



**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**

**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**

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 8, 2015	2015_325568_0015	009146-15	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF GREY
959 9th Avenue East OWEN SOUND ON N4K 3E3

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

ROCKWOOD TERRACE HOME FOR THE AGED
575 SADDLER STREET EAST P. O. BOX 660 DURHAM ON N0G 1R0

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

DOROTHY GINTHER (568), CAROLYN MCLEOD (614), JUNE OSBORN (105),
SHARON PERRY (155)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): May 12, 13, 14, 15, 19, 20, 21, and 25, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Office Manager, Building Services Manager, Resident and Family Services Manager, Food Services Manager, Personal Support Worker Coordinator, Registered Dietitian, one Registered Nurse, five Registered Practical Nurses, one Registered Practical Nurse Student, two Programs staff, one Maintenance staff, four Personal Support Workers, Resident Council representative, Family Council representative, Residents and Families.

The inspectors conducted a tour of all resident areas and common areas; observed residents and care provided to them, observed meal service, medication passes, medication storage areas; reviewed health care records and plans of care for identified residents; reviewed policies and procedures of the home, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Dignity, Choice and Privacy

Dining Observation

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Recreation and Social Activities

Residents' Council

Skin and Wound Care



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

- 8 WN(s)
- 4 VPC(s)
- 1 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>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 ensure that the home, furnishings and equipment are kept clean and sanitary.

Observations by two inspectors revealed numerous dead insects in the hall overhead light fixtures on the third floor.

During a tour of the home maintenance staff acknowledged the presence of insects in the overhead light fixtures in the identified areas and confirmed that the home had not been kept clean and sanitary. [s. 15. (2) (a)]

2. 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.

a) During observations in the dining room on the first and second floor a number of tables were observed with objects under the legs in an attempt to level the tables.

The Director of Care confirmed that these items should not be used to level table legs as they can be adjusted. The Food Services Manager indicated that the home is looking at new tables for the dining rooms.

b) Observations made during the inspection revealed:

-Eight resident rooms and adjoining washrooms where the paint was scraped and there

were significant black scuff marks on the walls and doors.

- Six resident rooms where the entry door or washroom door frames were scraped and gouged down to the metal.
- Two resident rooms where there were holes in the floor tile or a missing floor tile.
- One resident room a piece of baseboard was lying on the floor by the closet.
- Three resident rooms with patches on the walls that had been plastered but not painted.
- Five resident rooms where the toilets had brown rust-like stains.
- Water running in the sink of one resident washroom. The taps could not be completely shut off.
- Four resident washrooms with taps that showed signs of corrosion.
- One resident room where the vinyl covering was peeling away from the window ledge.
- One resident room with holes in the drywall at the top of the bed.

Common areas - hallway walls were heavily scuffed with black marks, paint was scraped and there was significant wall damage at the entry to one of the nursing stations. Walls around the elevators on the main, second and third floors had black scuff marks, paint was scraped and gouged particularly around the door frames into and out of the elevators. In one of the tub rooms and a nurses station there were several areas of unpainted drywall patching.

Interview with the Building Services Manager (BSM) revealed that the brown stains, resembling rust marks, in many of the toilets was the result of the hard water. The BSM indicated that they do not have a preventative maintenance plan for the home to address painting and minor maintenance issues. These types of issues are identified during audits which are conducted every couple of months in specific areas of the home. Based on these audits any identified issues will be addressed.

Record review revealed that audits were completed in six rooms in October 2014, twenty-seven rooms in December 2014 and sixteen rooms in April 2015. Maintenance and painting issues identified in previous audits were still evident during observations made at the time of this inspection.

During a tour of the home with the Building Services Manager and maintenance staff, they confirmed that the home and furnishings in the identified areas were not maintained in a good state of repair. (614) [s. 15. (2) (c)]



Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

During observation of a meal resident #019 was observed being assisted with their meal. Midway through the meal the resident experienced some distress. Staff assisting other residents in the dining room did not come to check on the resident and it took some time for the registered staff in the hallway to respond.

