maintained or kept free of cracks upon follow-up inspection. The audit of the residents' washrooms identified three of six washrooms with areas of concern, but follow-up actions were not completed until 55 days past the CDD.

[Sources: Record reviews of Inspection Report #2021_769646_0002, Home's Corrective

Action Plan, Resident Room Deficiency Audit Forms completed, Manager By Walkabout Audit (MBWA) Tools; Observations of spa/shower rooms, Room Observations; Interviews with ED, Building Services Partner, Supervisor of Housekeeping and Laundry, and other staff.] [s. 90. (2) (d)]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperature was measured and documented in writing in one resident common area on every floor of the home.

The home has five floors on which residents reside. Between May 15 to July 29, 2021, the maintenance staff measured and documented the temperature in one common area in the home per shift. The staff did not measure and document the temperature in one common area on each floor of the home.

Observation of air temperature measurements on July 30, 2021, with a maintenance staff showed that only one floor was measured during the morning shift. The maintenance staff indicated the direction they had received from the Director of Environmental Services (DES) was to measure one floor per shift. The DES was not available to be interviewed.

The ED indicated that the air temperature measurements should have been done in the common areas on every floor, at the specified times as per the legislation, and this was not done.

[Sources: Review of home's Air Temperature Logs, Home's Prevention & Management of Heat Related Illness policy; Observations of air temperature recording process; Interviews with the Maintenance Staff, ED, and other staff members.] [s. 21. (2) 2.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that:
1) The temperature is measured and documented in writing, at a minimum in the following areas of the home: One resident common area on every floor of the home, which may include a lounge, dining area or corridor, and
2) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night., to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence
s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to comply with Compliance Order (CO) #002 from inspection #2021_769646_0002 served on March 25, 2021, with a compliance due date of June 18, 2021.

The licensee was required to audit all residents' beds in the home to check that the beds can be elevated to a 90-degree angle, and to report any beds identified with issues to maintenance to be fixed and/or replaced using the maintenance reporting system.

The bed audit conducted showed 153 beds were listed to be audited. Concerns were identified for 25 beds. Fifty-three beds were not audited due to IPAC issues or the beds being occupied at the time of the audit. The home was not able to provide a follow-up bed audit to show the 53 beds were audited, and no follow-up actions were documented of the identified concerns from the audit.

The ED indicated the previous DES had initiated the bed audit but was no longer employed by the home, and there were no other bed audits or follow-up to the initial bed audit. The home was not able to identify any maintenance care report for five of the six beds with concerns identified above between the time of the compliance report (March 25, 2021) to the time of the current inspection.

When the required bed audit was not completed, there was a risk of delay in identifying and addressing concerns with residents' beds.

[Sources: Review of Safe Positioning and Monitoring at Mealtimes training, completed MBWA tools, Bed Audit; Mealtime observations, bed observations; Interviews with residents, ED, DOC, RPN, PSWs, Program staff, and other residents and staff.] [s. 101. (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 licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every order made under this Act and those Acts, to be implemented voluntarily.

Issued on this 5th day of October, 2021

[redacted]

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère 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

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	IVY LAM (646)
Inspection No. / No de l'inspection :	2021_769646_0013
Log No. / No de registre :	005305-21, 005306-21, 008027-21
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Sep 16, 2021
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 :	St. George Care Community 225 St. George Street, Toronto, ON, M5R-2M2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Abiola Awosanya

Ontario

Ministry of Long-Term Care

Ministère 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

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:

Ontario

Ministry of Long-Term Care

Ministère 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

Order # / No d'ordre : 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 :

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

The licensee must be compliant with s. 15. (2) of the LTCHA.
Specifically, the licensee shall prepare, submit and implement a plan to ensure that residents' bed systems are maintained in a safe condition and in a good state of repair.

This plan must include but not be limited to the following:
1) Development of an auditing process of all residents' beds in the home, with priority given to the six beds with issues identified from the inspection, including beds in storage.

2) Identify: The persons responsible for the audits, the process for direct care staff to identify and report bed maintenance concerns, and a process for taking corrective actions.

3) For three months following the receipt of this order, conduct monthly audits of residents' beds to determine if the beds are working in accordance with manufacturer's instructions. The audits must include, but not be limited to the mechanical functions of each bed are operational as per manufacturer's instructions.

4) Develop a tracking tool to determine which beds have repeated maintenance issues and need to be replaced. The tool shall include the room number, bed serial number, and issues identified.

