



**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**

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**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 15, 2014	2014_357101_0023	T-738-13	Complaint

**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

HUMBER VALLEY TERRACE  
95 Humber College Blvd., Rexdale, ON, M9V-5B5

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

AMANDA WILLIAMS (101)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): May 26 and 27, 2014.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, Regional Quality Control Manager (also acting Environmental Manager), Associate Director of Care (ADOC), Staff Educator, Director of Care (DOC), Personal Support workers (PSWs), Housekeeping Aides, Registered Staff, and the Office Manager.**

**During the course of the inspection, the inspector(s) reviewed health care records, infection prevention and control policies and procedures and surveillance records, conducted a walk-through of resident home areas and reviewed staffing schedules.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Infection Prevention and Control**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: 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,**

**(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:**

**(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,**

**(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and**

**(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).**

**s. 87. (2.1) The licensee shall ensure that the staff member designated under subsection 229 (3) to co-ordinate the infection prevention and control program is involved in selecting the disinfectant referred to in clause (2) (b). O. Reg. 363/11, s. 6 (2).**

**s. 87. (3) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home. O. Reg. 79/10, s. 87 (3).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that procedures are implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices for cleaning and disinfection of:

- resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs, and
- contact surfaces.

This was evidenced through interviews and observations that the home does not use cleaning and disinfection products that contain at minimum a low level disinfectant on contact surfaces and shared resident equipment in resident washrooms and tub/shower rooms:

- interview with the Housekeeping Aide on the 3rd floor revealed that neutral bathroom cleaner, CBC Plus- thickened bowl cleaner and/or Easy Scrub Blue toilet creme cleanser used on contact surfaces in resident washrooms (i.e. sinks and toilets) does



not contain at minimum a low level disinfectant as confirmed by the products Material Safety Data Sheets.

- interview with the Housekeeping Aide on the 2nd floor revealed that Easy Scrub Blue toilet creme cleanser used to clean shared resident toilets does not contain at minimum a low level disinfectant as confirmed by the products Material Safety Data Sheets.

- interview with the Quality Control Manager who is also the acting Environmental Manager at the time of the inspection stated that Easy Scrub Blue toilet creme cleanser is to be used to clean contact surfaces (sinks and the outside of toilets) in shared resident washrooms. This product was confirmed by its Material Safety and Data Sheet to not contain at minimum a low level disinfectant.

- interview with the Associate Director of Care and Staff Educator who are also the home's designated co-ordinators of infection prevention and control in the home stated that Easy Scrub Blue toilet creme cleanser is the product to be used to clean bathtubs between resident use in shared tub/shower rooms. This product was confirmed by its Material Safety and Data Sheet to not contain at minimum a low level disinfectant. [s. 87. (2) (b)]

2. The licensee failed to ensure that procedures are implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices for cleaning and disinfection of supplies and devices, including personal assistance services devices, assistive aids and positioning aids.

This was evidenced by observations of resident bedrooms on the 2nd and 3rd floor revealed that mats located beside resident beds used in the home's fall prevention program had a heavy accumulation of dirt, debris and food matter present on them. It was identified that the housekeeping aides are responsible for cleaning the mats on a daily basis. Interview with the housekeeping aides revealed that the resident floor mats (i.e. assistive aids) are cleaned using the neutral floor cleaner or on one unit confirmed to be water. Neither product used are identified to contain at minimum a low level disinfectant as required as confirmed by the products Material Safety and Data Sheet. [s. 87. (2) (b)]

3. The licensee failed to ensure that procedures are implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices for cleaning and disinfection of:

- resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,



- supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
- contact surfaces.

This was evidenced by an interview with an identified personal support worker May 26, 2014 on the 3rd floor who stated that the bathtub, lifts and shower chairs are cleaned in between resident use with a disinfectant kept in the cabinet in the tub/shower room. Observation of the 3rd floor tub/shower room revealed that there was no disinfectant present in the room at the time of inspection on May 26, 2014 although the floor was wet with use. [s. 87. (2) (b)]

4. The licensee failed to ensure that the staff members designated to co-ordinate the infection prevention and control program are involved in selecting the low-level disinfectant used in the home.

