



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 24, 2015	2015_346133_0029	O-001853-15, O-001852-15	Follow up

Licensee/Titulaire de permis

CVH (No. 4) GP Inc. as general partner of CVH (No. 4) LP
c/o Southbridge Care Homes Inc., 766 Hespeler Road, Suite 301, Cambridge, ON N3H 5L8

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

MANOIR MAROCHEL
949 Montreal Road, Ottawa, ON K1K 0S6

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): August 11th - 14th, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the acting Director of Care, the office manager, registered and non registered nursing staff, and residents.

The inspector reviewed documented hot water temperatures for the bathtubs and showers and took hot water temperatures throughout the inspection. The inspector observed resident bedrooms, bathrooms and common areas throughout the home.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Safe and Secure Home

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

- 3 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 90. (2)	CO #002	2015_346133_0005		133

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 15, (2) (a) in that the licensee has failed to ensure that the home is kept clean and sanitary.

The licensee has a history of non-compliance in this area. As a result of inspection #2015_346133_0005, conducted in February 2015, the licensee was served with a Compliance Order (#001). As a result of the Resident Quality inspection #2014_198117_0032, conducted in December 2014, a Written Notification was issued.

Inspector #133 conducted a follow up inspection on August 11th – August 14th, 2015, a continued trend of widespread non-compliance related cleanliness of walls in resident bathrooms, bedrooms and some common areas was observed. Areas of concerns were revisited throughout the inspection and improvements were not noted, despite the daily cleaning program in place. Non-compliance related to privacy curtains and furnishings was also identified.

A) On August 11th, 2015, the following was initially observed, in the West hallway.

West dining room – The lower wall at the window closest to the kitchen, to the right of the window, was dirty with a spot of dried pink matter and some orange colored matter and the wall under the window was dirty with some dried dark matter, as was the baseboard. It was noted that the plate cleaning trolley is located in this area during meal service.

West dining room – At table 8RN, a dining room chair was dirty with some dried beige matter on the front of the seat and some dried brown matter on the right side of the seat, and there was noted accumulation of food debris between the back of the seat and the backrest. At table 7F, a dining room chair was dirty with dried food matter in the center of the seat and along the outer left and right sides of the seat.

Bedroom #101 - In the bathroom, the wall next to the toilet was dirty with spots of dried dark matter. The wall to the left and right of the sink was dirty with spots of dried brown matter. The lower inner side of the bathroom door was dirty with spots of dried brown matter.

In the bathroom, on the raised toilet set with arms and legs, the front bar was dirty with dried brown matter and the legs were dirty with dried brown matter. The outer front area of the outer toilet bowl was dirty with dried brown matter.



Bedroom #103 - The lower wall to the right of the bed was dirty with areas of dried brown matter as was the wall to the left of the bathroom door.

Bedroom #105 - In the bathroom, the lower wall next to the toilet and in front of the toilet was dirty with spots of dried brown matter.

The front outer base of the toilet was dirty with brown matter.

Bedroom #107 - In the bathroom, the wall across from the toilet was dirty with accumulation of dried orange matter. The wall next to the toilet was dirty with spots of dried brown matter.

Bedroom #151 - In the bathroom, the wall next to the toilet and in front of the toilet was dirty with spots of dried brown matter.

The floor behind the toilet was dirty with dried brown matter.

Bedroom #111 - In the bathroom, the right lower door frame was dirty with dried brown matter and a cobweb.

Bedroom #145 - In the bathroom, the wall across from the toilet was dirty with spots of dried brown matter, the wall under the sink was dirty with dried pink matter, and the wall under the counter was dirty with spots of dried matter. The inner side of the bathroom door was dirty with a spot of dried brown matter at the handle.

The outer side of the bathroom door was dirty with dried dark brown matter in the area at the handle and there were spots of dried matter along the base of the outer bathroom door and along the outer door frame. There was an accumulation of sticky brown matter along the baseboard leading towards the bathroom door.

The resident's lower bed frame was dirty with dried matter and dust and the floor behind the bed was dirty with accumulated dust and debris.

Bedroom # 119 - In the bathroom, the wall next to the toilet was dirty with spots of dried brown matter. The wall next to the sink was dirty with dried brown and yellow matter, with heavy accumulation of dried yellow matter in the area of the towel bar closest to one of the bathroom doors. In the corner next to the sink, there was a candy wrapper



suspended in a cobweb. The inner side of the bathroom doors were both dirty with dried matter.

Bedroom #141 - In the bathroom, the lower outer toilet bowl was dirty with dried brown matter.

The lower inner side of the bathroom doors was dirty with dried matter.

Bedroom #133 - The inner side of the bathroom door was dirty with dried matter. The wall under the bathroom sink was dirty with spots of dried matter. The wall next to the bathroom door frame was dirty with dried matter. The outer bathroom door was dirty with dried matter.

The raised toilet seat in place on the toilet was dirty with brown matter, on the outer front area.

Resident #001's bedside table was very dirty with thick accumulation of dried matter in one area and sticky matter throughout.

West tub room – The top of the tub was dirty with an accumulation of watery brown residue. The light fixture above the tub was dirty with accumulation of dead insects and debris. There was a pair of rusty pliers on top of a blue box on the wall next to the tub and the top of the blue box was covered with rust. The wall to left upon entrance to the tub room was dirty with spots of dried dark matter along length of wall. The wall to the right upon entrance to the tub room was dirty with an area of dried brown matter and a long dark strip of dried matter, in the area of the transfer slings.

The privacy curtain for the tub was dirty with dried brown matter in the lower center area and along the right. The wall to the right of the privacy curtain was dirty with dried brown matter.

West shower room - The inner bathroom door was dirty with dried brown matter at the handle.

West nursing station – The walls were dirty throughout with dried matter and stains.

B)On August 12th, 2015, the following was initially observed, in the West and South hallways.



West hallway:

Bedroom #123 - In the bathroom, the wall next to the sink was dirty with brown spots, in the area of the towel bar closest to one of the doors, and the garbage can. The wall next to the toilet was dirty with brown spots in the area of the call bell cord, under the toilet paper dispenser and towards the door.

Bedroom #135 - The bathroom walls were very dirty, throughout. The wall across from the toilet was dirty with spots of dried brown matter along the length of the wall, as was the wall next to the toilet, the wall next to the sink, the wall under the sink, the wall under the counter, and the wall behind the toilet. The bottom of the inner bathroom door was dirty with many areas of dried brown matter. The outer lower bathroom door was dirty with many brown spots.

There was a bubble style raised toilet seat, with arms, in place on the toilet. The toilet seat was odorous and beneath it there was an accumulation of brown matter and metallic debris, which appeared to be corrosion from the screws in the base of the seat. The outer toilet bowl and base of toilet was dirty with brown matter. The inner rim of the raised seat was dirty with brown matter and the inner rim of the toilet bowl was dirty with brown matter.

In the bedroom, the wall to the left of the bathroom door was dirty with dried brown orange matter. The lower right closet door was dirty with brown spots. The wall to the right of the bathroom door was dirty with dried brown spots.

Bedroom #125 - The lower inner bathroom door was dirty with brown spots as was the wall next to the sink and across from the toilet. The wall next to the toilet was dirty with spots of dried brown matter.

The lower outer bathroom door was dirty with brown spots as was the wall and baseboard to the right of the door.

The wall behind resident #002's bed was dirty with spots of dried brown matter.

Resident #002's lower closet door was dirty with dried brown and yellowish matter.

Bedroom #127 - In resident #003's bed space, the wall in the area of the garbage can



was dirty with spots of dried matter, from the top of the mirror down to and including the baseboard. Behind the resident's red chairs the wall was dirty with dried brown matter and the floor under the chairs was dirty with dried yellow matter.

In the bathroom, the wall under the counter was dirty with brown matter. The wall next to the toilet and in front of the toilet was dirty with spots of dried brown and yellow orange matter as were the baseboards and the wall under the sink and next to the sink. The inner bathroom door was dirty with dried matter.

The outer lower bathroom door was dirty with dried matter as was the upper area around the handle and the left side of the door frame.

The bedroom wall to the right of the bathroom door and the door frame was dirty with dried matter and accumulation of dried brown matter along the baseboard.

The wall next to the resident #004's bed was dirty with black matter.

Resident #004's privacy curtain was dirty at the right side with dried yellow matter and along the left side with dried matter of various colors.

Bedroom #131 - In the bathroom, the wall across from the toilet was dirty with dried matter. The lower inner bathroom door was dirty with dried dark matter. The wall under the counter was dirty with spots of dried brown matter.

The outer bathroom door was dirty with dried matter.

The wall under the alcohol dispenser upon entry into the bedroom was dirty with spots of dried brown matter throughout.

