Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 3, 2015	2015_189120_0069	H-000644-14 & H-002644/002645/002646-15	Follow up

Licensee/Titulaire de permis

1508669 ONTARIO LIMITED
c/o Deloitte & Touche Inc. - 181 Bay Street Brookfield Place, Suite 1400 TORONTO ON M5J 2V1

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

WEST PARK HEALTH CENTRE
103 Pelham Road St Catharines ON L2S 1S9

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 13, 14 and 18, 2015

An inspection (2013-189120-0057) was completed on August 22, 2013 which resulted in the issuance of Order #003 related to access to a generator. The Order remains outstanding for this follow-up inspection.

A Resident Quality Inspection (2015-322156-0003) was completed February 3-13, 2015 which resulted in the issuance of 6 Orders. Order #004 (nurse call activation stations), #005 (housekeeping) and #006 (maintenance) were required to be complied with by July 31, 2015. For this follow-up inspection, Orders #005 and 006 remained outstanding. See below for conditions identified during the inspection and the revised Orders.

During the course of the inspection, the inspector(s) spoke with the Administrator, Housekeeping Supervisor, Food Services Supervisor, maintenance person and housekeepers.

During the course of the inspection, the inspector toured the home including all resident rooms, tub and shower rooms, common areas, basement and kitchen, reviewed maintenance and housekeeping audits, routines and schedules.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Infection Prevention and Control
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **5 WN(s)**
- **3 VPC(s)**
- **3 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
O.Reg 79/10 s. 17. (1)	CO #004	2015_322156_0003	120

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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,
(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; O. Reg. 79/10, s. 87 (2).

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).

Findings/Faits saillants :

1. As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee did not ensure that procedures were implemented for cleaning of the home.

Inspections previously completed on August 23, 2013 and February 11 and 12, 2015 revealed areas of non-compliance related to specific sanitation issues in the home. An Order was issued in February 2015 for the licensee to develop a plan to address the issues and to implement strategies and resources to increase the level of sanitation. During this visit, some minor visible improvements were noted, however numerous issues remained non-compliant as noted below. Additional resources were not permanently added to accommodate the additions and amendments made to the cleaning schedule or the size of the building and resident needs. The sustainability of the housekeeping program over the course of the last 3 years based on observations

was not evident.

Housekeeping procedures, cleaning routines and housekeeping audits were provided by the Housekeeping Supervisor and reviewed. The procedures in conjunction with the routines identified what needed to be cleaned and the frequencies. The expectations for shower, tub room, bedroom and bathroom surface cleaning was daily with spot cleaning of walls, doors, baseboards and heaters as necessary. Privacy curtains were to be checked daily for stains and laundered as necessary. Chairs and tables were to be cleaned daily during dining room floor cleaning and flooring material buffed routinely, stripped and re-waxed according to wear. According to the Housekeeping Supervisor, staff and observations made during the inspection, the expectations and cleaning frequencies could not be maintained based on the resources at the time of inspection. During the inspection on August 13, 14 and 18, 2015, the following sanitation issues were observed on all three days of the inspection and over a 6 day period:

A) Dusting - Although slightly improved for bedroom heater surfaces and the various surfaces in most of the tub rooms where it was identified previously, a heavy build- up of dust was noted on the blades and exterior grille covers of numerous portable large fans located throughout the building (in each tub and shower room, the dish wash area, kitchen and corridors).

*Ceiling fans in resident bedrooms were heavy with dust along with the chains and pulls attached to them. Dust was observed on one large area of the wall and on the door closing hardware in the 1st floor shower room (#24) and on the wall and various surfaces in tub room #21 and #28.

*Heavy dust build-up was noted on return air grilles in the basement corridors, dish wash room and on exhaust grille covers in all tub rooms and some resident washrooms. According to the housekeeping supervisor and the housekeeping aide assignment, exhaust or air supply vents and high/low dusting was scheduled for bedrooms and bathrooms twice per month. The portable fans and ceiling fans were not identified on the housekeeper's assignment and it did not appear that dusting was occurring twice per month of the high/low surfaces in the identified areas.

*Insects were noted inside of light covers on various floors. The door to the patio was noted to be open on all 3 days of the inspection, allowing the entry of flies and other insects. The door was noted to be quite heavy and large and without an automatic opener and very difficult for residents to use independently.