This was evidenced by an interview with the designated co-ordinators of the infection prevention and control program who stated that they were unaware of the low level disinfectant product used in the home at the time of the inspection and were not involved in the selection of the product. [s. 87. (2.1)]

5. The licensee failed to ensure that there is a sufficient supply of housekeeping equipment and cleaning supplies readily available to all staff at the home. This was evidenced by the following observations made on May 26, 2014:

- observation of the 3rd floor janitor closet revealed the chemical dispenser for the neutral disinfectant and the neutral floor cleaner were empty. In addition, extra stock of the above noted products were not present within the janitor closet or on the unit.
- observation of the 3rd floor tub/shower room revealed that there was no disinfectant present within the room for staff to clean and disinfect shared resident equipment between resident use.
- observation of the cleaning supplies available to staff revealed that there was no high level disinfectant (i.e. Virox) present on any of the units within the home although there were isolation precaution signs present on identified resident home areas requiring the use of a high level disinfectant. It was noted that the Quality Control Manager, who was also the acting Environmental Manager for the home, was able to locate one large bottle of undiluted Virox in the basement. Dilution of the product and dispensing into bottles for staff use was required prior to use. [s. 87. (3)]



6. The licensee failed to ensure that there is a sufficient supply of housekeeping equipment and cleaning supplies readily available to all staff at the home. This was evidenced by interview with an identified Personal Support Worker revealed that the location in which cleaning and disinfection products are to be stored in shared resident tub/shower rooms was empty at the time of inspection. [s. 87. (3)]

7. The licensee failed to ensure that there is a sufficient supply of housekeeping equipment and cleaning supplies readily available to all staff at the home. This was evidenced by observation of the cleaning supplies available to staff on the resident home units on May 26, 2014 revealed that there was no high level disinfectant (i.e. Virox) present on any of the units within the home although there were isolation precaution signs present on identified resident home areas. It was noted that the Quality Control Manager, who was also the acting Environmental Manager for the home, was able to locate one large bottle of undiluted Virox in the basement. Dilution of the product and dispensing into bottles for staff use was required prior to use. [s. 87. (3)]

***Additional Required Actions:***

***CO # - 001, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: 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. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,**

- (a) infectious diseases; O. Reg. 79/10, s. 229 (3).**
- (b) cleaning and disinfection; O. Reg. 79/10, s. 229 (3).**
- (c) data collection and trend analysis; O. Reg. 79/10, s. 229 (3).**
- (d) reporting protocols; and O. Reg. 79/10, s. 229 (3).**
- (e) outbreak management. O. Reg. 79/10, s. 229 (3).**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that the designated staff members responsible for the coordination of the infection prevention and control program have education and experience in infection prevention and control practices, including,

- infectious disease,
- cleaning and disinfection,
- data collection and trend analysis,
- reporting protocols, and
- outbreak management.

This was evidenced by interviews on May 27, 2014 with the Associate Director of Care (ADOC) and the Staff Educator, who have been designated as the homes' coordinators of the infection prevention and control program, confirmed that they have not completed education in the above noted areas.

In relation to cleaning and disinfection, an interview with the ADOC and Staff Educator stated that staff are expected to clean and disinfect bathtubs and shared resident equipment in tub/shower rooms between resident use with 'Easy Scrub Blue toilet creme cleanser'. Review of the products Material Safety and Data Sheet revealed that the product does not contain at minimum a low level disinfectant.

Further interview by the inspector confirmed that the designated leads were unaware of infection prevention and control prevailing and best practice procedures in the above noted areas. [s. 229. (3)]

***Additional Required Actions:***

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #3: 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:**

**8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).**





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**Findings/Faits saillants :**

1. The licensee failed to ensure that every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. This was evidenced on May 26, 2014 at ~ 10:30am when the inspector observed resident #1 receiving care from a Personal Support Worker (PSW). The bottom half of the resident's body was exposed and visible from the hallway. The PSW had not closed the door to the room or pulled the privacy curtain to provide dignity and privacy to the resident while caring for his/her needs. [s. 3. (1) 8.]

***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 staff provide privacy to residents while providing care, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that all hazardous substances are labelled properly. Inspection of an identified housekeeping cart revealed an unlabelled spray bottle containing a liquid substance. The substance was tested using a chemical test strip and was identified to contain ammonium chloride ( a low level disinfectant). [s. 91.]