Resident #016's bedside table was dirty with sticky matter.

South hallway:

South dining room - The wall next to table 4A was very dirty with many spots of dried light brown matter, as was the baseboard.

South dining room - Resident #005's dining room chair was dirty with dried food matter at the front of the seat, at the left side and at the left back side of the seat. Resident #006's



chair was dirty with black sticky matter, on the right side of the seat . Resident #007's chair was dirty with dried matter on the left side of the seat and on the arm rests. Resident #008's chair was dirty with brown spots towards the back of the seat and an area of dried brown matter on the left side of the seat near the front. At the table in front of the dining room door, there was one chair. The chair was dirty with dried matter on the left side of the seat and the arm rests were dirty with sticky accumulation.

Bedroom #144 - The outer bathroom door frame, on the left side, was dirty with spots of dried brown orange matter.

Bedroom #140 - The wall to the right of the bed was dirty with some dried brown spots.

Bedroom #138 - In the bathroom, there was a bubble type raised toilet seat, with arm, in place on the toilet. There was an accumulation of brown matter under the raised toilet seat and a line of brown matter from beneath the raised toilet seat down the front right side of the outer toilet bowl.

Bedroom #134 - In the bathroom, the wall next to the toilet, in the area of the garbage can and toilet paper dispenser was dirty with spots of dried matter of various colors.

Bedroom #130 - Resident #009's privacy curtain was dirty throughout with dried matter of various colors.

Bedroom #110 - In the bedroom, the wall behind the residents chair was dirty with dried pink spots.

Bedroom #128 - In the bathroom, the wall in front of the toilet was dirty with dried dark matter. The wall next to the sink was dirty with dried dark spots. The wall under the counter was dirty with dried matter.

The wall next to resident #010's bedside table was dirty with spots of dried pink matter.

Resident # 010's privacy curtain was dirty with dried matter of various colors throughout.

Bedroom #126 - Resident # 011's privacy curtain was dirty with dried matter, on the left side.

Bedroom #124 - In the bathroom, the wall across from the toilet was dirty with dried dark



matter. The wall under the sink and next to the sink was dirty with dried matter.

In the bedroom, the baseboard to the left of the bathroom door was dirty with brown matter. The lower outer bathroom door was dirty with dried matter. The wall to the right of the bathroom door was dirty with dried matter. The lower outer bedroom door was dirty with dried matter.

The wall at the foot of resident #012's bed was dirty with brown matter.

Resident #012's privacy curtain was very dirty with dried matter of various colors throughout.

South tub room - The walls throughout the tub room, areas that had not been patched, were dirty with dried matter.

The privacy curtain was discolored throughout and dirty with areas of dried brown matter on the side

South shower room - The walls throughout the shower room were dirty with dried matter. The top area of the tub was dirty with accumulated rust from a rusting chain.

Bedroom #120 - In the bathroom, the wall across from the toilet was dirty with spots of dried matter, in the area of the garbage can.

Both privacy curtains in the bedroom were dirty with areas of dried matter.

Behind the bedroom door, there was a small area missing a baseboard and there was an accumulation of debris and cobwebs.

Bedroom #118 - The wall next to the toilet was dirty in some areas with brown matter.

Bedroom #116 - The lower closet door at the entrance to the bedroom, the lower inner bedroom door, and the wall in between the door and the closet was dirty with dried matter throughout.

Bedroom #142 - The resident's bedside table was dirty with dried yellow matter. Resident #013 told the inspector that he/she is typically in his/her room when it is cleaned, and that the bedside table is not regularly cleaned.



C) On August 13th, 2015, the following was initially observed, in the west and south hallways.

west hallway:

Bedroom #129 - In the bedroom, the corner to the left of resident # 014's bed, at the window, was dirty with a cobweb, hair, debris and a nitroglycerin patch that was dated March 24, 2014, with the initials "RJ". This was observed in the company of the unit Registered Practical Nurse, staff # S 103.

The ceiling above the resident # 014's bed was dirty with dried brown matter in the area of the sprinkler head and with areas of bits of yellowish material that resembled toilet paper or other such material. The wall to the left of the resident's bed was dirty with dried matter of various colors throughout. The wall to the right of the resident's bed was dirty with steaks of dried matter, as was the wall and baseboard across from the bed. The heater in the resident's space was dirty with dried dark matter, under the left window.

Resident #014's bedside table was dirty with sticky matter and hair.

Resident #015's bed side table was dirty with sticky matter and some dried green matter.

In the bathroom, the lower right side of the toilet tank was dirty with brown matter as wall the wall behind it, as was the wall next to the toilet.

West hallway – The light fixture outside of bedroom #127/#129 was dirty with accumulated dead insects.

south hallway:

South hallway – The light fixture outside of bedroom #118/#120 was dirty with accumulated dead insects. [s. 15. (2) (a)]

2. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s.15 (2) (c) in that the licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has a history of non-compliance in this area. As a result of inspection #2015

_346133_0005, conducted in February 2015, the licensee was served with a Compliance Order (#001). As a result of the Resident Quality Inspection, #2014_198117_0032, conducted in December 2014, a Voluntary Plan of Correction was issued, and the licensee was served with an immediate Compliance Order.

It is noted that at the time of the follow up inspection, August 11th - 14th, 2015, the home did not have a maintenance worker in place. The home's Environmental Supervisor (ES) has been away since December 2014. A maintenance worker had been brought in from another long term care home operated by the home's management company, to help the home in the absence of the ES. The Administrator explained that this maintenance worker had informed him, the week of August 3rd, that he would no longer be providing maintenance services for Marochel Manor. Maintenance services were provided on one day, August 13th, 2015, by a maintenance worker from another long term care home operated by the home's management company. The Administrator explained that he hoped to secure a maintenance worker from another home at least one day a week until such time as the home's ES returns.

2. The following observations were made by inspector #133 over the course of the follow up inspection, August 11th – 14th, 2015. Widespread non-compliance was observed. Issues included a general lack of remedial maintenance, the poor condition of some floors, the poor condition of some windows, and the poor condition of resident bedside tables. This widespread failure of the maintenance program presents a potential risk to the comfort, safety and well-being of the residents.

Hallway flooring directly in front of bedrooms #119, #145 and #115 – The vinyl sheet flooring directly in front of these bedroom doors is not adhered to the surface below. The flooring is raised and bubbled and presents a potential tripping hazard.

Bedroom #103 – In the bathroom, the floor was discolored with blackened areas at the entrance and around the sink.

Bedroom #105 – In the bathroom, the grate over the exhaust fan was hanging down loosely from the ceiling.

There was an accumulation of sticky brown matter between bathroom floor tiles under and around the sink, in front of the toilet, at the counter area, and at the entrance to the bathroom, around the metal strip.



Bedroom #107 - The bathroom wall was in poor repair. There were three holes in the wall across from the toilet. Two were directly in front of the toilet, whereby the wall surface was cracked and depressed inwards. The other hole was in the area where the right bracket for the towel bar used to be, whereby the wall surface was missing and insulation within the wall cavity was visible. The bracket and screws were on the shelf above where the towel bar used to be. The left bracket was still affixed to the wall.

It is noted that the two holes in the wall directly in front of the toilet were initially observed by inspector #133 during inspection #2015_346133_0005, in February 2015, and this bathroom was specifically addressed in the Compliance Order issued as a result of inspection. Remediation work was to have been completed in advance of the Compliance Order due date of July 20th, 2015.

The window was in poor repair. The inner seal of the openable window was crumbled and accumulated between the panes, along the base of the window.

Bedroom #109 - In the bathroom, there was sticky brown matter accumulated between some floor tiles, around the toilet.

The window was in poor repair. There was accumulation of condensation between the window panes of the openable window. The inner seal along the top and sides was crumbled and was accumulated between the panes, along the base of the window.

Bedroom #151 - In the bedroom, the heater behind the bed was in poor repair. The control dial was lying on the floor in the right corner and the wiring where the control dial used to be was hanging loosely.

In the bathroom, there was an accumulation of sticky dark matter between floor tiles, in front of the sink and along the wall across from the toilet.

Bedroom #111 - The window was in poor repair. There was heavy accumulation of condensation between the window panes of the openable window. There were streaks of rust running down the inside of the window. The inner window seal on all sides was rusted and there was accumulation of rusted matter between the panes, along the base of the window.

Bedroom #145 – In the bedroom, the baseboard to the immediate right of the bathroom door was held on with duct tape that was ripped and dirty with accumulated hair. The



lower corner wall above this duct tape was crumbled to expose the metal strapping beneath.

The wall behind the resident's bed was deeply gouged in several areas.

In the bathroom, the grate over the exhaust fan was hanging down loosely from the ceiling.

Bedroom #141 - In the bathroom, the lower walls and doors were extensively scuffed and scraped.