B) Privacy curtains - Previously identified stained privacy curtains in 6 resident bedrooms and 2 tub rooms were either replaced or washed, however many other stained privacy curtains were found during this inspection (105, 106, 108, 110, 114, 117, 123, 209, 214, 222). Missing privacy curtains noted in tub room #18 which had a functioning tub. According to the Housekeeping Supervisor and maintenance person, the expectation was that all staff were responsible for ensuring that privacy curtains were monitored for cleanliness and to document stained privacy curtains in the maintenance log book. When the maintenance log book was reviewed between June and August 2015, no reports were made. Housekeeping staff were questioned regarding the curtain removal and exchange process which was described as very time consuming, requiring the use of a ladder due to ceiling height, taking the curtain to laundry and waiting for it to be washed before it could be re-hung. The housekeeping supervisor confirmed that extra privacy curtains were not available to complete a more efficient curtain exchange process and leaving a resident without a privacy curtain around their bed for the duration of the washing process.

C) Furnishings – Visibly stained beige sofa chairs noted on both 1st and 2nd floors and the pink vinyl fabric on the seats of wood framed chairs were discoloured black. Discussed with housekeeping supervisor the need to evaluate what products could be used to remove the ground in dirt/stains on both types of furniture as the day to day wiping of the fabric with the disinfectant was not effective.

*Approximately 30% of the dining room chairs on both floors were noted to have soiled seats or frames and most of the dining room table legs were visibly soiled with food or liquid matter. According to the housekeeping supervisor, chairs are cleaned by housekeeping staff once per week. Procedures to clean these surfaces on a daily basis were either not developed and were certainly not implemented as dietary aides nor Personal Support Workers (PSWs) were observed cleaning these surfaces after meals.

D) Special Cleaning - An identified resident room required daily cleaning due to resident behaviours to remove garbage, urine, feces, food and beverage spills and markings left on the walls and furniture by the resident. The room was not thoroughly cleaned on August 13, 2015 and stains and visible matter remained on August 18, 2015. Based on staff interviews, the resources to spend a ½ hour in the room on a daily basis was not available to complete the extensive cleaning of this room.

E) Wall surfaces - Second floor dining room had drip marks down one section of wall

between the chair rail and baseboard, a heavy layer of visible matter by the bulletin board (where soiled dish carts parked) and a heavy layer of dust on wood trim in the servery area (near ceiling). First floor dining room had a wall that was visibly soiled near one of the entry doors, by the light switches and on the back of one of the entry doors. Dirty heaters noted in but not limited to rooms 114, 124, 105, 108, 214, 215 and 209. Wall splatter noted behind one bed and under window in #203, on wall under window in #214, on wall near bedroom door in 209, on wall in bath #124. According to the housekeeping supervisor and housekeeping aide assignment, dining room walls were scheduled for a weekly cleaning by housekeepers. Dietary cleaning procedures to clean wall surfaces on a daily basis were either not developed or certainly not implemented as dietary aides nor PSWs were observed to be cleaning wall surfaces between meals. Bedroom wall cleaning was not specifically noted on the housekeeper aide assignment during the bi weekly cleaning process, but just during the annual cleaning process. Heater surfaces were included with the requirement for high/low dusting on a bi-weekly basis. The housekeeping supervisor confirmed that the expectation of staff is that if they see dirty walls, that they are cleaned as needed, but also confirmed that housekeepers do not clean each bedroom on a daily basis. Bathrooms however were expected to be cleaned daily and dirty walls cleaned.

F) Floor surfaces - The floor care program was previously identified as non-compliant and was not being implemented with respect to stripping, re-waxing and routine buffing. Seven bedrooms and various basement areas were identified with discoloured (black) floors. During this inspection, outstanding areas included the dried goods storage room, basement activity room, bedrooms #203, 222, 219 and 218. Additional areas included rooms 120, 208, 206 (at transition), 223, 2nd floor solarium (lounge) and 2nd floor open lounge and 2nd floor corridor near open lounge area. The housekeeping supervisor developed a routine for using the buffing machine, but was not able to implement the program due to lack of sufficient housekeeping hours or staff. She explained that the part of the process requires two staff to move furniture around. During this inspection, observations were made that the flooring under and around furniture and around the perimeter of the room in bedrooms 203, 204 and 208 were darker and the path of travel was cleaner and brighter in appearance. Confirmation was provided that these rooms did not have the furniture removed when it was buffed. The floor care program was not implemented to address the floor care issues. [s. 87(2)(a)]

2. As part of the organized program of housekeeping under clause 15(1)(a) of the Act, the licensee did not ensure that procedures were implemented for cleaning and disinfection of resident care equipment (devices such as bed pans and wash basins) in

accordance with evidence based best practices.

