

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: October 10, 2024

Inspection Number: 2024-1510-0006

Inspection Type:
Complaint
Critical Incident

Licensee: St. Patrick's Home of Ottawa Inc.

Long Term Care Home and City: St. Patrick's Home, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 25-27, 2024 and October 1-4, 2024 and October 8, and 10, 2024

The inspection occurred offsite on the following dates: October 2, 3, 8, 9, and 10, 2024

The following intakes were completed in this complaint inspection:

- Intake: #00124378 – complaint with concerns regarding alleged neglect of several residents.
- Intake: #00125417 – complaint with concerns regarding pest control.

The following intakes were completed in this Critical Incident (CI) inspection:

- Intake: #00123934 was related to alleged staff to resident verbal abuse and neglect.
- Intake: #00124108 was related to alleged staff to resident neglect.

The following Inspection Protocols were used during this inspection:

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Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care, specifically related to a resident's recommended food texture, was provided to the resident during dinner meal service on a specified date as specified in the plan.

Sources: A resident's health records, observation, picture of the resident's plate, and interview with staff.

WRITTEN NOTIFICATION: Home to be maintained in a safe condition and in a good state of repair

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

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Accommodation services

s. 19 (2) 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.

The licensee has failed to ensure that the home is maintained in a safe condition and in a good state of repair.

On specified date, in the company of laundry worker, the inspector heard and observed some sparking from the end of a fluorescent light tube in a basement storage room. There was some water dripping on the fixture that housed the light tube and the end that was sparking was also blackened and melted. The laundry worker indicated it was not a new issue. A maintenance worker responded to the inspector's request for assistance and they unscrewed the light tube which resolved the immediate risk. The inspector observed additional corrective action was taken on the following day.

On a different date, the maintenance manager (MM) indicated that it appeared that the dripping water was coming from the concrete slab above the fixture and finding its way down along the drain above the light fixture in the basement storage room. The MM indicated that there was damaged flooring in the main kitchen, in the area of the hot pots, and water had been getting under the flooring to saturate the concrete slab between the kitchen and storage room. The MM indicated that the flooring would be repaired and once the slab was dry, they could determine with certainty if that had been the cause of the dripping.

Sources: Observations, interviews with staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the licensee's written policy to promote zero tolerance of abuse and neglect of residents was complied with by two Registered Nurses (RN) when a Registered Practical Nurse (RPN) reported allegations of staff to resident abuse/neglect on a specified date. Specifically, the two RNs did not follow the procedures outlined for the charge nurse which includes but is not limited to, immediately reporting to the Director, contacting the manager on call for further direction on actions to take related to the alleged staff member, and notifying the resident's Substitute Decision Maker (SDM) within required timelines.

Sources: a resident's health records, Critical Incident Report, Prevention and Reporting of Resident Abuse and Neglect policy and procedure, last revised May 8, 2023 (I ADM G 10.03), licensee's internal investigation notes, and interviews with staff.

WRITTEN NOTIFICATION: Menu planning

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and

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available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that the planned menu items were offered and available at dinner on a specified date. Specifically, two resident home areas did not have minced textured mixed green salad available at the appropriate texture as an alternate choice for the ten residents who required this texture as part of their diet order.

Sources: Week 2 menu cycle, diet type report from PointClickCare, observation, and interviews with staff.

WRITTEN NOTIFICATION: Linen to be maintained in a good state of repair

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 95 (1) (c)

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and

The licensee has failed to ensure that procedures are developed and implemented to ensure that linen is maintained in a good state of repair.

On a specified date, in a resident's room it was observed that the bottom bed sheet was stained and ripped in several areas. On the following day it was observed that the sheet had been replaced and the new bottom sheet was more extensively ripped.

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On a specified date, in a different resident's room it was observed that the bottom bed sheet was stained and it was ripped in one area. On the following day it was observed that the sheet had been replaced and the new bottom sheet was more extensively ripped.

On a specified date the Support Services Manager was shown pictures of the observed conditions of the bed linens and they indicated there is ample linen in the home and there is a process in place to remove damaged linens from circulation that staff should be following.

Sources: Observations, Interview with staff.

COMPLIANCE ORDER CO #001 The home, furnishings and equipment to be kept clean and sanitary

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A) Review this compliance order and the information that supports it with all managers and all of members of the leadership team of the home.

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B) Consult with a licensed pest controller to develop and implement a formalized expansion of pest elimination efforts within resident bedrooms and common areas such as spa rooms, staff break rooms and lounges.