Bedroom #133 - The bathroom wall, to the left upon entry to the room, was extensively patched but not painted. The condition of this wall was specifically addressed in the Compliance Order issued as a result of inspection #2015_346133_0005, and remediation work was to have been completed in advance of the Compliance Order due date of July 20th, 2015.

The inner and outer bathroom door frame was extensively scraped, down to the metal, on both sides.

There were extensive scuff marks on the inner and outer sides of the bathroom door.

Resident #001's bedside table, provided by the home, was in poor repair. The laminate top of the bedside table was warped, discolored and extensively worn, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected. As well, there was no knob on the bedside table drawer. When the inspector initially asked resident #001 if she could take a look at the bedside table, the resident communicated that the table was "no good".

It is noted that the poor condition of resident #001's bedside table, and other resident's bedside tables, was specifically addressed in the Resident Quality Inspection report (inspection # 2014_198117_0032, conducted in December 2014), and was the subject of a Voluntary Plan of Correction. The Administrator advised the inspector that there were no current plans in place for the repair or replacement of any resident's bedside tables.

Resident #017's window was in poor repair. There was a very heavy accumulation of condensation between the panes of the openable window. The upper window seal was hanging loosely between the panes. In the presence of the administrator, the resident



told the inspector that it was his/her understanding that the window required repair and that he/she was waiting for the repair to occur.

West hallway light fixture outside of bedroom #105 – the fluorescent lights within the fixture were very dim and were flickering.

West tub room - The wall beneath the towel bar had been patched but not painted and the area on the left was cracking.

West nursing station – The walls were very dirty, gouged and chipped throughout.

West hallway, past #133, at the fire exit door - The floor was extensive discolored with blackened areas.

Bedroom #135 - The grate covering the bathroom exhaust fan was hanging down loosely from the ceiling, on the right side. The bathroom wall, under the counter, appeared to be covered with painted paper and it was extensively torn.

Bedroom #125 - Resident # 002's bed side table, provided by the home, was in poor repair. The laminate top of the bedside table was warped and worn in several areas, exposing the absorbent particle board surface beneath. Such a surface cannot be effectively cleaned and disinfected.

The lower inner bathroom door was discolored with scuff marks as was the wall next to the sink and across from the toilet.

Bedroom #127 – Upon entry to this bedroom on August 12th, 2015, the inspector noted that the room was very hot. Resident #003 was lying on his/her bed with a fan blowing on them. The heater was set to 5, the maximum setting. The administrator was made aware and the dial was turned to the off position. Upon return to this bedroom on August 13th, 2015, the inspector noted that the room was still very hot, and although the heater had been turned off, there was still heat coming from the heater. The administrator was informed and he turned off the heat by closing the system with use of a lever below the heater. The administrator indicated a service technician would have to be called.

In the bathroom, the fluorescent lights were very dim, providing almost no light. A ceiling tile above the toilet was stained brown.



The bedroom wall to the right of the bathroom door and the door frame was discolored with scuff marks.

The flooring in front of resident #004's comfortable easy chair, and at the foot of the bed, was extensively discolored with blackened areas.

On resident #004's bed, there was a bed rail on the side facing the wall. The bed rail had become detached from the bed, at the foot of the bed, and was resting on the floor.

Bedroom #129 – Upon entry to this bedroom on August 12th, 2015, the inspector noted that although the heater in resident #014's bed space was in the off position, heat was being generated and it was hot in the area. The control dial was lying on the floor, under the heater, to the right, and wiring in the area where the knob should be was loose. The administrator came and observed this as well and noted that he did not know how to stop the heat and that he would follow up. Upon entry to this bedroom on August 13th, 2015, the inspector noted that the heat was still on. The administrator was made aware and he explained that he had called the home's former maintenance worker on August 12th, 2015, who had informed him that he could turn the system off by use of a lever below the heater. The administrator turned off the system and indicated that a service technician would have to be called to repair this heater.

Resident #014's bed side table, provided by the home, was in poor repair. The laminate top of the bedside table was warped and worn throughout, exposing absorbent material beneath. Such a surface cannot be effectively cleaned and disinfected.

Resident #014's window was in poor repair. There was accumulation of condensation in between the window panes of the openable window. The inner window seal, as seen in other resident windows, on the top and sides was not there and there was a heavy accumulation of rusted matter between the panes, along the base.

Resident #015's window was in poor repair. There was accumulation of condensation between the panes of the openable window and the inner seal was crumbling and rusting.

Bedroom #131 - Upon entry to the bedroom, the lower closet door was in poor repair. There were long horizontal holes in the closet door with sharp splintered edges.

In the bathroom, the wall across from the toilet was discolored with scuff marks. The



lower inner side of the bathroom door was discolored with scuff marks. The outer side of the bathroom door was discolored with scuff marks.

Resident #016's bedside table, provided by the home, was in poor repair. The laminate top surface was warped and worn in areas throughout the front area exposing absorbent material beneath. Such a surface cannot be effectively cleaned and disinfected.

West hallway light fixture at bedroom #105 - the fluorescent lights were very dim and were flickering.

West hallway light fixture at bedroom #101 - the fluorescent lights were very dim and were flickering

South hallway:

Bedroom #144 - In the bathroom, the floor was discolored with blackened areas.

Bedroom #100 – The bathroom exhaust fan was very loud, making a high pitched droning sound. It has previously been established (inspection #2015_346133_0005, conducted in February 2015) that the exhaust is so loud in some resident bathrooms because the fans are old and the blades dulled. When an old fan is replaced with a new fan, the exhaust is rendered almost silent. There are times when the bathroom exhaust only comes on when the light is turned on, and other set times during the day and night when the exhaust runs automatically. It has been previously established that when the exhaust comes on automatically and the bathroom door is open and there is an old exhaust fan in place which is loud, it can be disruptive to residents as they rest. Resident #020 was unable to communicate with the inspector on this matter.

In the bedroom, there was a hole in the wall, to the left of the bathroom door.

Bedroom #104 – There was an accumulation of dark sticky matter between floor tiles, throughout the bathroom.

Bedroom #136 - The grate over the bathroom exhaust fan was hanging down loosely from the ceiling, on the left side.

There was an accumulation of dark sticky matter between floor tiles in the area in front of the toilet and next to the toilet and under the sink.



The bathroom exhaust fan was very loud, making a choppy clunking type of noise. The administrator accompanied the inspector to observe this on August 13th, 2015, and when the inspector initially asked resident #018 if it was okay to go into the bathroom, the resident indicated that there was trouble with a loud noise from a machine in there, and that it ran for too long. The resident indicated he/she believed someone was coming to fix the problem. On August 14th, 2015, the inspector returned to the room and met the resident's visiting family members. They explained that the sound was so loud that it was startling for the resident when it is turned on by the light switch. They explained that when the exhaust system runs without the light being on, it disrupts the resident's ability to rest, so they have to keep the bathroom door closed at all times. They explained that they would like to be able to keep the bathroom door open, so as to facilitate the resident's access to the bathroom, especially at night.

Bedroom #106 - In the bathroom, there is a raised toilet seat, with arms and legs, in place over the toilet. Along the front bar, the painted surfaces was worn away, to the right and left of the seat, and rusting metal was exposed. Such a surface cannot be effectively cleaned and disinfected. The resident's legs would be in contact with these areas when seated on the toilet.

The resident's bed side table, provided by the home, was in poor repair. The laminate top of the bedside table was worn in three distinct areas, exposing the absorbent particle board surface beneath. Such a surface cannot be effectively cleaned and disinfected.

The wall next to the resident's bed was discolored with extensive blackened areas.

Bedroom #132 - The resident's bedside table, provided by the home, was in poor repair. The laminate top of the bedside table was worn throughout, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected

Bedroom #130 - The bedroom floor was discolored with darkened areas throughout.

The outer bathroom door was extensively discolored with darkened areas.

The wall to the right and left of the bathroom door was heavily chipped and gouged.

At the closet closest to the bathroom, one of the closet doors was off the track and was



resting against the other door.

The lower half wall between bed 1 and bed 2 was heavily patched and crumbling.

The corner of the wall at the closet closest to the entrance to the bedroom was heavily gouged and chipped.

The lower bedroom door was extensively scraped, down to bare metal.

The privacy curtain tract that ran across the bedroom had become detached from the ceiling in two areas and was hanging down from the ceiling.

Resident #009's bed side table, provided by the home, was in poor repair. The laminate top of the bedside table was worn away in small areas throughout to expose the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected. It is noted that the poor condition of resident #009's bedside table, and other resident's bedside tables, was specifically addressed in the Resident Quality Inspection report (inspection # 2014_198117_0032, conducted in December 2014), and was the subject of a Voluntary Plan of Correction.

