



**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 prévue
le Loi de 2007 les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
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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**

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| Report Date(s)/ Date(s) du Rapport | Inspection No/ No de l'inspection | Log #/ Registre no | Type of Inspection / Genre d'inspection |
|---|--|-------------------------------|--|
| Jun 11, 2015; | 2014_346133_0009 (A1) | S-000032-14, S- 000460-13 | Follow up |

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

LAKEHEAD MANOR
135 SOUTH VICKERS STREET THUNDER BAY ON P7E 1J2

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

JESSICA LAPENSEE (133) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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The compliance date has been changed from June 15th, 2015 to August 24th, 2015. No other changes were made.

The licensee is proceeding with the installation of six new heating and cooling units (incremental units) in resident bedrooms for June 15th, 2015. The licensee intended to install a total of ten new incremental units, however four of the incremental units are on back order. An extension to the compliance date is required in order to accomodate this delay. The licensee has informed Inspector #133 of the plan that is in place to manage the four remaining incremental units that require replacement, until such time as the new units are received and installed.

Issued on this 11 day of June 2015 (A1)

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

Original report signed by the inspector.



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 16 - 19, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Environmental Services Manager and the licensee's Director of Technical Services .

During the course of the inspection, the inspector(s) reviewed documentation related to the home's maintenance refresh project, including the Incremental Unit (heating and air conditioning units) replacement and remediation project. The inspector observed all residents bedrooms and common areas throughout the home. With the assistance of the Administrator and the Environmental Services Manager, the inspector observed the internal components of a number of Incremental Units in identified bedrooms.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|--------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| LTCHA, 2007 s. 15. (2) | CO #002 | 2013_304133_0031 | 133 |

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend | Legendé |
|---|--|
| <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 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,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 90 (2)(a) in that the licensee has failed to ensure that procedures are developed and implemented to ensure that the electrical heating and air conditioning units (Incremental Units) are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications.

1.1 - On January 26th, 2014, the licensee was served with a Compliance Order (CO), pursuant to O. Reg. 79/10, s. 90 (2) (a) and (c), as a result of complaint inspection # 2013_246196_0021. The inspection was conducted by Inspector #196 on December 10-13, 2013. The subject of the CO was the home's heating and air conditioning units (Incremental Units or IUs). They are in place in all resident bedrooms and former resident bedrooms that have been converted to lounge and office spaces. There are 75 such IUs, and they are linked by pipes, throughout the building. Inspector #196 established that these IUs had not been maintained in good repair, had not been cleaned and maintained in accordance with manufacturer specifications, and had not been inspected every six months by a certified individual. These IUs have a primary drain pan to catch condensation from the fin coils, and a secondary drain pan to catch condensation from the water pipes. As a result of heavily corroded or missing secondary drain pans, condensation from the uninsulated pipes in some IUs had been allowed to travel downwards along the pipe network, damaging drywall around the window in the rooms below, and in some cases, resulting in mould growth. The amended compliance date for the CO served by Inspector #196 was August 30th, 2014. All of the home's IUs were to have been assessed, cleaned, and repaired or replaced as needed. Once all of the home's IUs were in a good state of repair, a preventive cleaning and maintenance program was to have been implemented, including inspection at least every 6 months by a certified individual.



1.2 - Inspector #133 arrived to the home to begin a Follow Up inspection to the above referenced CO on September 16th, 2014. The Inspector was provided with documentation related to the IU project and was told by the Administrator that he understood the project to be complete. The Administrator explained that this project had been managed by the Revera Corporate Director of Maintenance, and that he and the home's Environmental Services Manager (ESM) had not been involved. The ESM provided the Inspector with a list that he had created of the location of new IUs in the building. As per this list, which the Inspector verified by observation throughout all care units, 24 of the 75 IUs had been replaced as a result of the IU project. The replacement of the IUs occurred throughout June, July and August 2014. The new IUs are manufactured by Rosemex.

1.3 - As per provided documentation, all IU's were inspected by a contracted company (the contractor), in April 2014. Review of the document titled "Lakehead Manor – Fan/Coil service record" (the service record), completed by the contractor technician, lead the Inspector to question the IU project. For example, 30 IUs were noted to have rusted drain pans, yet only 26 of these 30 IUs were noted to require replacement. The IU in bedroom #607 was noted to have a rusted drain pan, to be beyond repair, and to require replacement. The IU in bedroom #607 was not replaced. The IUs in bedroom #215 and #611 were noted to have a rusted drain pan and to require replacement, yet neither was replaced. The IU in bedroom #506 was noted to have a rusted drain pan and was not noted to require replacement. The IU in bedroom #506 was replaced.

