



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

**Rapport d'inspection
prévus 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

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

Division de la responsabilisation et de la performance du
système de santé

Direction de l'amélioration de la performance et de la
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Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection

August 30th, 2010.

Inspection No/ d'inspection

2010_133_943_30Aug113256

Type of Inspection/Genre d'inspection

Complaint
Log # 0-000998

Licensee/Titulaire

Taminagi Inc.
Loiselle Street
CP Box 2132
Embrun, ON
K0A 1W1
Fax: 613-835-2982

Mailing address:

Taminagi Inc.
2861 Colonial Road
P.O Box 130
Sarsfield, ON
K0A 1W1

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

Sarsfield Colonial Home
2861 Colonial Road
P.O Box 130
Sarsfield, ON
K0A 1W1

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

Jessica Lapensee (ID #133)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the condition of the elevator and window mounted air conditioners throughout the Home.

During the course of the inspection, the inspector spoke with the Administrator, the Director of Care and the Environmental Services Manager.

During the course of the inspection, the inspector and the Environmental Services Manager (ESM) inspected all window mounted air conditioners in the Home. The ESM provided the inspector with a copy of the Home's "Schedule B – Uninsured Services" document.

The inspector used the elevator during the inspection. The ESM provided the inspector with a copy of the elevator's Technical Standards and Safety Authority (TSSA) current licence. The ESM provided the inspector with a copy of the TSSA's most recent inspection report for their inspection completed on March 11, 2010. The ESM provided the inspector with a copy of the elevator service company's general maintenance visit log and service actions/repairs and replacement log. The Administrator, DOC and ESM discussed the Home's recent move to restricting use of the elevator around mealtimes.

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

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'exigence 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 Long-Term Care Homes Act, 2007, S.O. 2007, Chapter 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



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Findings:

- 1) One window mounted air conditioner on the 3rd floor, at the end of the hallway closest to bedroom 304, was observed to be dirty with small black circular spots on the vents and inside the vents.
- 2) There was a musty odor emanating from the air conditioner.

Inspector ID #: 133

Signature of Licensee or Representative of Licensee
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).

Jessica Lapanse

September 30, 2010