C) Provide in person education for all staff that will include:

- Review of staff's formalized roles and responsibilities to maintain a clean and pest free environment specific to their position in the home and the areas of the home in which they are typically situated.
- Review of information about the identified pest's behavior and biology (i.e., habitat preferences, diet, reproduction, health risks) as well as information that reinforces the importance of removing dead pests from the environment.
- Review of expectations pertaining to formally reporting pest sightings, verification that each individual is equipped to immediately report a sighting and a process in place that allows the reporting individual to be made aware that the sighting they report has been actioned.

D) Document the education that is provided to staff, record names of the educator(s), dates and times and method that education was provided. All staff in the home to sign off on having received the education and this is to be verified against a master list of staff in the home to ensure 100% coverage.

E) Review the infection prevention and control program specific to medical equipment such as bedpans, urinals, urine collection hats and washbasins. Include:

- Formal expectations related to the storage of such equipment, which types of equipment is to be cleaned and disinfected and which types of equipment is to be

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treated as disposable.

- Clarify for disposable equipment when the equipment is to be disposed of.
- Clarify for reusable equipment when and how staff are expected to clean and disinfect said equipment and how this will be audited by a manager on an ongoing basis. Include demonstration of the required cleaning and disinfecting practices and how to store the equipment daily if in the resident's bathroom.

F) Develop and implement written procedures for all the above that includes clearly defined roles and responsibilities for front line staff and leadership staff to ensure compliance with the requirement to maintain the equipment in a clean and sanitary manner.

G) Provide in person education for all staff with responsibility for ensuring that medical equipment such as bedpans, urinals, urine collection hats and washbasins are kept and stored in a clean and sanitary manner, on all the topics referenced in item E above.

H) Document the education that is provided to staff, record names of the educator(s), dates and times and method that education was provided. All applicable staff in the home are to sign off on having received the education and this is to be verified against a master list of staff in the home to ensure 100% coverage.

I) Implement a daily documented audit process on every care unit, on randomized shifts, for three weeks, including on weekends and holidays, and on different shifts, to ensure that medical devices such as bedpans, urinals, urine collection hats and

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bedpans are being maintained and stored and cleaned in a sanitary manner. Then decrease to weekly audits for two weeks on each shift. Then implement random weekly audits on each home area until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

J) Implement an immediate home wide process to inspect, clean and sanitize all residents' mobility devices to ensure they are free from pest infestation. Once all devices are cleared and cleaned, implement more extensive routine cleaning program for all mobility devices.

K) Implement a weekly documented audit process on every care unit, on randomized shifts, including on weekends and holidays, and on different shifts, to ensure that mobility devices are being maintained in a clean and sanitary manner. Then decrease to audits to every two weeks on every care unit. Then implement random audits every two weeks until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

L) Review of written cleaning procedures for all areas of the home including walls in resident bedrooms, bathroom and common area, handrails at toilets, dining room walls and tables and chairs and update as required where the procedures have failed to ensure a clean and sanitary environment.

M) Re-educate staff with responsibility to follow the cleaning procedures and document the education that is provided to the staff, record names of the educator(s), dates and times and method that education was provided. All

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applicable staff in the home to sign off on having received the education and this is to be verified against a master list of staff in the home to ensure 100% coverage.

N) Implementation of a documented audit process to be done every week in every bedroom and common area on every care unit to ensure that all surfaces are being maintained in a clean and sanitary manner. Continue the audits until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

O) Clean all accumulated matter from accessible areas within the garbage chute, such as inside of and to the sides of the chute doors and then maintain with the weekly procedure. Conduct documented audits every two weeks to ensure the procedure is effective and the garbage chute is maintained in a clean and sanitary manner.

P) Any additional measures the licensee determines to be necessary to ultimately ensure that the home, furnishings and equipment are maintained in a clean and sanitary manner, with consideration of the pest infestation in the home.

Q) Everything from points A to P is to be documented and written records are to be maintained until the Ministry of Long-Term Care has deemed this order to be complied with.

Grounds

The licensee has failed to ensure that the home, furnishings, and equipment are kept clean and sanitary.

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A resident's mobility device was noted to be infested with an identified pest on a specified date. The home's licensed pest controller (PC) dismantled parts of the mobility device and treated it throughout on a specified date. PC indicated to the inspector during an interview that it had been a very heavy infestation.

Nine resident mobility devices were observed to be dirty with accumulated matter and debris on specified dates.

Two resident bedrooms were scheduled for a pest treatment on a specified date by the home's licensed pest controller. Despite direction from the licensed pest controller on how to prepare the rooms for the treatment, the required process was not followed and the full planned treatment could not be done due to risk of exposure of pesticide to residents' belongings and specified furnishings. The residents had been moved out of their rooms to allow for the treatment, overnight.