According to the home’s Director of Care and Housekeeping Supervisor, bed pans and wash basins were being placed in bathing tubs where a liquid disinfectant was applied. No specific details could be provided as to how the devices were handled, washed, disinfected and dried. No cleaning and disinfection procedures were posted in the tub rooms and the Extendicare polices and procedures for these devices were general. The procedures identified that articles such as bed pans and wash basins be cleaned followed by disinfection. This is in accordance with best practices literature titled “Cleaning, Disinfection and Sterilization of Medical Equipment/Devices, 2013" developed by the Provincial Infectious Diseases Advisory Committee. The best practice document further identified that personal care devices were to be de-contaminated in a separate designated area. The home management staff allocated the tub rooms for such a purpose; however the tub rooms were also being used to bath residents and would not be considered an appropriate “de-contamination” area for cleaning and disinfecting personal care devices. In addition, 2 out of 2 tubs were out of commission on the 2nd floor at the time of inspection and had been for several months.

The home’s two soiled utility rooms were designed originally for cleaning bed pans and wash basins using the bed pan flusher which were both out of service and had been for many years. Without the flushers, the rooms were and are not equipped to complete adequate cleaning and disinfection of any devices. The rooms were very small and did not have a sink or drying racks. Each had a functioning hopper and a non-functioning flushing/cleaning unit for bed pans and wash basins. No instructions, sinks, cleaning supplies or disinfection supplies were in the rooms. According to prevailing industry practices and Ministry of Labour reports, the use of the hopper has been limited to disposing of flushable matter and is no longer recommended for cleaning linens in order to avoid aerosolization of matter into the air and onto workers and surrounding surfaces.

Discussion was held with an Extendicare consultant, the Director of Care and Housekeeping Supervisor regarding the use of the soiled utility rooms and alterations that could be made to accommodate the process in keeping with current best practices. [s. 87(2)(b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector". VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that procedures are developed and implemented for cleaning and disinfection of resident care equipment in accordance with evidence based practices, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 19. Generators

Specifically failed to comply with the following:

s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Findings/Faits saillants :

1. The licensee of the home was not able to provide a guarantee that they will have access to a generator that will be operational within 3 hours of a power outage and that can maintain the required essential services.

On June 28, 2013, the transformer located outside of the home unexpectedly failed and the power supply to the home was interrupted for 6 hours, between 4:30 a.m. and 10:30 a.m. The home was not able to access a generator that could maintain all essential services or had an agreement with a generator supplier to deliver a generator within 3 hours of the power outage which could maintain all essential services as required under clause 1(a), (b) and (c). An Order was therefore issued on September 18, 2013.

During a follow up visit completed on April 15, 2014, the Order was left outstanding because the licensee identified that they were not able to accept the delivery of any generator because an essential transfer switch was not installed in the home's electrical room. The transfer switch would be needed to connect the cables from the generator to the home's electrical panel. In addition, their agreement with the generator supplier could not guarantee access to a generator that would be operational within three hours of a power outage as it was subject to conditions (generator availability, weather, road conditions). The licensee's compliance plan was to include the installation of a transfer switch in their capital budget for 2014.

During this follow-up visit, the Order was left outstanding as the licensee did not install a transfer switch and the home's current portable generator was not able to operate all of the required essential services in the home (heat, elevator, food processing equipment, refrigeration, magnetic door locks, resident staff communication and response system, safety and emergency equipment). The Administrator contacted a generator supplier on August 26, 2015 to evaluate the home's electrical system to determine necessary requirements. Written confirmation was reviewed that an appointment was pending in September 2015. [s. 19(4)]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

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

Findings/Faits saillants :

1. As part of the organized program of maintenance services under clause 15(1)(c) of the Act, the licensee did not ensure that there were schedules in place for preventive and remedial maintenance.

A review of the remedial and preventive maintenance program was conducted and confirmation made that written procedures were in place, however schedules were not in place to manage all of the outstanding maintenance issues identified during this inspection and the inspection conducted in February 2015. Although some disrepair was addressed, many of the outstanding items could not be managed by the in home maintenance person due lack of equipment and tools (and shop space), scope of the project or the technical skill required. No additional time or additional resources (external contracted services) were allocated to remediate all of the conditions identified on the previous order issued from the inspection completed in February 2015. A review of the preventive program revealed that resident bedrooms (and not other areas) had been audited for condition but many were not dated. Many of the audits were blank, appearing as if no issues were identified, in contradiction to the findings identified during this inspection. None of the audits had been reviewed or organized to determine what issues required any follow up action. The following issues remained outstanding:

A)Furnishings – Eight night tables that were previously identified with rough or eroded edges were replaced, however only those identified in the inspection report were replaced. Additional (used but in good condition) night tables were observed to be stored in the home's basement to replace others in poor condition that were still in service. Staff

interviews revealed that an organized process and adequate time had not been established to deal with the cleaning and transport of the night tables from the basement to resident rooms and the transfer of resident belongings to the alternative night table and transport back to the basement. Damaged night tables (chipped edges with exposed particle board) were noted in rooms 106, 108, 109, 110, 112, 124, 123, 121, 122 during this inspection.