Record review revealed that resident #019 had a history of similar experiences. During an interview with the Registered Dietitian (RD) it was identified that resident #019 was a high nutritional risk. The RD indicated that they had been referred on more than one occasion to see this resident.

During an interview with the Food Services Manager they confirmed that the home does not provide education or teaching with regard to proper feeding techniques for everyone that assists residents with their meals.

The home failed to ensure that resident #019 was properly fed in a manner consistent with their needs. [s. 3. (1) 4.]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every resident is properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy, or system was complied with.

The home's policy titled Painting and authorized by Administration, dated as revised December 2008, stated that "quarterly checks will be completed to ensure all walls, ceilings, doors and frames are free of marks, scrapes, and chips". The procedure stated that quarterly the Building Services Manager or designate will check the following:

1. Inspect all resident rooms, dining rooms, common rooms, hallways, etc for wall repairs and painting repairs.
2. Touch up plaster and paint in all required areas.
3. Maintain a record of painting.

Observations made during the Resident Quality Inspection of resident's rooms, common areas, and the general environment of the home revealed that there were a number of resident rooms and common areas that required painting and repairs.

Record review revealed that maintenance audits were completed for six resident rooms in October 2014, 27 rooms in December 2014 and 15 rooms in April 2015.

The Building Services Manager indicated that the home does not have a preventative maintenance schedule with regards to painting and repairs. They try to complete audits on a quarterly basis, however the audits do not include all resident and common areas. The home's policy titled painting was not complied with. [s. 8. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan, policy, protocol, procedure, strategy, or system is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that; allows calls to be cancelled only at the point of activation; is available in every area accessible by residents; clearly indicates when activated where the signal is coming from; and in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

During the initial tour of the home it was identified that twelve common areas / lounges accessible to residents and the home's library did not have a communication and response system. In a number of the lounges a hotel-type of desk bell was observed taped to a table.

The Director of Care acknowledged that the common areas accessible to residents on the second and third floors, as well as the library on the main floor, were not equipped with a communication and response system. In the interim, the home had placed hotel-type desk bells in these areas for residents and staff to use should they need assistance.

The Administrator indicated that the home has a plan in place to install a communication and response system in these areas within the next three to four months. [s. 17. (1)]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is equipped with a resident-staff communication and response system that; allows calls to be cancelled only at the point of activation; is available in every area accessible by residents; clearly indicates when activated where the signal is coming from; and in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment.

During the inspection the Versa frames, used to assist with resident transfers on and off the toilet, in three shared resident washrooms were observed in disrepair.

The Building Services Manager confirmed that the Versa frames in these washrooms were in disrepair and may be a safety hazard for residents using this equipment. [s. 90. (2) (b)]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that there is a written plan of care for each resident that sets out the planned care for the resident.

During observations resident #038's bed was observed with a bed rail.

The Bed Entrapment Risk Assessment completed October 27, 2014 indicates that resident #038 requires bed rails for mobility assistance.

During an interview with a Personal Support Worker, the staff member indicated that they were unsure whether resident #038 used bed rails. The staff member shared that they take direction related to the use of bed rails from the kardex and care plan which they access on Point of Care. Interview with a second Personal Support Worker indicated that resident #038 used bed rails to assist with bed mobility.

Review of resident #038's clinical record including the care plan and kardex did not identify whether the resident used bed rails. The Director of Care confirmed that the written plan of care for resident #038 did not set out the planned care for the resident pertaining to bed rails. [s. 6. (1) (a)]

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that where bed rails are used the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident.

The Director of Care and Building Services Manager identified that the home has purchased and received 22 new beds and mattresses. These are being used by residents, however, the Building Services Manager confirmed that these bed systems have not been evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident. [s. 15. (1) (a)]

2. The licensee has failed to ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

Resident #018 was observed on two occasions during the inspection with a bed rail in the up position. Review of resident #018's care plan indicates that they use side rails.

Review of the bed entrapment assessment indicates that resident #018 was at high risk for entrapment. Review of the last bed assessment spreadsheet indicates that resident #018's bed system failed in two zones. The solution identified was to tighten the bed rails on a regular basis.