Related to cleanliness and the pest control program as provided by the licensed pest controller, between specified months, reports have consecutively included the following required action: "Please clean in and around drains frequently to help prevent pest breeding sites".

Unclean medical devices such as bedpans, urinals and bedpans were observed on consecutive inspection days in ten resident bathrooms. In most cases, the unclean devices were also stored in an unsanitary way which would hinder cleaning of the surface, such as on floors and counter tops.

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In a resident's bedroom, the lower area of the open window and screen were dirty with a heavy accumulation of dead insects. The resident's bathroom floor was very sticky.

In three resident bathrooms there was an accumulation of matter underneath the sink basin.

In a resident's bedroom, their top pillow was observed to be stained and dirty with dried matter on consecutive inspection days.

In a different resident's bedroom, their pillow was observed to be stained and dirty with dried matter on consecutive inspection days as was their privacy curtain. Their bathroom floor and bedroom floor were sticky.

In six resident bedrooms, on consecutive inspection days, there was an observed accumulation of debris and dried matter on surfaces such as floors (behind refrigerators, behind beds, in closets) walls next to beds, walls next to toilets and above garbage cans and below towel bars, sides of hand rails at toilets.

In a resident's bedroom, a dead pest was observed on their windowsill and observed again six days later. There were undated pest control monitors in the bedroom with dead pests, dirt and debris on them. On one of the monitors, one more dead pest was noted on the second observation day. Their top dresser drawer was dirty with accumulated broken crackers. The exhaust vent in their bathroom was dirty with accumulated dust.

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In a different resident's bedroom, an undated pest monitor was in place with dead pests on it, observed on one inspection day and then six days later.

In another resident's bedroom, a live pest was observed on an undated monitor on the floor in their bathroom and on the floor near the closet. There was a dead pest on the floor in their closet. The exhaust vent in their bathroom was dirty with accumulated dust. This was observed on consecutive inspection days.

In a different resident's bedroom, the inspector moved a shopping bag that was on the floor in the corner next to the dresser under the tv and a pest emerged and went under the dresser. No pest monitors were observed in the bedroom.

Garbage chutes on all floors were observed to be dirty with accumulated matter within the chute door and to the sides. The maintenance manager (MM) indicated that the weekly process to clean the chute with a sanitizing solution had not been done for approximately two months due to the absence of the staff member assigned to the task.

In three dining rooms there was an observed accumulation of dead pests, pest debris and pest monitors filled with pests in the cupboard under the steam wells. As well, there was an accumulation of dried matter observed on walls in and around the area of the hand sanitizer dispenser and monitor, behind the dish cart, above the garbage can and behind the laundry bag stand for soiled clothing protectors. The laundry bag stands were dirty with accumulated dried matter throughout.

In one dining room there was an accumulation of food from the breakfast meal under a resident's table. When the resident arrived for their lunch meal, they seated

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themselves and then staff assisted the resident to get closer to the table by pushing their chair in, through the food on the floor. The residents' feet and the bottom of the chair were then soiled with the food. Also in this dining room, staff identified a gap between an area of the wall and a wooden ledge from which they have observed pests emerging. As per interviews with three staff members, and the licensed pest controller, when the dining area was treated for pest control, a very high number of pests emerged from that area and were accumulated on the floor along the baseboard.

In a different dining room, food from the breakfast meal was observed on the floor at two tables after the residents had left the tables following their lunch meal. The legs of one table were observed to be dirty with an accumulation of dried matter as was the wall in front of and to the side of the table and around into the activity room. The dining room floor was observed to be dirty with accumulated sticky residue throughout and there was an audible sound of people's shoes adhering to the surface as they walk around in the dining room. A visitor raised a concern about this to the inspector.

In another dining room a dead pest was observed on the windowsill on one inspection day and then a second time, seven days later. On the second observation day, the floor at the dining room handsink was sticky with embedded debris and there were four dead pests in front of the cupboard. In the sink, there were two dead pests as well as a pink sticky liquid.

In a different dining room, the area under the handsink was dirty with some accumulated dead pests. There was a household toaster on a tray under the sink as well, with an accumulation of crumbs on the tray.

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In two dining rooms, accumulated dried matter was observed on identified tables and chairs.

In a lounge, the wall and baseboard under the window was dirty with accumulated dried matter and the carpet was stained and dirty with debris throughout.

In a staff break room, there was accumulated matter on lower walls near the table, inside the lower section of the fridge, on the outer lower section of the fridge, on the garbage can and under the garbage can and on a chair at the table. Under the cushion of the lounge chair, there was an accumulation of food debris. In the cupboard under the microwave, a pest was observed running up the side and then going into the metal bracket where the shelves attach into. Under the shoe rack, there was a pest monitor full of dead pests, hair, and debris.