*Missing wardrobe door latching hardware was applied only to the 8 missing doors identified in the previous inspection report. Missing hardware was noted on wardrobes in rooms 108, 109, 110, 123, and others on the first floor during this inspection.

*The top hinge on the wardrobe (right side) was disconnected in room 105.

*A coffee table was missing laminate around the edges (and was rough and difficult to clean) in the second floor lounge on February 11, 2015 and was found in the same condition on August 13, 2015. When identified to management staff, the table was removed by August 14, 2015.

B) Flooring - Both showers (1st and 2nd floor) had split or cracked flooring material within the shower surround (previously identified), approximately 15 floor tiles under the dish wash area had lifted after they were recently steam cleaned, a welded seam was split in the hall near bathroom #11, 8 cracked tiles were noted in room 214, 7 cracked tiles in 209, and several cracked tiles in rooms 208 and 210, cracked and missing tiles noted in one of the 2 elevators. The flooring material in the 1st floor open lounge area near the television was lifted and split. The vinyl sheet flooring in tub room #21 had imbeded paint chips throughout and was torn apart at one corner where the material was applied approximately 4 inches up the wall to create a seamless coved baseboard. The torn section was over 1 foot long and it was obvious that the section would require replacement. According to the Administrator, a flooring company had been contacted to complete the work in the shower rooms but had not given the Administrator any committed or confirmed dates for the work to start. No schedules or work plans were available for the flooring issues identified in the other others.

C) Painting Program (walls, doors and trim) - Bathroom and bedroom doors and trim was identified to be heavily scuffed and peeling during the previous inspection. During this inspection, the bedroom doors and trim on the hall side were painted along with both dining rooms throughout. The painting program established over the last 4 months included the use of internal staff and very few hours to complete a large portion of the

home in a timely manner. Scuffed bathroom doors and trim were noted in most resident rooms and peeling paint from the back of bedroom doors were observed in 105, 208, 206, 209, 210, 211, 213, bathroom 16 (door replaced but not painted). The bathroom walls which were previously identified to have ripped drywall surfaces were resurfaced with drywall compound, but not sanded or painted. According to the maintenance person, no paint to match the bathroom walls was available and the entire bathroom would need to be repainted. Paint was peeling and discoloured behind the steamer in the kitchen and peeling and scuffed along the bottom 2 feet in the corridor near the entrance to Headon Hall on the 2nd floor. A wall in the 2nd floor enclosed lounge was not painted with exposed drywall compound and drywall paper and was noted in February 2015. Schedules presented at time of inspection to paint the home were not realistic and did not address painting the bathrooms and bathroom doors. External resources to paint the home was not employed.

D) Plumbing Fixtures – The cold water faucet in #210 was noted to be leaking (cold water faucet) and the hot water faucet was difficult to turn.

*Two unused bar sinks located in the Physiotherapy room in the basement were not maintained. The sink or drainage traps were dried out (due to lack of water in the trap) thereby allowing any potential sewer gases from entering the room. Employees working in the area commented on the occasional odour. Moth or drain flies were observed in the room which were confirmed by the pest control contractor on August 14, 2015 to have originated from either dried out floor drains or drainage traps.

E) Handrails & Baseboards – The majority of damaged wooden handrails were removed or replaced from previously identified resident rooms however they were noted to be badly gouged on the 2nd floor outside of the med room and in tub room #11. Nails were not flush or recessed on the handrail behind one resident's bed in room 221 and a rough and sharp handrail was noted behind a resident's bed in #209.

*Wooden baseboards remained severely gouged in the tub room #28 on 2nd floor, missing on the 2nd floor niche (with desk and computer) creating a sharp edge on both sides of the niche. A vinyl handrail in hall between rooms 219 and 220 was badly damaged again after being replaced after the last inspection.

F) Heaters - Rusty or peeling heaters in rooms #209, tub room #18 and #28 and other rooms.

G) Door Hardware – The crash bar on the fire doors between the physiotherapy room and activity room in the basement was very loose.