In the bathroom, the vinyl sheet flooring had shrunk and there was a loss of adhesion between the flooring and the concrete beneath, in the area next to and behind the toilet. Along these walls, the flooring edge had pulled away from the baseboard, creating a gap of approximately half an inch. Accumulated dirt and debris was observed under the loose flooring, most pronounced in the area below the toilet paper dispenser.

Bedroom #110 - The grate over the bathroom exhaust fan was hanging down loosely from the ceiling, on the left side.

South hallway light fixture outside of bedroom #130 and #110 - the fluorescent lights were very dim and flickering.

Bedroom #112 - In the bathroom, the right bracket for the towel bar had become detached from the wall. The towel bar was lying on the floor and the bracket, with two protruding screws in it, was on the shelf above.

The bathroom floor was discolored with blackened areas throughout.

Bedroom #128 - In the bathroom, the wall in front of the toilet, next to the toilet and next to the sink was discolored was dirty with dried dark matter and scuff marks.

The wall under the bathroom sink was gouged and the wall next to the sink was deeply gouged.

The outer bathroom door was discolored with extensive scuff marks and was gouged and the wall to the right of the bathroom door was very deeply gouged and there was a hole in the wall.

Resident #010's dresser, supplied by the home, was in very poor repair. The front face of the lower drawer was lying on the floor, and the bottom of the lower drawer was not affixed to the sides and was lying on the bottom of the dresser. The resident does not mobilize independently, and would not have been able to place their shoes on top of the front face of the lower drawer. The third dresser drawer was missing the right knob. The top drawer was missing the right knob, yet the screw to hold the knob was still in place and it was a sharp protrusion.

Resident #010's bedside table, supplied by the home, was in very poor repair. The laminate top surface was warped and worn, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected.

The wall across from resident #010's bed was deeply gouged and the wall was crumbling at the corner between bed #1 and #2.

Bedroom #126 - The privacy curtain track that runs across the room has become detached from the ceiling in one area and the track was hanging down from the ceiling in that area.

The paint on the lower bedroom door was extensively scraped, down to metal.

Bedroom #124 - In the bathroom, the wall across from the toilet was discolored with scuff marks. The lower inner bathroom door was discolored with extensive scuff marks. The lower outer bathroom door was discolored with scuff marks.

In the bathroom, there was one long horizontal hole in the wall and one short horizontal hole in the wall, in the area of the garbage can.



In the bedroom, the wall to the left of the bathroom door was extensively pitted and gouged. The wall at the foot of resident #012's bed was pitted and gouged.

The lower outer bedroom door was scraped down to metal.

Resident #012's bed side table, supplied by the home, was in poor repair. The laminate top was worn away in a large area at the back left, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected.

South tub room - The lower outer door was discolored with scuff marks and scraped down to metal.

The walls throughout the tub room had been extensively patched but not painted. Lower patched areas were becoming gouged. The condition of these walls was specifically addressed in the Compliance Order issued as a result of inspection #2015_346133_0005, and remediation work was to have been completed in advance of the Compliance Order due date of July 20th, 2015.

The fluorescent lights above the tub were very dim and flickering.

South shower room - The lower shower wall was in very poor repair. Within the shower stall, the first lower tile was missing, the second was cracked and jutting out, and the third was cracked and caved in. On the corner of the shower wall, a lower side tile was cracked and the tile below that was missing. Directly around the corner, outside of the shower, a large tile was loose and resting on another tile. These missing tiles exposed rotting blackened wood, corroded metal strapping and crumbling wall matter. There was black growth on the wall matter. When light pressure was applied to the shower wall, it was movable. The administrator observed this with the inspector and indicated the he had been aware that the outer lower tile had been loose and had been put to the side by the former maintenance worker, but he had not been aware of the condition of the side and inner lower wall. The administrator removed the lower inner tile that was jutting out.

The shower handle was in poor repair. When the water was turned on, the water ran out from the base of the handle as well as from the shower head. This issue was raised to the inspector as a concern by a resident.

The walls throughout the shower room were extensively patched but not painted. The condition of these walls was specifically addressed in the Compliance Order issued as a



result of inspection #2015_346133_0005, and remediation work was to have been completed in advance of the Compliance Order due date of July 20th, 2015.

Bedroom #118 - The lower bathroom door was very discolored with blackened areas.

Bedroom #116 - Resident # 006's window was in poor repair. There was a very heavy accumulation of condensation between the panes of the openable window and the upper window seal was hanging loosely between the panes. There was accumulation of rusted matter between the panes, along the base.

Bedroom #142 - The resident's bedside table, provided by the home, was in poor repair. The laminate top is warped and worn in areas towards the front right, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected. Resident #013 informed the inspector that they keep a napkin over the area to hide the damage and to absorb moisture from the drinks left on the table by staff. [s. 15. (2) (c)]

Additional Required Actions:

CO # - 001, 002 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. 33. Bathing

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 33 (1) in that the licensee has failed to ensure that each resident is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has a history of non-compliance in this area. As a result of the Resident Quality Inspection, #2014_198117_0032, conducted in December 2014, a written notification was issued to the licensee.

2. On August 12th, 2015, resident # 013 reported to the inspector that he/she had not



been provided a shower on an identified day in August 2015. The resident informed that he/she had not been offered another shower apart from his/her regularly scheduled second shower of the week, on an identified day in August 2015. The resident reported to the inspector that on the day in August that they missed their shower, the unit Registered Practical Nurse, staff #S100, had informed him/her that there was no staff person available to do the shower with him/her. The resident showed the inspector a note that he/she had made to document this occurrence.

On August 13th, 2015, the inspector reviewed resident #013's daily care flow sheet for the identified period of time in question, in August 2015. It is indicated on the flow sheet that the resident only had one shower during this time period, on the regularly scheduled second shower day of the week for resident #013. The inspector also reviewed the resident's progress notes for this time period, and found no notes related to bathing.

The home's Administrator explained to the inspector that it is the expectation that if a regularly scheduled bath or shower cannot be provided by staff, then the resident will be offered another bath or shower at a later time or date so as to ensure that all residents are bathed at minimum twice a week.

2. On August 13th, 2015, the inspector noted that resident #009 also had bathing scheduled for the same days as resident #013. The inspector reviewed the resident's daily care flow sheet for the time period in question, in August 2015, and found there was nothing documented related to bathing. The inspector reviewed the resident's progress notes for that time period and found no notes related to bathing. With the assistance of Registered Practical Nurse, staff #S102, the inspector attempted to interview resident #009 about bathing. The inspector asked resident #009 if he/she had been bathed twice during the time period in questions. The resident communicated with gestures that he/she had one bath during the time period, and the resident communicated that his/her hair had not been washed. It could not be established what day the resident was bathed and it could not be established why the resident's hair had not been washed.

3. On Tuesday August 18th, 2015, the inspector held a debriefing session, on the telephone, with the administrator and with the Extendicare Assist regional manager assigned to the home. During discussion of this matter, the regional manager inquired if the inspector had reviewed the bathing sheets within the resident charts, as they may have presented as a source of further information related to bathing of resident #009 and #013 during the week of August 1st - 7th, 2015. The inspector acknowledged that these documents had not been reviewed, and the administrator was advised by the inspector to



review them and to provide the inspector with any relevant information. On Wednesday, August 19th, 2015, the administrator communicated to the inspector, via email, that the sheets had been reviewed and there was no further information to be considered. [s. 33.]

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 with the requirement that each resident is bathed, at a minimum, twice a week by a method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

**WN #3: 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,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 87 (2) (d) in that the licensee has failed to ensure that procedures are developed and implemented for addressing incidents of lingering offensive odors.

Over the course of the follow up inspection, August 11th – 14th, 2015, a lingering offensive odor of urine was noted in the home's public bathroom. The inspector and the administrator observed that the odor was present despite an obvious source. All surfaces appeared to be clean and there was no urine in the toilet at times of observation. The administrator indicated that he had not been aware of the lingering odor and would implement follow up actions.

2. Over the course of the follow up inspection, August 11th – 14th, 2015, a lingering offensive odor of urine was noted in bedroom #141 and in the bathroom shared by #141 and #143. While in the affected bathroom, the administrator told the inspector that staff rely on routine cleaning practices and the bathroom exhaust to manage such odor issues. The administrator later informed the inspector that the licensee's procedure for addressing incidents of lingering offensive odors would be implemented.