The Administrator later informed the inspector that not all 30 IUs noted to have rusted drain pans were slated for replacement because the licensee, Revera Long Term Care Inc., had only approved the replacement of 25 IUs, due to budget constraints.

The April 2014 service record clearly indicated that all IUs noted to have rusted drain pans when inspected had not been cleaned. As well, two IUs noted to have power problems, #203 and #204, were not cleaned at time of inspection in April 2014. The contracted company had not returned to clean the units.

1.4 - In the presence of the Inspector, on September 18th 2014, the Administrator and ESM opened 8 bedroom York brand IUs that were in question. The Inspector was informed that no work had been done on these units by the home's staff, that all work to be observed had been done by the contracted company. The following was observed (drain pan = DP):

#607 - secondary DP very heavily corroded, edges not intact, DP dirty with



accumulated rust.

#611 – secondary DP missing, new pipes installed, primary DP dirty with some accumulated dry wall mud and chips. New pipes in place were not insulated.

#614 – secondary DP very heavily corroded, some tar applied to some areas of the secondary DP in effort to remediate, edge of secondary DP missing on left side.

#203 – secondary DP dirty with some accumulated debris and drainage hole completely clogged, primary DP very dirty with accumulated debris, fin coils dirty with accumulated debris.

#204 – both DPs very dirty with accumulated debris, fin coils very dirty with accumulated debris, hose from primary DP to secondary DP drain hole not attached.

#215 – primary DP very dirty with accumulated rust and debris, secondary DP heavily corroded, front right corner edge rusted through, fin coils dirty with accumulated debris, drain hose from primary DP to secondary DP not connected into drain. Upon closer observation, noted drain hose was too large to fit into the drain hole.

#610 - secondary DP heavily tarred, front edge of the DP rusted away and hole noted around the pipe, within the tarred area. Primary DP dirty with accumulation of potato chips.

#612 – secondary DP very heavily corroded, with some tar in some areas, base and edges of DP in front left area rusted right through.

Further related to the York brand IUs, a concern was noted related to the filters. During the inspection, when working together to observe the IUs, the Administrator, ESM and Inspector observed that these filters appear to easily fall out of the retaining mechanism, and it was not unusual to find them partially dislodged and hanging loosely to the floor.

1.5 - On September 18, 2014, following observations of the IUs noted above, the Administrator spoke with the owner of the company that had been contracted by the licensee for the IU project. The Administrator reported that he had been informed that the company had intended to return to the home for a second phase of the IU project. At that time, the company had intended to clean the IUs that had not been cleaned in April, and remediate to the best of their ability the other 5 IUs with rusted drain pans



that had not been approved for replacement. As well, the Administrator was informed that the company had one more new IU to install at the home. Neither the home's Administrator, nor the Revera Corporate Director of Maintenance, had been made aware of the company's intended second phase of the IU project.

1.6 - It is to be noted that the majority of the secondary DPs observed in IUs in the identified bedrooms are beyond remediation (5 of 7 with a DP), because the edge(s) have rusted through and/or areas within the base of the drain pan have rusted through.

1.7 - In the presence of the Inspector, on September 19th, 2014, the Administrator and the ESM opened one of the new Rosemex IUs, in room #402. It is noted that on these new IUs, there is no secondary drain pan. The visible portion of the 2 pipes were wrapped in adhesive backed insulating tape. It was noted that a section of insulating tape was loose and not adhered to the pipe, on the upper area of one of the pipes. There were folded wads of pink insulation obscuring the base of the pipes and the drain hose, from the primary drain pan, from view. The Administrator removed the pink insulation and noted that the pipes had not been wrapped down to the base. Effective control of condensation from these copper pipes is in question as green discoloration was noted on the unwrapped lower portion of the pipes.