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Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 16th day of July, 2014**

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

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, written across the signature line.



**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**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** AMANDA WILLIAMS (101)

**Inspection No. /  
No de l'inspection :** 2014\_357101\_0023

**Log No. /  
Registre no:** T-738-13

**Type of Inspection /  
Genre  
d'inspection:** Complaint

**Report Date(s) /  
Date(s) du Rapport :** Jul 15, 2014

**Licensee /  
Titulaire de permis :** REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,  
ON, L5R-4B2

**LTC Home /  
Foyer de SLD :** HUMBER VALLEY TERRACE  
95 Humber College Blvd., Rexdale, ON, M9V-5B5

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** ANDREW SHINDER

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To REVERA LONG TERM CARE INC., 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**

**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*

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

**Order / Ordre :**



**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

The licensee shall prepare, submit and implement a plan to ensure that all staff are made aware of, participate, and implement infection prevention and control best practices in the Home. This includes but not limited to the following:

- a) that at a minimum, a low level disinfectant in accordance with evidence-based practices is used on high contact surfaces in resident rooms, washrooms and tub/shower rooms,
- b) that staff are aware of appropriate cleaning and disinfecting products and techniques for special clean in resident rooms on isolation precautions and for daily clean in shared resident rooms and on shared personal care equipment (i.e. shower chairs, lifts, tubs and washrooms).

The plan shall include immediate, short-term and long-term strategies to ensure the risk of the spread of infection is mitigated.

Please submit your plan to [Amanda.Williams@ontario.ca](mailto:Amanda.Williams@ontario.ca) no later than Monday July 28, 2014.

**Grounds / Motifs :**

1. The licensee failed to ensure that procedures are implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices for cleaning and disinfection of:
  - resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs, and
  - contact surfaces.

This was evidenced through interviews and observations that the home does not use cleaning and disinfection products that contain at minimum a low level disinfectant on contact surfaces and shared resident equipment in resident washrooms and tub/shower rooms:

- interview with the Housekeeping Aide on the 3rd floor revealed that neutral bathroom cleaner, CBC Plus- thickened bowl cleaner and/or Easy Scrub Blue toilet creme cleanser used on contact surfaces in resident washrooms (i.e. sinks and toilets) does not contain at minimum a low level disinfectant as confirmed by the products Material Safety Data Sheets.
- interview with the Housekeeping Aide on the 2nd floor revealed that Easy Scrub Blue toilet creme cleanser used to clean shared resident toilets does not contain at minimum a low level disinfectant as confirmed by the products

**Material Safety Data Sheets.**

- interview with the Quality Control Manager who is also the acting Environmental Manager at the time of the inspection stated that Easy Scrub Blue toilet creme cleanser is to be used to clean contact surfaces (sinks and the outside of toilets) in shared resident washrooms. This product was confirmed by its Material Safety and Data Sheet to not contain at minimum a low level disinfectant.
- interview with the Associate Director of Care and Staff Educator who are also the home's designated co-ordinators of infection prevention and control in the home stated that Easy Scrub Blue toilet creme cleanser is the product to be used to clean bathtubs between resident use in shared tub/shower rooms. This product was confirmed by its Material Safety and Data Sheet to not contain at minimum a low level disinfectant. (101)

2. The licensee failed to ensure that procedures are implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices for cleaning and disinfection of supplies and devices, including personal assistance services devices, assistive aids and positioning aids.

This was evidenced by observations of resident bedrooms on the 2nd and 3rd floor revealed that mats located beside resident beds used in the home's fall prevention program had a heavy accumulation of dirt, debris and food matter present on them. It was identified that the housekeeping aides are responsible for cleaning the mats on a daily basis. Interview with the housekeeping aides revealed that the resident floor mats (i.e. assistive aids) are cleaned using the neutral floor cleaner or on one unit confirmed to be water. Neither product used are identified to contain at minimum a low level disinfectant as required as confirmed by the products Material Safety and Data Sheet. (101)

3. The licensee failed to ensure that procedures are implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices for cleaning and disinfection of:
- resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
  - supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
  - contact surfaces.