*The self-closing devices on washroom doors #10 and #20 did not appear to be working properly as both doors slammed closed. Residents across hall from #20 reported that the door was loud and bothersome.

H) The walk-in freezer trim to the left of the door was not in good condition. It was covered in mould and peeling paint during the last inspection and remained outstanding during this inspection.

I) Equipment – Two bath tubs (rooms #18, and #28) were replaced and one bath tub (room #21) re-glazed between March and July 2015. Tubs in rooms #21 and #28 were still out of commission at time of inspection for various maintenance issues. The tub in room #28 was still pending a proper water proof surround around the base of the tub (pedestal) and the wall at the faucet side of the tub was badly damaged. The tub in room #21 was re-glazed over a month prior and was still taped up.

J) The portable A/C units installed in resident room windows were observed to leak rain water in rooms 120 and 222 on August 18, 2015. The units were installed using particle board and were not sealed around the perimeter. Some of the units had a black substance on the air supply grilles suspected as mould, the unit in #211 appearing to be the most affected. The particle board was also black along the bottom which was in contact with the window sill. According to the maintenance person, no specific procedures had been developed to address how and when the units would be maintained, installed, stored and cleaned. [s. 90. (1) (b)]

2. The licensee did not ensure that procedures were implemented to ensure that heating and ventilation systems were maintained in a good state of repair.

The licensee's written procedures and maintenance documentation to maintain the heating and ventilation systems were reviewed. The maintenance person documented in mid October 2014 that one heating and air supply unit was not in a good state of repair and contacted their certified heating and ventilation contractor for an inspection. On October 16, 2014, the contractor provided a quote to the Administrator to complete the repairs.

During an inspection on February 11, 2015, the heating and ventilation unit plus 3

exhaust units were confirmed as non-functional and therefore not in a good state of repair. Documentation completed by the maintenance person confirmed that the 3 exhaust units had failed week of January 5-9, 2015. The Administrator was aware of the issue and reported that the contractor was scheduled to repair the exhaust and heating and air supply unit on February 17, 2015.

During this follow-up inspection, the same heating and air supply unit and 6 exhaust units were not functional. Confirmation with the maintenance person and the Administrator was made that the contractor did not repair the units in February 2015 and that the plan was to repair them later in the year. No plans were arranged to have the units repaired at the time of inspection. The licensee's management company was contacted on August 20, 2015 to discuss reasons for the delay in making the repairs. By August 21, 2015, the exhaust units were confirmed to be operational by the management staff of the home and by August 28, 2015, confirmation was made in writing by the heating and ventilation contractor that the parts necessary to repair the air supply unit (Enmar MUA system) were on order and would be received by the contractor within 10 days and arrangements made thereafter to install them. [s. 90(2)(c)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector". VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the heating and ventilation system are maintained in a good state of repair, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.
TABLE
Homes to which the 2009 design manual applies
Location - Lux
Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux
All other homes
Location - Lux
Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home - Minimum levels of 215.28 lux
Each drug cabinet - Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux
O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :

1. The licensee did not ensure that lighting requirements set out in the lighting table were maintained.

Non-compliance was issued on September 18, 2013 and March 5, 2015 regarding inadequate lighting levels in the home. During this inspection, light levels were not measured based on the fact that there have been no changes to the number of or type of lighting fixtures previously identified in the home. According to the management staff, no upgrades were planned due to pending renovations. An independent lighting assessment for the home was completed on August 7, 2014. The lighting assessment however did not identify what areas of the home did not meet the minimum lux levels identified in the

lighting table. The Administrator reported that she had made an appointment with the lighting company to complete another assessment on September 1, 2015.

Previously identified lighting levels are being re-listed in this report for reference. The home was built prior to 2009 and therefore the section of the lighting table that applies is titled "In all other areas of the home". A hand held light meter was used (Sekonic Handi Lumi) to measure the lux levels on both August 22, 2013 and February 11, 2015. The meter was held a standard 30-36 inches above and parallel to the floor. Areas that could not be tested in 2013 or 2015 due to natural light infiltration included dining rooms, common areas, and resident bedrooms. The majority of resident ensuite washrooms were tested and both dining rooms were found to be satisfactory. For this visit, based on appearance, number of and type of light fixtures, the second floor lounge, second floor enclosed solarium/lounge, main foyer and sitting area, basement activity room, physiotherapy area did not have adequate number or style of light fixtures to be able to meet the the minimum requirement of 215.28 lux.

A) On August 23, 2013, the main lobby which was equipped with pot lights only, and was 100 lux. No changes were observed to the area during this inspection.