Later, on September 19th, 2014, the Administrator reported that he had spoken to the owner of the contracted company about the new Rosemex IU that had been observed in #402. The Administrator reported he was told that the pipes should have been wrapped to the base, that the insulation was intended to create a barrier around the base of the pipes, where they go through the floor. The insulation should not have been folded. Compressing or folding insulating material reduces its R value (a measure of thermal resistance). The owner of the contracted company and the Administrator arranged to meet on Monday, September 22, 2014, to observe all of the IUs noted above.

It is to be noted that when observing the "Rosemex" brand IU in room #402, the Administrator and the ESM could not ascertain how to access the drain pan or heating/cooling coils to allow for cleaning. A metal panel in place obscured access.

1.8 - On September 24th, 2014, the Administrator provided the Inspector with the manufacturer's maintenance instructions for these units (Rosemex "Maintenance Instructions – Duo Mark Units: VT, HR, Lo-Sil Series" document, dated May 24, 2005, Revision 04.). The document specifies the following: that in the Spring and the Fall,



the heating/cooling coil is to be cleaned, the drain pan is to be washed with soap and water in the spring, and filters are to be checked monthly.

The licensee has been unable to provide manufacturer specifications for the old "York" brand IUs in use in the home. The licensee has provided a copy of a manual for a similar type of IU, Trane brand "Unitrane Fan-Coil Air Conditioners". This manual outlines manufacturer specifications for recommended monthly, biannual and annual maintenance schedules. Filters and drain pans are to be checked monthly and replaced/cleaned if required. Filters are to be changed a minimum of twice a year. The fan motor is to be oiled every 6 months. Coil fins are to be inspected annually, cleaned, and fins straightened as required.

On September 17th, 2014, the Inspector was given a copy of the maintenance contract for the IUs. The Administrator and the ESM explained that the home had not implemented any additional cleaning or maintenance schedules for the IUs. The contract includes quarterly filter changes, annual inspection of the drain pan and cleaning if necessary, and annual inspection of the coils and cleaning if necessary. This fails to meet specifications for monthly filter checks and drain pan checks. As well, the contract does not ensure biannual cleaning of the coils and annual cleaning of the drain pans, given the qualifier "as necessary".

1.9 - In general, in the old York brand IUs observed in the identified bedrooms, there was no effective means in place to manage condensation from the pipes. As well, not all drain pans and coil fins had been cleaned as required. These units were not clean or in a good state of repair. The conditions that lead to some wall damage and mold growth, in some areas, in the past, persisted at the time of the inspection. As well, effective control of condensation from the pipes in the new IU observed in room #402 was in question at the time of the inspection. All manufacturer specifications related to maintenance of the IUs, including checks and cleaning, have not been implemented. [s. 90. (2) (a)]

Additional Required Actions:

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



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(A1)The following order(s) have been amended:CO# 001



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Issued on this 11 day of June 2015 (A1)

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

Original report signed by the inspector.



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
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O. 2007, chap. 8

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JESSICA LAPENSEE (133) - (A1)

Inspection No. /

No de l'inspection : 2014_346133_0009 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : S-000032-14, S-000460-13 (A1)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jun 11, 2015;(A1)

Licensee /

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

LTC Home /

Foyer de SLD : LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY,
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O. 2007, chap. 8

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Jonathon Riabov

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

| | |
|---|--|
| Order # / Ordre no : 001 | Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b) |
| Linked to Existing Order / Lien vers ordre existant: | 2013_246196_0021, CO #001; |

Pursuant to / Aux termes de :



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :

(A1)

The licensee will prepare, submit and implement a plan for achieving compliance with O. Reg. 79 10, s. 90 (2) (a), specifically related to the home s Incremental heating and cooling units (IUs).

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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The licensee will ensure that the plan addresses the following measures, in addition to other measures that the licensee may feel to be required, in order to achieve compliance with the requirement that all IUs are in good repair and maintained and cleaned at a level that meets manufacturer specifications (as per O. Reg. 79/10, s. 90 (2) (a))

a) In light of the inspection findings, the internal condition of all Incremental Units (IUs) is to be independently verified by the licensee, and this is to be documented. It is not necessary to revisit the units noted within the inspection report. Related to the York units, verification is to include the following specific checks: if drain pans are clean, if drain pans are intact and in a good state of repair, if coil fins are clean and in good state of repair (i.e. straight). Related to the Rosemex units, verification is to include a focus on pipe insulation and use of pink insulation within the end compartment.

While it may be an outside contractor that opens and closes the units, a Lakehead Manor staff person or a representative of the licensee must be included in the observation and documentation process.

