



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

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'Inspection	Type of Inspection/Genre d'inspection
April 8, 2011	2011-120-2853-08Apr145019	Complaint - 00579-11

Licensee/Titulaire
Liuna Local 837 Nursing Home (Hamilton) Corporation, 44 Hughson Street South, Hamilton, ON, L8N 2A7

Long-Term Care Home/Foyer de soins de longue durée
Queen's Garden, 80 Queen St. N., Hamilton, ON, L8R 3P6

Name of Inspector(s)/Nom de l'inspecteur(s)
Bernadette Susnik, Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a complaint inspection related to maintenance services.

During the course of the inspection, the inspector spoke with the administrator and environmental services supervisor.

During the course of the inspection, the inspector conducted an inspection of 2 shower rooms, all 4 serveries, 6 dining rooms and the main kitchen.

The following Inspection Protocol was used during this inspection:

- *Accommodation Services – Maintenance*

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN
1 VPC



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The licensee has failed to comply with the LTCHA 2007, S.O. 2007, c.8, s.15(2)(c). Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. The flooring material in the main kitchen is split at the seam in several locations (under dishwasher and near the door to the servery). The floor is lifting and water has seeped underneath.
2. Water damage is evident on the ceiling and wall to the left of the balcony door entrance in the Dundurn dining room. Numerous repairs to the wall and ceiling have been made in the past, however the water leak has not been resolved. The source of the water is reported to be a result of improper balcony drainage. The balconies were noted by the inspector to have uneven surfaces with a raised drain, preventing adequate drainage. Evidence of repeat water drainage down the exterior brick of the building, between and behind balconies, is evident, with white precipitate on the brick.

Additional Required Actions:

VPC - pursuant to the *LTC Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction to achieve compliance with respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

Signature of Licensee of Designated Representative
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title: Date:

Date of Report (if different from date(s) of inspection).

B. Susnik
May 30/11