B) Resident rooms were either equipped with a central room light fixture (3 bulbs attached to a ceiling fan) or a fluorescent tube light fixture over the entrance door to the room or both (depending on the size of the room). Each bed was equipped with an over bed light. The curtains on the windows could not be used to block out any light as they were too thin, allowing natural light to penetrate through them and the results were not accurate. When tested in 2013 with the former Administrator, it was noted that the ceiling mounted light fixtures could not produce enough illumination to spread out towards the foot of each bed. The over bed lights were not able to illuminate the area much beyond the head of the bed. In several rooms, the light fixture was above a series of high wardrobes which blocked the light. The illumination levels at the entrance to the room where the light was provided above the door met the minimum requirement, but the light was not able to spread out far enough into the room to reach the resident beds. The rooms are required to meet the 215.28 lux minimum for areas where residents walk, dress and sit and the overbed lights are required to meet a minimum of 376.73 lux.

C) On February 11, 2015 , the basement activity area was tested and observed to be equipped with ceiling mounted fluorescent tube lights. A lux of 100 to 150 was achieved when standing directly under one of the fully lit fixtures and when walking around within the room, the level dropped to less than 100 lux between fixtures. On August 13, 2015, a

flickering light was observed above the piano and another fixture had 2 bulbs burnt out (without a cover). In the Physiotherapy room, 2 light fixtures had bulbs burnt out and the long corridor towards the elevator used by residents and staff had 2 light fixtures with burnt out bulbs. The minimum required amount is 215.28 lux throughout the activity and physiotherapy rooms and a consistent and continuous lux of 215.28 lux along all corridors.

D) On August 23, 2013 washroom #26 was tested along the entry towards the sink and toilet as no light fixtures were provided. The lux was zero. The length of the entry was 14 feet. A minimum required level is 215.28 lux along the path of travel. [s. 18]

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 lighting requirements set out in the Table are maintained, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure that the home was equipped with a resident-staff communication and response system (activation stations) that was available in every area accessible by residents.

The licensee was previously ordered on March 5, 2015 following a Resident Quality Inspection (2015_322156_0003) to install activation stations in the outdoor patio, 1st and 2nd floor lounges and several other locations. During this follow up inspection, the stations were installed in all previously required locations except the outdoor patio and both lounges. The management staff were not aware that Order #004 had not been fully complied with. The system installer was contacted immediately and was on the premises on August 17 and 18, 2015 to begin installing the remaining activation stations.
[s. 17(1)(e)]

Issued on this 3rd day of September, 2015

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

Original report signed by the inspector.

Ontario

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

Ministére 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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BERNADETTE SUSNIK (120)
Inspection No. / No de l'inspection :	2015_189120_0069
Log No. / Registre no:	H-000644-14 & H-002644/002645/002646-15
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Sep 3, 2015
Licensee / Titulaire de permis :	1508669 ONTARIO LIMITED c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1
LTC Home / Foyer de SLD :	WEST PARK HEALTH CENTRE 103 Pelham Road, St Catharines, ON, L2S-1S9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Cindy Sheppard

To 1508669 ONTARIO LIMITED, 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) (a)

Linked to Existing Order / Lien vers ordre existant: 2015_322156_0003, CO #005;

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 :

The licensee shall address/clean all of the areas/surfaces identified in the grounds below by October 31, 2015:

1. Clean light covers containing insects, dust coated ceiling fans and attached pulls and chains, portable fans, exhaust grilles (and interior baffles if available) and visibly soiled return air grilles within the long term care home.

2. Clean all privacy curtains identified in the grounds below. Ensure an adequate supply of privacy curtains for resident rooms for times when curtains

are being laundered.

3. Deep clean the ground in dirt and stains from upholstered furniture such as sofas and dining chairs (with pink seats). Ensure that the cleaning routine for furnishings includes a deep cleaning component to adequately remove stains.

4. Clean all chair frames, seats, table legs and walls in both 1st and 2nd floor dining rooms.

5. Deep clean all furnishings, walls, floors, heater, hand rail, baseboards, window, sills, doors, light covers in the identified resident room and incorporate adequate time to clean the room on a daily basis if necessary.

6. Clean all resident rooms, dining rooms, common areas and tub rooms on a daily basis, as identified in the home's housekeeping policies and procedures. At a minimum, high touch point surfaces (knobs, bed rails, chair rails, hand rails, pull cords, light switches) in each area should be disinfected and visible matter on surfaces such as floors, walls and furnishings cleaned on a daily basis.