Based on the findings of the home s review of all IUs as required above, the licensee will develop and implement a plan, to ensure that all York brand IUs are clean and in a good state of repair, and that all the Rosemex brand IUs have been installed as expected. The licensee will then independently observe the corrective actions taken, if they are done by an outside contractor. This final verification is also to be documented.

Take Note: The licensee will ensure this verification and remediation process is completed by December 8, 2014. Supporting documentation is to be faxed to the Inspector s attention at (613) 569-9670 on or before that date.

b) Explanation as to how the Rosemex Unit drain pan and heating cooling coils will be accessed to allow for annual cleaning of the drain pan and biannual cleaning of the coils. If this involves cutting into the panel that obscures the pan and coils, explanation is required as to why this would not compromise the thermal and acoustic insulating properties of the panel.

c) Establishment of a comprehensive preventive maintenance program for

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the York and Rosemex IUs that satisfies both the manufacturer specifications and the requirement that the HVAC system be inspected at least every six months by a certified individual (as per O. Reg. 79 10, s. 90 (2) (c)).

d) Development of a written policy and procedure, (as per O. Reg. 79 10, s.30) that describes the preventive maintenance program for the IUs referenced above. This must specify actions that will be taken by outside contractors, and actions that are to be taken by the home's staff. This policy and procedure is to include a requirement for documentation. The licensee must be able to demonstrate when each IU is inspected, what specifically has been inspected, and what has been done as a result of the inspection of each unit (i.e - fan motor oiled?, drain pan cleaned? coil cleaned? drain trap cleaned?). As well, in between scheduled inspections by certified individuals, the licensee must be able to demonstrate what maintenance is done to each unit and when it is done. Insulation below the pipes is to be checked and changed as needed, also in conjunction with the biannual cleaning of the coils.

Take Note: This licensee will ensure that this written policy and procedure, that addresses all areas noted above, is faxed to the Inspector's attention, including documentation templates, at (613) 569-5602, by November 24th, 2014. Any all associated maintenance contracts are to be included.

e) Related to the York units - Development of a temporary but formalized process to ensure that the filters can remain securely in place. The licensee will implement daily checks, done by housekeeping staff or other staff, as applicable. This is to be verified by the Environmental Services Manager or designate, as applicable. This does not have to be documented. The purpose of these checks is to ascertain if there is an equipment problem, or if these filters are being dislodged by housekeeping staff when sweeping and or mopping. Regardless of the cause, the licensee must take corrective action to ensure the filters remain in place at all times, as is required for safe and effective operations of the units.

The licensee will take note of required dates for submission of specified documents to Inspector #133 in section a) and d).

f) Details about any further planned IU replacement. On October 9th, 2014,



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the Inspector was made aware, via email correspondence, by a representative of the licensee, that at least 5 more IU s would be replaced. As this process requires full shut down of the heating system, replacement is best done at a time of year when there is no longer the possibility of the need for heat.

The compliance plan must be submitted in writing to Jessica Lapensée, Inspector #133, on or before November 3, 2014. The plan may be submitted via fax at (613) 569-9670, or via email at Jessica.lapensee@ontario.ca.

Grounds / Motifs :

1. 1. The licensee has failed to comply with O. Reg. 79/10, s. 90 (2)(a) in that the licensee has failed to ensure that procedures are developed and implemented to ensure that the electrical heating and air conditioning units (Incremental Units) are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications.

1.1 - On January 26th, 2014, the licensee was served with a Compliance Order (CO), pursuant to O. Reg. 79/10, s. 90 (2) (a) and (c), as a result of complaint inspection # 2013_246196_0021. The inspection was conducted by Inspector #196 on December 10-13, 2013. The subject of the CO was the home's heating and air conditioning units (Incremental Units or IUs). They are in place in all resident bedrooms and former resident bedrooms that have been converted to lounge and office spaces. There are 75 such IUs, and they are linked by pipes, throughout the building. Inspector #196 established that these IUs had not been maintained in good repair, had not been cleaned and maintained in accordance with manufacturer specifications, and had not been inspected every six months by a certified individual. These IUs have a primary drain pan to catch condensation from the fin coils, and a secondary drain pan to catch condensation from the water pipes. As a result of heavily corroded or missing secondary drain pans, condensation from the uninsulated pipes in some IUs had been allowed to travel downwards along the pipe network, damaging drywall around the window in the rooms below, and in some cases, resulting in mould growth. The amended compliance date for the CO served by Inspector #196 was August 30th, 2014. All of the home's IUs were to have been assessed, cleaned, and repaired or replaced as needed. Once all of the home's IUs were in a good state of repair, a preventive cleaning and maintenance program was to have been implemented, including inspection at least every 6 months by a certified

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individual.