In the main kitchen, the covers on the bin of navy beans and the bin of flax seeds were dirty with accumulated dried matter as was inside of the handles on each bin.

Related to a spa room, a visitor reported observing pests emerging from the drain in the shower area. The next day, the inspector observed two pests emerge from underneath a rubber boot in the shower area. One of the two was observed to run up the nearby baseboard and into a small hole in between two of the wall tiles. A third pest was observed to emerge from beneath a pest monitor and ran up the back wall, outside of the shower.

Sources: observations, interviews: pest controller, maintenance manager, visitor, staff, review of pest control records from the home's contracted licensed pest controller.

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This order must be complied with by December 16, 2024

COMPLIANCE ORDER CO #002 Doors in a home

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A) Educate all staff in all departments about the legislative requirement under O. Reg. 246/22 s. 12 (1) 3. of ensuring that all doors leading to non-residential areas must be kept closed and locked when they are not directly supervised by staff, and on their formal roles and responsibilities in always ensuring compliance with this provision.

B) Maintain a documented record that includes the content of the education provided, the date of the education, name and designation of staff educated, and who provided the education.

C) Develop and implement daily audits for three weeks, including on weekends and holidays, and on different shifts, to ensure that all doors leading to non-residential areas are kept closed and locked (unless being directly supervised by staff). Then decrease to weekly audits for two weeks on each shift. Then implement random

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weekly audits on each home area until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

D) Audits are to include testing any door to non-residential area is closed by pushing on the door to verify it is latched and secured.

E) Take immediate corrective action if doors leading to non-residential areas are found to be unlocked and not directly supervised by staff, which includes following up with staff who have the responsibility to lock the door(s).

F) Maintain a written record of all audits and corrective actions taken including the date, time, name and signature of the staff member conducting the audits.

Grounds

The licensee has failed to ensure that doors leading to the following non-residential areas were kept closed and locked when not being supervised by staff.

A soiled utility room on the second floor on two inspection days.

A storage room on the second floor on one inspection day.

A soiled utility room on the third floor on one inspection day.

A storage room on the third floor on one inspection day.

A soiled utility room on the fourth floor on two inspection days.

A clean utility room on the fourth floor with an unlocked cart inside the room containing medicated treatment creams, on one inspection day.

Sources: observations, interviews with staff.

This order must be complied with by November 20, 2024

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NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A) Develop, in consultation with a licensed pest controller, a home wide written preventative pest control program, which shall include the following:

- Goals, objectives, and relevant policies, procedures, and protocols for all areas of the home and all departments.
- Defined roles of the leadership team in each department related to the preventative pest control program and methods used to monitor outcomes specific to daily audit requirements.
- Methods to reduce risk, including health risks presented by the identified pests such as allergies and asthma, and potential surface contamination.
- Procedures for addressing risks related to pests in all areas of the home (i.e. bedrooms, spa rooms, staff break rooms, common areas, resident bedrooms, and areas where food is stored, prepared and served).

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Grounds

The licensee has failed to ensure that general requirements outlined in section 34 (1) of Ontario Regulation 246/22 (O. Reg. 246/22) in respect of the organized pest control program required as a component of the organized program of housekeeping and maintenance under section 19 of the Fixing Long-Term Care Act, 2021 and section 94 of Ontario Regulation 246/22 have been complied with.

For pest control, there is no written description of a home wide preventative pest control program that includes its goals and objectives and relevant policies and procedures and protocols and provides for methods to reduce risk and monitor outcomes.

As a result of the observed non-compliance relating to pests described in the grounds that support Compliance Order #001, a review of the general requirements for a written preventative pest control program conducted. The inspector requested the home's written pest control program policies and procedures and was provided with the pest control policy "Pest Control, X NTN G-10.07" with revision date of September 17, 2013. The policy was outdated and only addressed areas where food is prepared, stored and served. There was no written description of a home wide preventative pest control program, including goals and objectives and relevant policies and procedures, nor was there a written description of a program to provide for methods to reduce risk and monitor outcomes.

In an interview with the acting President and CEO for the home, they indicated that they had not been aware that the general program requirements outlined in O. Reg. 246/22, s. 34 were applicable to the required organized program of preventative pest control.



Inspection Report Under the
Fixing Long-Term Care Act, 2021

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Sources: record review of policy "Pest Control, X NTN G-10.07" last revision date September 17 2013, interview with CEO #139.

This order must be complied with by November 20, 2024

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:



Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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