7. The flooring surfaces located in the kitchen dried goods storage room, activity room in the basement, #203, 222, 219, 218, 120, 208, 206 (at transition), 223, 2nd floor solarium (lounge), 2nd floor open lounge and 2nd floor corridor near open lounge area shall be either stripped and re-finished or deep cleaned and buffed from wall to wall to remove discolourations, scuff marks or stains.

8. Develop and implement a plan that details how the necessary housekeeping tasks and routines to maintain the home clean and sanitary will be sustained over the long term. The plan, at a minimum shall include a routine auditing program to ensure sustained adherence to the home's written housekeeping policies and procedures, including any/all required documentation, and to ensure sustainable compliance with the Long-Term Care Homes Act and Regulation.

The plan identified in #8 above shall be available for review upon a return visit to the home, Should any compliance date require an extension, contact the Inspector (Bernadette.susnik@ontario.ca) at least 2 weeks prior to the required compliance date(s).

Grounds / Motifs :

1. As part of the organized program of housekeeping under clause 15 (1) (a) of

the Act, the licensee did not ensure that procedures were implemented for cleaning of the home.

Inspections previously completed on August 23, 2013 and February 11 and 12, 2015 revealed areas of non-compliance related to specific sanitation issues in the home. An Order was issued in February 2015 for the licensee to develop a plan to address the issues and to implement strategies and resources to increase the level of sanitation. During this visit, some minor visible improvements were noted, however numerous issues remained non-compliant as noted below. Additional resources were not permanently added to accommodate the additions and amendments made to the cleaning schedule or the size of the building and resident needs. The sustainability of the housekeeping program over the course of the last 3 years based on observations was not evident.

Housekeeping procedures, cleaning routines and housekeeping audits were provided by the Housekeeping Supervisor and reviewed. The procedures in conjunction with the routines identified what needed to be cleaned and the frequencies. The expectations for shower, tub room, bedroom and bathroom surface cleaning was daily with spot cleaning of walls, doors, baseboards and heaters as necessary. Privacy curtains were to be checked daily for stains and laundered as necessary. Chairs and tables were to be cleaned daily during dining room floor cleaning and flooring material buffed routinely, stripped and re-waxed according to wear. According to the Housekeeping Supervisor, staff and observations made during the inspection, the expectations and cleaning frequencies could not be maintained based on the resources at the time of inspection. During the inspection on August 13, 14 and 18, 2015, the following sanitation issues were observed on all three days of the inspection and over a 6 day period:

A) Dusting - Although slightly improved for bedroom heater surfaces and the various surfaces in most of the tub rooms where it was identified previously, a heavy build- up of dust was noted on the blades and exterior grille covers of numerous portable large fans located throughout the building (in each tub and shower room, the dish wash area, kitchen and corridors).

*Ceiling fans in resident bedrooms were heavy with dust along with the chains and pulls attached to them. Dust was observed on one large area of the wall and on the door closing hardware in the 1st floor shower room (#24) and on the

wall and various surfaces in tub room #21 and #28.

*Heavy dust build-up was noted on return air grilles in the basement corridors, dish wash room and on exhaust grille covers in all tub rooms and some resident washrooms. According to the housekeeping supervisor and the housekeeping aide assignment, exhaust or air supply vents and high/low dusting was scheduled for bedrooms and bathrooms twice per month. The portable fans and ceiling fans were not identified on the housekeeper's assignment and it did not appear that dusting was occurring twice per month of the high/low surfaces in the identified areas.

*Insects were noted inside of light covers on various floors. The door to the patio was noted to be open on all 3 days of the inspection, allowing the entry of flies and other insects. The door was noted to be quite heavy and large and without an automatic opener and very difficult for residents to use independently.

B) Privacy curtains - Previously identified stained privacy curtains in 6 resident bedrooms and 2 tub rooms were either replaced or washed, however many other stained privacy curtains were found during this inspection (105, 106, 108, 110, 114, 117, 123, 209, 214, 222). Missing privacy curtains noted in tub room #18 which had a functioning tub. According to the Housekeeping Supervisor and maintenance person, the expectation was that all staff were responsible for ensuring that privacy curtains were monitored for cleanliness and to document stained privacy curtains in the maintenance log book. When the maintenance log book was reviewed between June and August 2015, no reports were made. Housekeeping staff were questioned regarding the curtain removal and exchange process which was described as very time consuming, requiring the use of a ladder due to ceiling height, taking the curtain to laundry and waiting for it to be washed before it could be re-hung. The housekeeping supervisor confirmed that extra privacy curtains were not available to complete a more efficient curtain exchange process and leaving a resident without a privacy curtain around their bed for the duration of the washing process.