1.2 - Inspector #133 arrived to the home to begin a Follow Up inspection to the above referenced CO on September 16th, 2014. The Inspector was provided with documentation related to the IU project and was told by the Administrator that he understood the project to be complete. The Administrator explained that this project had been managed by the Revera Corporate Director of Maintenance, and that he and the home's Environmental Services Manager (ESM) had not been involved. The ESM provided the Inspector with a list that he had created of the location of new IUs in the building. As per this list, which the Inspector verified by observation throughout all care units, 24 of the 75 IUs had been replaced as a result of the IU project. The replacement of the IUs occurred throughout June, July and August 2014. The new IUs are manufactured by Rosemex.

1.3 - As per provided documentation, all IU's were inspected by a contracted company (the contractor), in April 2014. Review of the document titled "Lakehead Manor – Fan/Coil service record" (the service record), completed by the contractor technician, lead the Inspector to question the IU project. For example, 30 IUs were noted to have rusted drain pans, yet only 26 of these 30 IUs were noted to require replacement. The IU in bedroom #607 was noted to have a rusted drain pan, to be beyond repair, and to require replacement. The IU in bedroom #607 was not replaced. The IUs in bedroom #215 and #611 were noted to have a rusted drain pan and to require replacement, yet neither was replaced. The IU in bedroom #506 was noted to have a rusted drain pan and was not noted to require replacement. The IU in bedroom #506 was replaced.

The Administrator later informed the inspector that not all 30 IUs noted to have rusted drain pans were slated for replacement because the licensee, Revera Long Term Care Inc., had only approved the replacement of 25 IUs, due to budget constraints.

The April 2014 service record clearly indicated that all IUs noted to have rusted drain pans when inspected had not been cleaned. As well, two IUs noted to have power problems, #203 and #204, were not cleaned at time of inspection in April 2014. The contracted company had not returned to clean the units.

1.4 - In the presence of the Inspector, on September 18th 2014, the Administrator and ESM opened 8 bedroom York brand IUs that were in question. The Inspector



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was informed that no work had been done on these units by the home's staff, that all work to be observed had been done by the contracted company. The following was observed (drain pan = DP):

#607 - secondary DP very heavily corroded, edges not intact, DP dirty with accumulated rust.

#611 – secondary DP missing, new pipes installed, primary DP dirty with some accumulated dry wall mud and chips. New pipes in place were not insulated.

#614 – secondary DP very heavily corroded, some tar applied to some areas of the secondary DP in effort to remediate, edge of secondary DP missing on left side.

#203 – secondary DP dirty with some accumulated debris and drainage hole completely clogged, primary DP very dirty with accumulated debris, fin coils dirty with accumulated debris.

#204 – both DPs very dirty with accumulated debris, fin coils very dirty with accumulated debris, hose from primary DP to secondary DP drain hole not attached.

#215 – primary DP very dirty with accumulated rust and debris, secondary DP heavily corroded, front right corner edge rusted through, fin coils dirty with accumulated debris, drain hose from primary DP to secondary DP not connected into drain. Upon closer observation, noted drain hose was too large to fit into the drain hole.

#610 - secondary DP heavily tarred, front edge of the DP rusted away and hole noted around the pipe, within the tarred area. Primary DP dirty with accumulation of potato chips.

#612 – secondary DP very heavily corroded, with some tar in some areas, base and edges of DP in front left area rusted right through.

Further related to the York brand IUs, a concern was noted related to the filters. During the inspection, when working together to observe the IUs, the Administrator, ESM and Inspector observed that these filters appear to easily fall out of the retaining mechanism, and it was not unusual to find them partially dislodged and hanging loosely to the floor.