5) For items 1) to 5), keep a record of meetings (including dates, names of person in attendance, content discussed), communications, audits (including dates, room number, names of person completing the audit, issues identified), and follow-ups (including dates, person completing follow-up, repair records, and corrections made).

Please submit the written plan for achieving compliance for inspection 2021_769646_0013 Ivy Lam, LTC Homes Inspector, MLTC, by email to TorontoSAO.MOH@ontario.ca by October 18, 2021.

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

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

Grounds / Motifs :

1. The licensee has failed to ensure that the residents' bed systems were maintained in a safe condition and in a good state of repair.

The licensee was required by CO #002 under inspection #2021_769646_0002 to: Audit all residents' beds in the home to check that the beds can be elevated to a 90-degree angle, and to report any beds identified with issues to maintenance to be fixed and/or replaced using the maintenance reporting system.

The home's education for bed positioning indicated that if a resident is in the bed for meals, the head of the bed should be between 60 to 90 degrees, and no lower than 60 degrees to prevent reflux of food content that can cause aspiration pneumonia.

1) The home's bed audit identified 25 beds with maintenance issues. Multiple concerns were identified for one resident's bed in two different months.

The resident was observed to be fed in the identified bed by a staff, with their head of bed (HOB) positioned at about 30 degrees. A Personal Support Worker (PSW) and a Registered Practical Nurse (RPN) indicated that the resident was currently positioned at about 45-50 degrees with a pillow and blanket, as their bed could not be further elevated. They stated this had been communicated to maintenance earlier, but the bed had yet to be fixed.

Maintenance documentation identified concerns on the day of the inspection and the bed was replaced with a spare bed the same day. Four days later, another maintenance documentation indicated that the HOB was again not able to elevate properly.

The resident was observed during mealtime, and the HOB was below 60 degrees even with a pillow and blanket. The resident stated they were not comfortable and wanted to sit straighter up. The PSW and RPN indicated the bed was fixed four days earlier, but was broken again, and they would inform maintenance again.

The next day at mealtime, the resident's head of bed (HOB) was able to elevate

past 60 degrees, however the bed was stuck in the lowest position while the resident was in bed for meals. The RPN indicated the bed that was given should elevate, but the bed was stuck in the lowest position and was hard for staff to provide care for the resident. The RPN stated they will inform the maintenance staff to fix again.

During the inspection, six residents' beds were identified to have issues. Maintenance work orders showed a maintenance concern was identified for the bed above. No other mention of the bed issues for the five beds were documented between the time of the order on March 25, 2021, to the Compliance Due Date (CDD) of June 18, 2021.

2) The home's bed audit showed 25 beds with maintenance issues identified, along with 53 beds that were not audited due to Infection Prevention and Control (IPAC) issues or the beds being occupied at the time of the audit. The home could not provide evidence of follow-up actions to the identified concerns for the 25 beds with identified concerns. There was no evidence of a second bed audit completed for the 53 beds that were not audited.

Observations of the beds by the inspector showed six beds were not in a good state of repair. The identified bed issues included one bed with HOB that could not elevate at all, one bed with the bed frame caught under the headboard with difficulty elevating, and four beds with HOBs that could not elevate past 45 degrees. Two of these beds belonged to residents who regularly had meals in bed. When asked about the condition of the beds, the PSWs and RPNs indicated the beds were old and the concerns have already been reported to maintenance. Some were not sure how long the issues have existed for, and one indicated the issues have existed for about a year.

The Director of Care (DOC) indicated the staff have been educated on safe positioning at mealtimes. However, the beds are difficult to be maintained in a good state of repair, as the beds are old and frequently break down. The Executive Director (ED) indicated they are advocating for new beds for residents.

There was risk to residents when their beds were not in a good state of repair,

as there was increased risk of aspiration for residents when they could not be positioned properly while eating. Further, there was a risk to the abovementioned resident's comfort and care when their bed continued to break down despite being fixed multiple times.

[Sources: Review of Safe Positioning and Monitoring at Mealtimes training, Manager By Walkabout Audit (MBWA) tools completed, Bed Audit; Mealtime observations, bed observations; Interviews with residents, Executive Director (ED), Director of Care (DOC), Registered Practical Nurse (RPN), Personal Support Worker (PSW)s, Program staff, and other residents and staff.] [s. 15. (2) (c)]

An order was made by taking the following factors into account:

Severity: This issue was determined as minimal risk as the bed function could put residents at risk of aspiration if not properly positioned while eating.

Scope: The scope of the issue was determined to be widespread, as the issue was identified on three out of three home areas inspected.