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
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This was evidenced by an interview with an identified personal support worker May 26, 2014 on the 3rd floor who stated that the bathtub, lifts and shower chairs are cleaned in between resident use with a disinfectant kept in the cabinet in the tub/shower room. Observation of the 3rd floor tub/shower room revealed that there was no disinfectant present in the room at the time of inspection on May 26, 2014 although the floor was wet with use. (101)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Aug 15, 2014**



**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  
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**Ministère de la Santé et  
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de soins de longue durée*, L.O. 2007, chap. 8

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<b>Order # /</b> <b>Ordre no :</b> 002	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

- (a) infectious diseases;
- (b) cleaning and disinfection;
- (c) data collection and trend analysis;
- (d) reporting protocols; and
- (e) outbreak management. O. Reg. 79/10, s. 229 (3).

**Order / Ordre :**

The licensee shall ensure that staff members responsible for the co-ordination of the infection prevention and control program have education and experience in infection prevention and control practices, including, (a) infectious diseases; (b) cleaning and disinfection; (c) data collection and trend analysis; (d) reporting protocols; and (e) outbreak management.

**Grounds / Motifs :**





**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  
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**Ministère de la Santé et  
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**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

1. The licensee failed to ensure that the designated staff members responsible for the coordination of the infection prevention and control program have education and experience in infection prevention and control practices, including,

- infectious disease,
- cleaning and disinfection,
- data collection and trend analysis,
- reporting protocols, and
- outbreak management.

This was evidenced by interviews on May 27, 2014 with the Associate Director of Care (ADOC) and the Staff Educator, who have been designated as the homes' coordinators of the infection prevention and control program, confirmed that they have not completed education in the above noted areas.

In relation to cleaning and disinfection, an interview with the ADOC and Staff Educator stated that staff are expected to clean and disinfect bathtubs and shared resident equipment in tub/shower rooms between resident use with 'Easy Scrub Blue toilet creme cleanser'. Review of the products Material Safety and Data Sheet revealed that the product does not contain at minimum a low level disinfectant.

Further interview by the inspector confirmed that the designated leads were unaware of infection prevention and control prevailing and best practice procedures in the above noted areas. (101)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2014**



**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

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<b>Order # / Ordre no :</b> 003	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 87. (3) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home. O. Reg. 79/10, s. 87 (3).

**Order / Ordre :**

The licensee shall ensure that housekeeping cleaning and disinfection supplies are always available to staff to ensure the home is maintained in a clean and sanitary manner. This includes but not limited to ensuring appropriate cleaning and disinfection supplies are present and available to clean resident home area floors and clean and disinfect contact surfaces in resident bedrooms, washrooms, common areas and shared resident tub/shower rooms.

**Grounds / Motifs :**



**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  
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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

1. The licensee failed to ensure that there is a sufficient supply of housekeeping equipment and cleaning supplies readily available to all staff at the home. This was evidenced by the following observations made on May 26, 2014:

- observation of the 3rd floor janitor closet revealed the chemical dispenser for the neutral disinfectant and the neutral floor cleaner were empty. In addition, extra stock of the above noted products were not present within the janitor closet or on the unit.
- observation of the 3rd floor tub/shower room revealed that there was no disinfectant present within the room for staff to clean and disinfect shared resident equipment between resident use.
- observation of the cleaning supplies available to staff revealed that there was no high level disinfectant (i.e. Virox) present on any of the units within the home although there were isolation precaution signs present on identified resident home areas requiring the use of a high level disinfectant. It was noted that the Quality Control Manager, who was also the acting Environmental Manager for the home, was able to locate one large bottle of undiluted Virox in the basement. Dilution of the product and dispensing into bottles for staff use was required prior to use. (101)

2. The licensee failed to ensure that there is a sufficient supply of housekeeping equipment and cleaning supplies readily available to all staff at the home. This was evidenced by interview with an identified Personal Support Worker revealed that the location in which cleaning and disinfection products are to be stored in shared resident tub/shower rooms was empty at the time of inspection. (101)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Aug 08, 2014**



**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

### **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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Long-Term Care**

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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**  
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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](http://www.hsarb.on.ca).



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

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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*

## **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<sup>e</sup> 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](http://www.hsarb.on.ca).

**Issued on this 15th day of July, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

**AMANDA WILLIAMS**

**Service Area Office /**

**Bureau régional de services : Toronto Service Area Office**