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1.5 - On September 18, 2014, following observations of the IUs noted above, the Administrator spoke with the owner of the company that had been contracted by the licensee for the IU project. The Administrator reported that he had been informed that the company had intended to return to the home for a second phase of the IU project. At that time, the company had intended to clean the IUs that had not been cleaned in April, and remediate to the best of their ability the other 5 IUs with rusted drain pans that had not been approved for replacement. As well, the Administrator was informed that the company had one more new IU to install at the home. Neither the home's Administrator, nor the Revera Corporate Director of Maintenance, had been made aware of the company's intended second phase of the IU project.

1.6 - It is to be noted that the majority of the secondary DPs observed in IUs in the identified bedrooms are beyond remediation (5 of 7 with a DP), because the edge(s) have rusted through and/or areas within the base of the drain pan have rusted through.

1.7 - In the presence of the Inspector, on September 19th, 2014, the Administrator and the ESM opened one of the new Rosemex IUs, in room #402. It is noted that on these new IUs, there is no secondary drain pan. The visible portion of the 2 pipes were wrapped in adhesive backed insulating tape. It was noted that a section of insulating tape was loose and not adhered to the pipe, on the upper area of one of the pipes. There were folded wads of pink insulation obscuring the base of the pipes and the drain hose, from the primary drain pan, from view. The Administrator removed the pink insulation and noted that the pipes had not been wrapped down to the base. Effective control of condensation from these copper pipes is in question as green discoloration was noted on the unwrapped lower portion of the pipes.

Later, on September 19th, 2014, the Administrator reported that he had spoken to the owner of the contracted company about the new Rosemex IU that had been observed in #402. The Administrator reported he was told that the pipes should have been wrapped to the base, that the insulation was intended to create a barrier around the base of the pipes, where they go through the floor. The insulation should not have been folded. Compressing or folding insulating material reduces its R value (a measure of thermal resistance). The owner of the contracted company and the Administrator arranged to meet on Monday, September 22, 2014, to observe all of the IUs noted above.

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It is to be noted that when observing the “Rosemex” brand IU in room #402, the Administrator and the ESM could not ascertain how to access the drain pan or heating/cooling coils to allow for cleaning. A metal panel in place obscured access.

1.8 - On September 24th, 2014, the Administrator provided the Inspector with the manufacturer’s maintenance instructions for these units (Rosemex “Maintenance Instructions – Duo Mark Units: VT, HR, Lo-Sil Series” document, dated May 24, 2005, Revision 04.). The document specifies the following: that in the Spring and the Fall, the heating/cooling coil is to be cleaned, the drain pan is to be washed with soap and water in the spring, and filters are to be checked monthly.

The licensee has been unable to provide manufacturer specifications for the old “York” brand IUs in use in the home. The licensee has provided a copy of a manual for a similar type of IU, Trane brand “Unitrane Fan-Coil Air Conditioners”. This manual outlines manufacturer specifications for recommended monthly, biannual and annual maintenance schedules. Filters and drain pans are to be checked monthly and replaced/cleaned if required. Filters are to be changed a minimum of twice a year. The fan motor is to be oiled every 6 months. Coil fins are to be inspected annually, cleaned, and fins straightened as required.

On September 17th, 2014, the Inspector was given a copy of the maintenance contract for the IUs. The Administrator and the ESM explained that the home had not implemented any additional cleaning or maintenance schedules for the IUs. The contract includes quarterly filter changes, annual inspection of the drain pan and cleaning if necessary, and annual inspection of the coils and cleaning if necessary. This fails to meet specifications for monthly filter checks and drain pan checks. As well, the contract does not ensure biannual cleaning of the coils and annual cleaning of the drain pans, given the qualifier “as necessary”.

1.9 - In general, in the old York brand IUs observed in the identified bedrooms, there was no effective means in place to manage condensation from the pipes. As well, not all drain pans and coil fins had been cleaned as required. These units were not clean or in a good state of repair. The conditions that lead to some wall damage and mold growth, in some areas, in the past, persisted at the time of the inspection. As well, effective control of condensation from the pipes in the new IU observed in room #402 was in question at the time of the inspection. All manufacturer specifications related to maintenance of the IUs, including checks and cleaning, have not been implemented. [s. 90. (2) (a) (133)]



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

Aug 24, 2015(A1)



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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 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

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



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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

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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.

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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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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.

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
Toronto ON M5S 2B1
Télécopieur : 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 11 day of June 2015 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

JESSICA LAPENSEE

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

Sudbury