The licensee has a history of non-compliance related to lingering urine odors in bedroom #141 and in the bathroom shared by #141 and #143. As a result of the 2014 Resident Quality Inspection, 2014_198117_0032, conducted in December 2014, a written notification was issued. [s. 87. (2) (d)]

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 with the requirement that procedures are implemented for addressing incidents of lingering offensive odors, specific to bedroom #141, the shared bathroom for bedroom #141 and #143, and the home's public bathroom in the front lobby, to be implemented voluntarily.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 24th day of August, 2015

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JESSICA LAPENSEE (133)

Inspection No. /

No de l'inspection : 2015_346133_0029

Log No. /

Registre no: O-001853-15, O-001852-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Aug 24, 2015

Licensee /

Titulaire de permis : 1663432 ONTARIO LTD.
2212 GLADWIN CRESCENT, UNIT A-9, SUITE 200,
OTTAWA, ON, K1B-5N1

LTC Home /

Foyer de SLD : MANOIR MAROCHEL
949 MONTREAL ROAD, OTTAWA, ON, K1K-0S6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Bipin Raut

To 1663432 ONTARIO LTD., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

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

Order / Ordre :

In order to achieve compliance with LTCHA, 2007, S.O. 2007, c.8, s. 15, (2) (c), the licensee will prepare, submit and implement a plan that provides for:

- a) a full home audit that is to include, but not be limited to, all areas/items captured within the grounds. The audit is to be completed by September 8th, 2015.
- b) remediation of all areas/items described within the grounds, and all additional areas/items that will be captured by the licensee's full home audit, requiring only basic remedial maintenance or the services of an outside contractor, such as the replacement of lights and towel bars, reattachment of privacy curtain tracks, replacement of knobs on furnishings, reattachment of exhaust vent grates, repair of heaters, by September 28th, 2015.
- c) an ongoing process to be implemented that will ensure that the home's ongoing remedial maintenance needs are identified, documented and addressed in a timely manner. Corrective actions must be documented.
- d) a remediation plan for all areas/items described within the grounds, and all additional areas/items that will be captured by the licensee's full home audit, requiring more extensive remedial maintenance, such as floor refinishing, floor remediation, wall remediation, replacement of exhaust fans, that will be completed by November 24th, 2015.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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e) a replacement plan for all resident bedside tables that are in poor repair, that is to be completed by February 29th, 2016.

e) a repair/replacement plan for all resident bedroom windows that are in poor repair, that is to be completed by August 22nd, 2016.

f) ongoing supervision of the maintenance program to ensure that progress is made and sustained and that the compliance dates set out within this Order will be met.

g) submission of progress reports to inspector #133 that speak to all of the requirements laid out in this Order. The first progress report is to be received by November 30th, 2015, and the second progress report is to be received by April 4th, 2016.

h) a routine auditing program to ensure sustained adherence to the home's written procedures related to maintenance of the home, including any/all required documentation, and to ensure sustainable compliance with LTCHA, 2007, S.O. 2007, c.8, s. 15, (2) (c).

The compliance plan must identify person(s) within the management team that will be responsible for the various components of the plan.

The compliance plan is due on Tuesday, September 8th, 2015. The plan may be emailed to inspector #133's attention at the following email address: OttawaSAO.MOH@ontario.ca. Alternately, the compliance plan may be faxed to the inspector's attention at (613) 569-9670 or mailed to 347 Preston Street, Suite 420, 4th floor, Ottawa, Ontario, K1S 3J4.

Grounds / Motifs :

1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s.15 (2) (c) in that the licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has a history of non-compliance in this area. As a result of inspection #2015_346133_0005, conducted in February 2015, the licensee was served with a Compliance Order (#001). As a result of the Resident Quality Inspection, #2014_198117_0032, conducted in December 2014, a Voluntary

Plan of Correction was issued, and the licensee was served with an immediate Compliance Order.

It is noted that at the time of the follow up inspection, August 11th - 14th, 2015, the home did not have a maintenance worker in place. The home's Environmental Supervisor (ES) has been away since December 2014. A maintenance worker had been brought in from another long term care home operated by the home's management company, to help the home in the absence of the ES. The Administrator explained that this maintenance worker had informed him, the week of August 3rd, that he would no longer be providing maintenance services for Marochel Manor. Maintenance services were provided on one day, August 13th, 2015, by a maintenance worker from another long term care home operated by the home's management company. The Administrator explained that he hoped to secure a maintenance worker from another home at least one day a week until such time as the home's ES returns.

2. The following observations were made by inspector #133 over the course of the follow up inspection, August 11th – 14th, 2015. Widespread non-compliance was observed. Issues included a general lack of remedial maintenance, the poor condition of some floors, the poor condition of some windows, and the poor condition of resident bedside tables. This widespread failure of the maintenance program presents a potential risk to the comfort, safety and well-being of the residents.

Hallway flooring directly in front of bedrooms #119, #145 and #115 – The vinyl sheet flooring directly in front of these bedroom doors is not adhered to the surface below. The flooring is raised and bubbled and presents a potential tripping hazard.

Bedroom #103 – In the bathroom, the floor was discolored with blackened areas at the entrance and around the sink.

Bedroom #105 – In the bathroom, the grate over the exhaust fan was hanging down loosely from the ceiling.

There was an accumulation of sticky brown matter between bathroom floor tiles under and around the sink, in front of the toilet, at the counter area, and at the entrance to the bathroom, around the metal strip.

Bedroom #107 - The bathroom wall was in poor repair. There were three holes in the wall across from the toilet. Two were directly in front of the toilet, whereby the wall surface was cracked and depressed inwards. The other hole was in the area where the right bracket for the towel bar used to be, whereby the wall surface was missing and insulation within the wall cavity was visible. The bracket and screws were on the shelf above where the towel bar used to be. The left bracket was still affixed to the wall.

It is noted that the two holes in the wall directly in front of the toilet were initially observed by inspector #133 during inspection #2015_346133_0005, in February 2015, and this bathroom was specifically addressed in the Compliance Order issued as a result of inspection. Remediation work was to have been completed in advance of the Compliance Order due date of July 20th, 2015.

The window was in poor repair. The inner seal of the openable window was crumbled and accumulated between the panes, along the base of the window.

Bedroom #109 - In the bathroom, there was sticky brown matter accumulated between some floor tiles, around the toilet.

The window was in poor repair. There was accumulation of condensation between the window panes of the openable window. The inner seal along the top and sides was crumbled and was accumulated between the panes, along the base of the window.

Bedroom #151 - In the bedroom, the heater behind the bed was in poor repair. The control dial was lying on the floor in the right corner and the wiring where the control dial used to be was hanging loosely.

In the bathroom, there was an accumulation of sticky dark matter between floor tiles, in front of the sink and along the wall across from the toilet.

Bedroom #111 - The window was in poor repair. There was heavy accumulation of condensation between the window panes of the openable window. There were streaks of rust running down the inside of the window. The inner window seal on all sides was rusted and there was accumulation of rusted matter between the panes, along the base of the window.

Bedroom #145 – In the bedroom, the baseboard to the immediate right of the

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bathroom door was held on with duct tape that was ripped and dirty with accumulated hair. The lower corner wall above this duct tape was crumbled to expose the metal strapping beneath.

The wall behind the resident's bed was deeply gouged in several areas.

In the bathroom, the grate over the exhaust fan was hanging down loosely from the ceiling.

Bedroom #141 - In the bathroom, the lower walls and doors were extensively scuffed and scraped.

Bedroom #133 - The bathroom wall, to the left upon entry to the room, was extensively patched but not painted. The condition of this wall was specifically addressed in the Compliance Order issued as a result of inspection #2015_346133_0005, and remediation work was to have been completed in advance of the Compliance Order due date of July 20th, 2015.

The inner and outer bathroom door frame was extensively scraped, down to the metal, on both sides.

There were extensive scuff marks on the inner and outer sides of the bathroom door.

Resident #001's bedside table, provided by the home, was in poor repair. The laminate top of the bedside table was warped, discolored and extensively worn, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected. As well, there was no knob on the bedside table drawer. When the inspector initially asked resident #001 if she could take a look at the bedside table, the resident communicated that the table was "no good".

It is noted that the poor condition of resident #001's bedside table, and other resident's bedside tables, was specifically addressed in the Resident Quality Inspection report (inspection # 2014_198117_0032, conducted in December 2014), and was the subject of a Voluntary Plan of Correction. The Administrator advised the inspector that there were no current plans in place for the repair or replacement of any resident's bedside tables.

Resident #017's window was in poor repair. There was a very heavy

accumulation of condensation between the panes of the openable window. The upper window seal was hanging loosely between the panes. In the presence of the administrator, the resident told the inspector that it was his/her understanding that the window required repair and that he/she was waiting for the repair to occur.

West hallway light fixture outside of bedroom #105 – the fluorescent lights within the fixture were very dim and were flickering.

West tub room - The wall beneath the towel bar had been patched but not painted and the area on the left was cracking.

West nursing station – The walls were very dirty, gouged and chipped throughout.