The Building Services Manager confirmed that if the solution was to tighten rails on a regular basis the rails were tightened, however, the beds were not retested to ensure that zones two and three were no longer potential zones of entrapment. [s. 15. (1) (b)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

During the inspection the following was observed:

Urine collection hats on the floor of five shared resident washrooms.

A slipper pan on the floor of a shared resident washroom.

Unlabelled personal care equipment in a shared resident washroom.

The Director of Care confirmed that the above items are not to be kept on the bathroom floors and the expectation is that they are taken to the soiled utility room after use and once cleaned placed in the clean utility room. The Director of Care also confirmed that personal items are to be labeled. The home did not ensure that all staff participate in the implementation of the infection prevention and control program. [s. 229. (4)]

Issued on this 26th day of June, 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) : DOROTHY GINTHER (568), CAROLYN MCLEOD
(614), JUNE OSBORN (105), SHARON PERRY (155)

Inspection No. /

No de l'inspection : 2015_325568_0015

Log No. /

Registre no: 009146-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Jun 8, 2015

Licensee /

Titulaire de permis : CORPORATION OF THE COUNTY OF GREY
959 9th Avenue East, OWEN SOUND, ON, N4K-3E3

LTC Home /

Foyer de SLD : ROCKWOOD TERRACE HOME FOR THE AGED
575 SADDLER STREET EAST, P. O. BOX 660,
DURHAM, ON, N0G-1R0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : KAREN KRAUS

To CORPORATION OF THE COUNTY OF GREY, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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

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

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

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

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

Order / Ordre :

The licensee shall ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Grounds / Motifs :

1. 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.

a) During observations in the dining room on the first and second floor a number of tables were observed with objects under the legs in an attempt to level the tables. The Director of Care confirmed that these items should not be used to level table legs as they can be adjusted. The Food Services Manager indicated that the home is looking at new tables for the dining rooms.

b) Observations made during the inspection revealed:

-Eight resident rooms and adjoining washrooms where the paint was scraped and there were significant black scuff marks on the walls and doors.

-Six resident rooms where the entry door or washroom door frames were scraped and gouged down to the metal.

-Two resident rooms where there were holes in the floor tile or a missing floor tile.

-One resident room a piece of baseboard was lying on the floor by the closet.

-Three resident rooms with patches on the walls that had been plastered but not painted.



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- Five resident rooms where the toilets had brown rust-like stains.
- Water running in the sink of one resident washroom. The taps could not be completely shut off.
- Four resident washrooms with taps that showed signs of corrosion.
- One resident room where the vinyl covering was peeling away from the window ledge.
- One resident room with holes in the drywall at the top of the bed.

Common areas - hallway walls were heavily scuffed with black marks, paint was scraped and there was significant wall damage at the entry to one of the nursing stations. Walls around the elevators on the main, second and third floors had black scuff marks, paint was scraped and gouged particularly around the door frames into and out of the elevators. In one of the tub rooms and a nurses station there were several areas of unpainted drywall patching.

Interview with the Building Services Manager (BSM) revealed that the brown stains, resembling rust marks, in many of the toilets was the result of the hard water. The BSM indicated that they do not have a preventative maintenance plan for the home to address painting and minor maintenance issues. These types of issues are identified during audits which are conducted every couple of months in specific areas of the home. Based on these audits any identified issues will be addressed.

Record review revealed that audits were completed in six rooms in October 2014, twenty-seven rooms in December 2014 and sixteen rooms in April 2015. Maintenance and painting issues identified in previous audits were still evident during observations made at the time of this inspection.

During a tour of the home with the Building Services Manager and maintenance staff, they confirmed that the home and furnishings in the identified areas were not maintained in a good state of repair. (614) (568)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2015



**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

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

The written request for review must be served personally, by registered mail 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



**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*

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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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, 11^e 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.



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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 8th day of June, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Dorothy Ginther

Service Area Office /

Bureau régional de services : London Service Area Office