Compliance History: A voluntary plan of correction (VPC) was issued to the home on March 25, 2021, related to the same subsection, during inspection 2021_769646_0002 in the last 36 months. (646)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 17, 2022

Ontario

Ministry of Long-Term Care

Ministère 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

Order # / No d'ordre : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2021_769646_0002, CO #001;

Pursuant to / Aux termes de :

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(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 :

The licensee must comply with O. Reg. 79/10, s. 90. (2) (d).

Specifically, the licensee must complete the following:
1) Review the current resident room auditing system to ensure all rooms are audited monthly for maintenance concerns, including resident washrooms.

2) Review, at minimum, two completed room audits per home area per month (i.e., 10 audits in the home), to verify that audits are fully completed, and the information is accurate. Document the deficiencies identified and actions taken during the audit verification.

3) Hold monthly meetings between the Director of Environmental Services (DES) (or designate) and the Executive Director (ED) to review monthly audits, to determine issues of concerns and to follow up on and resolve identified issues.

4) For items 1) to 3), keep a record of meetings (including dates, names of persons in attendance, content discussed), communications, audits (including dates, room number, names of person completing the audit, issues identified), and follow-ups (including dates, person completing follow-up, and corrective action taken).

Grounds / Motifs :

1. Compliance order #001 related to O. Reg. 79/10, s. 90(2) from inspection 2021_769646_0002 issued on March 25, 2021, with a compliance due date (CDD) of June 18, 2021, is being re-issued as follows:

The licensee has failed to ensure that procedures were developed and implemented to ensure that all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories were maintained and kept free of corrosion and cracks.

The licensee was required to develop a monthly audit related to the cleanliness and state of repair of residents' washrooms and spa/shower rooms, so that they would be maintained and kept free of corrosion and cracks. The audit was to be communicated to all maintenance staff and completed as scheduled.

The licensee was also required to complete audits and repairs to ensure the six identified residents' washrooms were kept in a good state of repair.

The resident room audits for the six rooms noted four of the identified bathroom and flooring were in a good state of repair and indicated the bathroom flooring for two of the identified rooms needed to be replaced. Another audit completed by the home's managers indicated one of the six washrooms needed repairs but did not indicate concerns for the other five washrooms.

A contractor's renovation proposal was received but required an asbestos assessment before work could start. No actions were taken until the asbestos sampling proposal two months later, and the actual asbestos sampling report was completed on 17 days after the sampling proposal.

Observations of the washrooms in the six above-mentioned rooms during the time of inspection showed that the washrooms continued to be in a state of disrepair over one month past the CDD.

The housekeeping lead stated they had completed the audit and noticed the flooring issues in all the rooms, but stated these were contractor issues and did not document their concerns on the audit, but had passed on the concerns to the environmental team.

The Executive Director (ED) stated the previous DES was no longer employed by the home about one month before the CDD. They further stated that no renovation work had been done for the six above-mentioned residents' washrooms, as they were still waiting for the contractor to come. The ED indicated the washrooms were not in a good state of repair. The ED and the Building Services Partner was not able to explain why there was a two-month delay for the asbestos assessment and renovation work.

All six residents' washrooms identified to be in disrepair in the compliance order were not maintained or kept free of cracks upon follow-up inspection. The audit of the residents' washrooms identified three of six washrooms with areas of concern, but follow-up actions were not completed until 55 days past the CDD.

[Sources: Record reviews of Inspection Report #2021_769646_0002, Home's Corrective Action Plan, Resident Room Deficiency Audit Forms completed, Manager By Walkabout Audit (MBWA) Tools; Observations of spa/shower rooms, Room Observations; Interviews with ED, Building Services Partner, Supervisor of Housekeeping and Laundry, and other staff.] [s. 90. (2) (d)]

An order was made by taking the following factors into account:

Severity: This issue was determined as minimal risk, as all six residents' washrooms listed on the order with identified concerns were not repaired by the compliance due date.

Scope: Six of the eleven identified rooms remained in disrepair, demonstrating a pattern.

Compliance History: A compliance order (CO) is being re-issued for the licensee failing to comply with s. 90.(2) of the O. Reg 79/10. This subsection was issued as a CO on March 25, 2021, during inspection #2021_769646_0002 with a compliance due date of June 18, 2021. In the past 36 months, two other COs were issued to different sections of the legislation, all of which have been complied. (646)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 18, 2021

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 Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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:

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 Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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.

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 des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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 revision 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 des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
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 16th day of September, 2021

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Ivy Lam

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