West hallway, past #133, at the fire exit door - The floor was extensive discolored with blackened areas.

Bedroom #135 - The grate covering the bathroom exhaust fan was hanging down loosely from the ceiling, on the right side. The bathroom wall, under the counter, appeared to be covered with painted paper and it was extensively torn.

Bedroom #125 - Resident # 002's bed side table, provided by the home, was in poor repair. The laminate top of the bedside table was warped and worn in several areas, exposing the absorbent particle board surface beneath. Such a surface cannot be effectively cleaned and disinfected.

The lower inner bathroom door was discolored with scuff marks as was the wall next to the sink and across from the toilet.

Bedroom #127 – Upon entry to this bedroom on August 12th, 2015, the inspector noted that the room was very hot. Resident #003 was lying on his/her bed with a fan blowing on them. The heater was set to 5, the maximum setting. The administrator was made aware and the dial was turned to the off position. Upon return to this bedroom on August 13th, 2015, the inspector noted that the room was still very hot, and although the heater had been turned off, there was still heat coming from the heater. The administrator was informed and he turned off the heat by closing the system with use of a lever below the heater. The administrator indicated a service technician would have to be called.

In the bathroom, the fluorescent lights were very dim, providing almost no light. A ceiling tile above the toilet was stained brown.

The bedroom wall to the right of the bathroom door and the door frame was discolored with scuff marks.

The flooring in front of resident #004's comfortable easy chair, and at the foot of the bed, was extensively discolored with blackened areas.

On resident #004's bed, there was a bed rail on the side facing the wall. The bed rail had become detached from the bed, at the foot of the bed, and was resting on the floor.

Bedroom #129 – Upon entry to this bedroom on August 12th, 2015, the inspector noted that although the heater in resident #014's bed space was in the off position, heat was being generated and it was hot in the area. The control dial was lying on the floor, under the heater, to the right, and wiring in the area where the knob should be was loose. The administrator came and observed this as well and noted that he did not know how to stop the heat and that he would follow up. Upon entry to this bedroom on August 13th, 2015, the inspector noted that the heat was still on. The administrator was made aware and he explained that he had called the home's former maintenance worker on August 12th, 2015, who had informed him that he could turn the system off by use of a lever below the heater. The administrator turned the system off and indicated that a service technician would have to be called to repair this heater.

Resident #014's bed side table, provided by the home, was in poor repair. The laminate top of the bedside table was warped and worn throughout, exposing absorbent material beneath. Such a surface cannot be effectively cleaned and disinfected.

Resident #014's window was in poor repair. There was accumulation of condensation in between the window panes of the openable window. The inner window seal, as seen in other resident windows, on the top and sides was not there and there was a heavy accumulation of rusted matter between the panes, along the base.

Resident #015's window was in poor repair. There was accumulation of

condensation between the panes of the openable window and the inner seal was crumbling and rusting.

Bedroom #131 - Upon entry to the bedroom, the lower closet door was in poor repair. There were long horizontal holes in the closet door with sharp splintered edges.

In the bathroom, the wall across from the toilet was discolored with scuff marks. The lower inner side of the bathroom door was discolored with scuff marks. The outer side of the bathroom door was discolored with scuff marks.

Resident #016's bedside table, provided by the home, was in poor repair. The laminate top surface was warped and worn in areas throughout the front area exposing absorbent material beneath. Such a surface cannot be effectively cleaned and disinfected.

West hallway light fixture at bedroom #105 - the fluorescent lights were very dim and were flickering.

West hallway light fixture at bedroom #101 - the fluorescent lights were very dim and were flickering

South hallway:

Bedroom #144 - In the bathroom, the floor was discolored with blackened areas.

Bedroom #100 – The bathroom exhaust fan was very loud, making a high pitched droning sound. It has previously been established (inspection #2015_346133_0005, conducted in February 2015) that the exhaust is so loud in some resident bathrooms because the fans are old and the blades dulled. When an old fan is replaced with a new fan, the exhaust is rendered almost silent. There are times when the bathroom exhaust only comes on when the light is turned on, and other set times during the day and night when the exhaust runs automatically. It has been previously established that when the exhaust comes on automatically and the bathroom door is open and there is an old exhaust fan in place which is loud, it can be disruptive to residents as they rest. Resident #020 was unable to communicate with the inspector on this matter.

In the bedroom, there was a hole in the wall, to the left of the bathroom door.

Bedroom #104 – There was an accumulation of dark sticky matter between floor tiles, throughout the bathroom.

Bedroom #136 - The grate over the bathroom exhaust fan was hanging down loosely from the ceiling, on the left side.

There was an accumulation of dark sticky matter between floor tiles in the area in front of the toilet and next to the toilet and under the sink.

The bathroom exhaust fan was very loud, making a choppy clunking type of noise. The administrator accompanied the inspector to observe this on August 13th, 2015, and when the inspector initially asked resident #018 if it was okay to go into the bathroom, the resident indicated that there was trouble with a loud noise from a machine in there, and that it ran for too long. The resident indicated he/she believed someone was coming to fix the problem. On August 14th, 2015, the inspector returned to the room and met the resident's visiting family members. They explained that the sound was so loud that it was startling for the resident when it is turned on by the light switch. They explained that when the exhaust system runs without the light being on, it disrupts the resident's ability to rest, so they have to keep the bathroom door closed at all times. They explained that they would like to be able to keep the bathroom door open, so as to facilitate the resident's access to the bathroom, especially at night.

Bedroom #106 - In the bathroom, there is a raised toilet seat, with arms and legs, in place over the toilet. Along the front bar, the painted surfaces was worn away, to the right and left of the seat, and rusting metal was exposed. Such a surface cannot be effectively cleaned and disinfected. The resident's legs would be in contact with these areas when seated on the toilet.

The resident's bed side table, provided by the home, was in poor repair. The laminate top of the bedside table was worn in three distinct areas, exposing the absorbent particle board surface beneath. Such a surface cannot be effectively cleaned and disinfected.

The wall next to the resident's bed was discolored with extensive blackened

areas.

Bedroom #132 - The resident's bedside table, provided by the home, was in poor repair. The laminate top of the bedside table was worn throughout, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected

Bedroom #130 - The bedroom floor was discolored with darkened areas throughout.

The outer bathroom door was extensively discolored with darkened areas.

The wall to the right and left of the bathroom door was heavily chipped and gouged.

At the closet closest to the bathroom, one of the closet doors was off the track and was resting against the other door.

The lower half wall between bed 1 and bed 2 was heavily patched and crumbling.

The corner of the wall at the closet closest to the entrance to the bedroom was heavily gouged and chipped.

The lower bedroom door was extensively scraped, down to bare metal.

The privacy curtain track that ran across the bedroom had become detached from the ceiling in two areas and was hanging down from the ceiling.

Resident #009's bed side table, provided by the home, was in poor repair. The laminate top of the bedside table was worn away in small areas throughout to expose the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected. It is noted that the poor condition of resident #009's bedside table, and other resident's bedside tables, was specifically addressed in the Resident Quality Inspection report (inspection # 2014_198117_0032, conducted in December 2014), and was the subject of a Voluntary Plan of Correction.

In the bathroom, the vinyl sheet flooring had shrunk and there was a loss of

adhesion between the flooring and the concrete beneath, in the area next to and behind the toilet. Along these walls, the flooring edge had pulled away from the baseboard, creating a gap of approximately half an inch. Accumulated dirt and debris was observed under the loose flooring, most pronounced in the area below the toilet paper dispenser.

Bedroom #110 - The grate over the bathroom exhaust fan was hanging down loosely from the ceiling, on the left side.

South hallway light fixture outside of bedroom #130 and #110 - the fluorescent lights were very dim and flickering.

Bedroom #112 - In the bathroom, the right bracket for the towel bar had become detached from the wall. The towel bar was lying on the floor and the bracket, with two protruding screws in it, was on the shelf above.

The bathroom floor was discolored with blackened areas throughout.

Bedroom #128 - In the bathroom, the wall in front of the toilet, next to the toilet and next to the sink was discolored was dirty with dried dark matter and scuff marks.

The wall under the bathroom sink was gouged and the wall next to the sink was deeply gouged.

The outer bathroom door was discolored with extensive scuff marks and was gouged and the wall to the right of the bathroom door was very deeply gouged and there was a hole in the wall.

Resident #010's dresser, supplied by the home, was in very poor repair. The front face of the lower drawer was lying on the floor, and the bottom of the lower drawer was not affixed to the sides and was lying on the bottom of the dresser. The third dresser drawer was missing the right knob. The top drawer was missing the right knob, yet the screw to hold the knob was still in place and it was a sharp protrusion.

Resident #010's bedside table, supplied by the home, was in very poor repair. The laminate top surface was warped and worn, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected.

The wall across from resident #010's bed was deeply gouged and the wall was crumbling at the corner between bed #1 and #2.

Bedroom #126 - The privacy curtain track that runs across the room has become detached from the ceiling in one area and the track was hanging down from the ceiling in that area.

The paint on the lower bedroom door was extensively scraped, down to metal.

Bedroom #124 - In the bathroom, the wall across from the toilet was discolored with scuff marks. The lower inner bathroom door was discolored with extensive scuff marks. The lower outer bathroom door was discolored with scuff marks.

In the bathroom, there was one long horizontal hole in the wall and one short horizontal hole in the wall, in the area of the garbage can.

In the bedroom, the wall to the left of the bathroom door was extensively pitted and gouged. The wall at the foot of resident #012's bed was pitted and gouged.

The lower outer bedroom door was scraped down to metal.

Resident #012's bed side table, supplied by the home, was in poor repair. The laminate top was worn away in a large area at the back left, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected.

South tub room - The lower outer door was discolored with scuff marks and scraped down to metal.

The walls throughout the tub room had been extensively patched but not painted. Lower patched areas were becoming gouged. The condition of these walls was specifically addressed in the Compliance Order issued as a result of inspection #2015_346133_0005, and remediation work was to have been completed in advance of the Compliance Order due date of July 20th, 2015.

The fluorescent lights above the tub were very dim and flickering.

South shower room - The lower shower wall was in very poor repair. Within the

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shower stall, the first lower tile was missing, the second was cracked and jutting out, and the third was cracked and caved in. On the corner of the shower wall, a lower side tile was cracked and the tile below that was missing. Directly around the corner, outside of the shower, a large tile was loose and resting on another tile. These missing tiles exposed rotting blackened wood, corroded metal strapping and crumbling wall matter. There was black growth on the wall matter. When light pressure was applied to the shower wall, it was movable. The administrator observed this with the inspector and indicated the he had been aware that the outer lower tile had been loose and had been put to the side by the former maintenance worker, but he had not been aware of the condition of the side and inner lower wall. The administrator removed the lower inner tile that was jutting out.

The shower handle was in poor repair. When the water was turned on, the water ran out from the base of the handle as well as from the shower head. This issue was raised to the inspector as a concern by a resident.

The walls throughout the shower room were extensively patched but not painted. The condition of these walls was specifically addressed in the Compliance Order issued as a result of inspection #2015_346133_0005, and remediation work was to have been completed in advance of the Compliance Order due date of July 20th, 2015.

Bedroom #118 - The lower bathroom door was very discolored with blackened areas.

Bedroom #116 - Resident # 006's window was in poor repair. There was a very heavy accumulation of condensation between the panes of the openable window and the upper window seal was hanging loosely between the panes. There was accumulation of rusted matter between the panes, along the base.

Bedroom #142 - The resident's bedside table, provided by the home, was in poor repair. The laminate top is warped and worn in areas towards the front right, exposing the absorbent surface beneath. Such a surface cannot be effectively cleaned and disinfected. Resident #013 informed the inspector that they keep a napkin over the area to hide the damage and to absorb moisture from the drinks left on the table by staff.

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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 22, 2016



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Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre 2015_346133_0005, CO #001;
existant:

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 :

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In order to achieve compliance with LTCHA, 2007, S.O. 2007, c.8, s. 15, (2) (a), the licensee will prepare, submit and implement a plan that provides for:

- a) a full home audit that is to include, but not be limited to, all areas/items captured within the grounds. The audit is to be completed by September 8th, 2015.
- b) reorientation of housekeeping staff to the home's written procedures for cleaning of the home, with a focus on areas/items captured within the grounds.
- b) cleaning of all areas/items described within the grounds, and cleaning of all additional areas/items that will be captured by the home's audit, by September 28th, 2015.
- c) supervision of the remedial cleaning project to ensure that progress is being made and that the compliance date will be met.
- d) a routine auditing program, once all areas of concern are addressed, to ensure sustained adherence to the home's written procedures related to cleaning of the home, and to ensure sustainable compliance with LTCHA, 2007, S.O. 2007, c.8, s. 15, (2) (a).

The compliance plan must identify person(s) within the management team that will be responsible for the various components of the plan.

The compliance plan is due on Tuesday, September 8th, 2015. The plan may be emailed to inspector #133's attention at the following email address: OttawaSAO.MOH@ontario.ca. Alternately, the compliance plan may be faxed to the inspector's attention at (613) 569-9670 or mailed to 347 Preston Street, Suite 420, 4th floor, Ottawa, Ontario, K1S 3J4.

Grounds / Motifs :

1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 15, (2) (a) in that the licensee has failed to ensure that the home is kept clean and sanitary.

The licensee has a history of non-compliance in this area. As a result of inspection #2015_346133_0005, conducted in February 2015, the licensee was served with a Compliance Order (#001). As a result of the Resident Quality

inspection #2014_198117_0032, conducted in December 2014, a Written Notification was issued.

Inspector #133 conducted a follow up inspection on August 11th – August 14th, 2015, a continued trend of widespread non-compliance related cleanliness of walls in resident bathrooms, bedrooms and some common areas was observed. Areas of concerns were revisited throughout the inspection and improvements were not noted, despite the daily cleaning program in place. Non-compliance related to privacy curtains and furnishings was also identified.

A) On August 11th, 2015, the following was initially observed, in the West hallway.

West dining room – The lower wall at the window closest to the kitchen, to the right of the window, was dirty with a spot of dried pink matter and some orange colored matter and the wall under the window was dirty with some dried dark matter, as was the baseboard. It was noted that the plate cleaning trolley is located in this area during meal service.

West dining room – At table 8RN, a dining room chair was dirty with some dried beige matter on the front of the seat and some dried brown matter on the right side of the seat, and there was noted accumulation of food debris between the back of the seat and the backrest. At table 7F, a dining room chair was dirty with dried food matter in the center of the seat and along the outer left and right sides of the seat.

Bedroom #101 - In the bathroom, the wall next to the toilet was dirty with spots of dried dark matter. The wall to the left and right of the sink was dirty with spots of dried brown matter. The lower inner side of the bathroom door was dirty with spots of dried brown matter.

In the bathroom, on the raised toilet set with arms and legs, the front bar was dirty with dried brown matter and the legs were dirty with dried brown matter. The outer front area of the outer toilet bowl was dirty with dried brown matter.

Bedroom #103 - The lower wall to the right of the bed was dirty with areas of dried brown matter as was the wall to the left of the bathroom door.

Bedroom #105 - In the bathroom, the lower wall next to the toilet and in front of

the toilet was dirty with spots of dried brown matter.

The front outer base of the toilet was dirty with brown matter.

Bedroom #107 - In the bathroom, the wall across from the toilet was dirty with accumulation of dried orange matter. The wall next to the toilet was dirty with spots of dried brown matter.

Bedroom #151 - In the bathroom, the wall next to the toilet and in front of the toilet was dirty with spots of dried brown matter.

The floor behind the toilet was dirty with dried brown matter.

Bedroom #111 - In the bathroom, the right lower door frame was dirty with dried brown matter and a cobweb.

Bedroom #145 - In the bathroom, the wall across from the toilet was dirty with spots of dried brown matter, the wall under the sink was dirty with dried pink matter, and the wall under the counter was dirty with spots of dried matter. The inner side of the bathroom door was dirty with a spot of dried brown matter at the handle.

The outer side of the bathroom door was dirty with dried dark brown matter in the area at the handle and there were spots of dried matter along the base of the outer bathroom door and along the outer door frame. There was an accumulation of sticky brown matter along the baseboard leading towards the bathroom door.

The resident's lower bed frame was dirty with dried matter and dust and the floor behind the bed was dirty with accumulated dust and debris.

Bedroom # 119 - In the bathroom, the wall next to the toilet was dirty with spots of dried brown matter. The wall next to the sink was dirty with dried brown and yellow matter, with heavy accumulation of dried yellow matter in the area of the towel bar closest to one of the bathroom doors. In the corner next to the sink, there was a candy wrapper suspended in a cobweb. The inner side of the bathroom doors were both dirty with dried matter.

Bedroom #141 - In the bathroom, the lower outer toilet bowl was dirty with dried

brown matter.

The lower inner side of the bathroom doors was dirty with dried matter.

Bedroom #133 - The inner side of the bathroom door was dirty with dried matter. The wall under the bathroom sink was dirty with spots of dried matter. The wall next to the bathroom door frame was dirty with dried matter. The outer bathroom door was dirty with dried matter.

The raised toilet seat in place on the toilet was dirty with brown matter, on the outer front area.

Resident #001's bedside table was very dirty with thick accumulation of dried matter in one area and sticky matter throughout.

West tub room – The top of the tub was dirty with an accumulation of watery brown residue. The light fixture above the tub was dirty with accumulation of dead insects and debris. There was a pair of rusty pliers on top of a blue box on the wall next to the tub and the top of the blue box was covered with rust. The wall to left upon entrance to the tub room was dirty with spots of dried dark matter along length of wall. The wall to the right upon entrance to the tub room was dirty with an area of dried brown matter and a long dark strip of dried matter, in the area of the transfer slings.

The privacy curtain for the tub was dirty with dried brown matter in the lower center area and along the right. The wall to the right of the privacy curtain was dirty with dried brown matter.

West shower room - The inner bathroom door was dirty with dried brown matter at the handle.

West nursing station – The walls were dirty throughout with dried matter and stains.

B) On August 12th, 2015, the following was initially observed, in the West and South hallways.

West hallway:

Bedroom #123 - In the bathroom, the wall next to the sink was dirty with brown spots, in the area of the towel bar closest to one of the doors, and the garbage can. The wall next to the toilet was dirty with brown spots in the area of the call bell cord, under the toilet paper dispenser and towards the door.

Bedroom #135 - The bathroom walls were very dirty, throughout. The wall across from the toilet was dirty with spots of dried brown matter along the length of the wall, as was the wall next to the toilet, the wall next to the sink, the wall under the sink, the wall under the counter, and the wall behind the toilet. The bottom of the inner bathroom door was dirty with many areas of dried brown matter. The outer lower bathroom door was dirty with many brown spots.

There was a bubble style raised toilet seat, with arms, in place on the toilet. The toilet seat was odorous and beneath it there was an accumulation of brown matter and metallic debris, which appeared to be corrosion from the screws in the base of the seat. The outer toilet bowl and base of toilet was dirty with brown matter. The inner rim of the raised seat was dirty with brown matter and the inner rim of the toilet bowl was dirty with brown matter.

In the bedroom, the wall to the left of the bathroom door was dirty with dried brown orange matter. The lower right closet door was dirty with brown spots. The wall to the right of the bathroom door was dirty with dried brown spots.

Bedroom #125 - The lower inner bathroom door was dirty with brown spots as was the wall next to the sink and across from the toilet. The wall next to the toilet was dirty with spots of dried brown matter.

The lower outer bathroom door was dirty with brown spots as was the wall and baseboard to the right of the door.

The wall behind resident #002's bed was dirty with spots of dried brown matter.

Resident #002's lower closet door was dirty with dried brown and yellowish matter.

Bedroom #127 - In resident #003's bed space, the wall in the area of the garbage can was dirty with spots of dried matter, from the top of the mirror down to and including the baseboard. Behind the resident's red chairs the wall was dirty with dried brown matter and the floor under the chairs was dirty with dried

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yellow matter.

In the bathroom, the wall under the counter was dirty with brown matter. The wall next to the toilet and in front of the toilet was dirty with spots of dried brown and yellow orange matter as were the baseboards and the wall under the sink and next to the sink. The inner bathroom door was dirty with dried matter.

The outer lower bathroom door was dirty with dried matter as was the upper area around the handle and the left side of the door frame.

The bedroom wall to the right of the bathroom door and the door frame was dirty with dried matter and accumulation of dried brown matter along the baseboard.

The wall next to the resident #004's bed was dirty with black matter.

Resident #004's privacy curtain was dirty at the right side with dried yellow matter and along the left side with dried matter of various colors.

Bedroom #131 - In the bathroom, the wall across from the toilet was dirty with dried matter. The lower inner bathroom door was dirty with dried dark matter. The wall under the counter was dirty with spots of dried brown matter.

The outer bathroom door was dirty with dried matter.

The wall under the alcohol dispenser upon entry into the bedroom was dirty with spots of dried brown matter throughout.

Resident #016's bedside table was dirty with sticky matter.

South hallway:

South dining room - The wall next to table 4A was very dirty with many spots of dried light brown matter, as was the baseboard.

South dining room - Resident #005's dining room chair was dirty with dried food matter at the front of the seat, at the left side and at the left back side of the seat. Resident #006's chair was dirty with black sticky matter, on the right side of the seat. Resident #007's chair was dirty with dried matter on the left side of the seat and on the arm rests. Resident #008's chair was dirty with brown spots

towards the back of the seat and an area of dried brown matter on the left side of the seat near the front. At the table in front of the dining room door, there was one chair. The chair was dirty with dried matter on the left side of the seat and the arm rests were dirty with sticky accumulation.

Bedroom #144 - The outer bathroom door frame, on the left side, was dirty with spots of dried brown orange matter.

Bedroom #140 - The wall to the right of the bed was dirty with some dried brown spots.

Bedroom #138 - In the bathroom, there was a bubble type raised toilet seat, with arm, in place on the toilet. There was an accumulation of brown matter under the raised toilet seat and a line of brown matter from beneath the raised toilet seat down the front right side of the outer toilet bowl.

Bedroom #134 - In the bathroom, the wall next to the toilet, in the area of the garbage can and toilet paper dispenser was dirty with spots of dried matter of various colors.

Bedroom #130 - Resident #009's privacy curtain was dirty throughout with dried matter of various colors.

Bedroom #110 - In the bedroom, the wall behind the residents chair was dirty with dried pink spots.

Bedroom #128 - In the bathroom, the wall in front of the toilet was dirty with dried dark matter. The wall next to the sink was dirty with dried dark spots. The wall under the counter was dirty with dried matter.

The wall next to resident #010's bedside table was dirty with spots of dried pink matter.

Resident # 010's privacy curtain was dirty with dried matter of various colors throughout.

Bedroom #126 - Resident # 011's privacy curtain was dirty with dried matter, on the left side.

Bedroom #124 - In the bathroom, the wall across from the toilet was dirty with dried dark matter. The wall under the sink and next to the sink was dirty with dried matter.

In the bedroom, the baseboard to the left of the bathroom door was dirty with brown matter. The lower outer bathroom door was dirty with dried matter. The wall to the right of the bathroom door was dirty with dried matter. The lower outer bedroom door was dirty with dried matter.

The wall at the foot of resident #012's bed was dirty with brown matter.

Resident #012's privacy curtain was very dirty with dried matter of various colors throughout.

South tub room - The walls throughout the tub room, areas that had not been patched, were dirty with dried matter.

The privacy curtain was discolored throughout and dirty with areas of dried brown matter on the side

South shower room - The walls throughout the shower room were dirty with dried matter. The top area of the tub was dirty with accumulated rust from a rusting chain.

Bedroom #120 - In the bathroom, the wall across from the toilet was dirty with spots of dried matter, in the area of the garbage can.

Both privacy curtains in the bedroom were dirty with areas of dried matter.

Behind the bedroom door, there was a small area missing a baseboard and there was an accumulation of debris and cobwebs.

Bedroom #118 - The wall next to the toilet was dirty in some areas with brown matter.

Bedroom #116 - The lower closet door at the entrance to the bedroom, the lower inner bedroom door, and the wall in between the door and the closet was dirty with dried matter throughout.

Bedroom #142 - The resident's bedside table was dirty with dried yellow matter. Resident #013 told the inspector that he/she is typically in his/her room when it is cleaned, and that the bedside table is not regularly cleaned.

C) On August 13th, 2015, the following was initially observed, in the west and south hallways.

West hallway:

Bedroom #129 - In the bedroom, the corner to the left of resident # 014's bed, at the window, was dirty with a cobweb, hair, debris and a nitroglycerin patch that was dated March 24, 2014, with the initials "RJ". This was observed in the company of the unit Registered Practical Nurse, staff # S 103.

The ceiling above the resident # 014's bed was dirty with dried brown matter in the area of the sprinkler head and with areas of bits of yellowish material that resembled toilet paper or other such material. The wall to the left of the resident's bed was dirty with dried matter of various colors throughout. The wall to the right of the resident's bed was dirty with streaks of dried matter, as was the wall and baseboard across from the bed. The heater in the resident's space was dirty with dried dark matter, under the left window.

Resident #014's bedside table was dirty with sticky matter and hair.

Resident #015's bed side table was dirty with sticky matter and some dried green matter.

In the bathroom, the lower right side of the toilet tank was dirty with brown matter as well the wall behind it, as was the wall next to the toilet.

West hallway – The light fixture outside of bedroom #127/#129 was dirty with accumulated dead insects.

South hallway:

South hallway – The light fixture outside of bedroom #118/#120 was dirty with accumulated dead insects.

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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 28, 2015



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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 or by fax upon:

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



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

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

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



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de soins de longue durée, L.O. 2007, chap. 8*

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 24th day of August, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : JESSICA LAPENSEE

Service Area Office /

Bureau régional de services : Ottawa Service Area Office