C) Furnishings – Visibly stained beige sofa chairs noted on both 1st and 2nd floors and the pink vinyl fabric on the seats of wood framed chairs were discoloured black. Discussed with housekeeping supervisor the need to evaluate what products could be used to remove the ground in dirt/stains on both types of furniture as the day to day wiping of the fabric with the disinfectant was not effective.

*Approximately 30% of the dining room chairs on both floors were noted to have soiled seats or frames and most of the dining room table legs were visibly soiled with food or liquid matter. According to the housekeeping supervisor, chairs are cleaned by housekeeping staff once per week. Procedures to clean these surfaces on a daily basis were either not developed and were certainly not implemented as dietary aides nor Personal Support Workers (PSWs) were observed cleaning these surfaces after meals.

D) Special Cleaning - An identified resident room required daily cleaning due to resident behaviours to remove garbage, urine, feces, food and beverage spills and markings left on the walls and furniture by the resident. The room was not thoroughly cleaned on August 13, 2015 and stains and visible matter remained on August 18, 2015. Based on staff interviews, the resources to spend a ½ hour in the room on a daily basis was not available to complete the extensive cleaning of this room.

E) Wall surfaces - Second floor dining room had drip marks down one section of wall between the chair rail and baseboard, a heavy layer of visible matter by the bulletin board (where soiled dish carts parked) and a heavy layer of dust on wood trim in the servery area (near ceiling). First floor dining room had a wall that was visibly soiled near one of the entry doors, by the light switches and on the back of one of the entry doors. Dirty heaters noted in but not limited to rooms 114, 124, 105, 108, 214, 215 and 209. Wall splatter noted behind one bed and under window in #203, on wall under window in #214, on wall near bedroom door in 209, on wall in bath #124. According to the housekeeping supervisor and housekeeping aide assignment, dining room walls were scheduled for a weekly cleaning by housekeepers. Dietary cleaning procedures to clean wall surfaces on a daily basis were either not developed or certainly not implemented as dietary aides nor PSWs were observed to be cleaning wall surfaces between meals. Bedroom wall cleaning was not specifically noted on the housekeeper aide assignment during the bi weekly cleaning process, but just during the annual cleaning process. Heater surfaces were included with the requirement for high/low dusting on a bi-weekly basis. The housekeeping supervisor confirmed that the expectation of staff is that if they see dirty walls, that they are cleaned as needed, but also confirmed that housekeepers do not clean each bedroom on a daily basis. Bathrooms however were expected to be cleaned daily and dirty walls cleaned.

F) Floor surfaces - The floor care program was previously identified as non-compliant and was not being implemented with respect to stripping, re-waxing and routine buffing. Seven bedrooms and various basement areas were identified with discoloured (black) floors. During this inspection, outstanding areas included the dried goods storage room, basement activity room, bedrooms #203, 222, 219 and 218. Additional areas included rooms 120, 208, 206 (at transition), 223, 2nd floor solarium (lounge) and 2nd floor open lounge and 2nd floor corridor near open lounge area. The housekeeping supervisor developed a routine for using the buffing machine, but was not able to implement the program due to lack of sufficient housekeeping hours or staff. She explained that the part of the process requires two staff to move furniture around. During this inspection, observations were made that the flooring under and around furniture and around the perimeter of the room in bedrooms 203, 204 and 208 were darker and the path of travel was cleaner and brighter in appearance. Confirmation was provided that these rooms did not have the furniture removed when it was buffed. The floor care program was not implemented to address the floor care issues. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2015

Order # / Ordre no : 002

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

Linked to Existing Order / Lien vers ordre existant: 2014_189120_0022, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Order / Ordre :

1. The licensee shall provide a copy of a written service report, contract, record or document to the Inspector identified below that confirms whether the home (West Park Health Center) has the ability to connect to a portable generator with the capacity to supply all of the required essential services as per s.19(1)(a)(b) and (c) of Ontario Regulation 79/10 for the duration of any power outage lasting 3 hours or more.

2. Based on the outcome of the review above, the licensee shall either:

a) have a written agreement with a generator supplier that will guarantee the delivery of a portable generator with the capacity to supply all of the required essential services as per s.19(1)(a)(b) and (c) of Ontario Regulation 79/10 for the duration of any power outage lasting 3 hours or more;

or

b) Develop and submit a plan that details how residents will be accommodated (hot and cold meals, heat, lighting, nurse call system, door security system and other essential services) during the duration of a power outage lasting 3 or more hours until such time that the home is required to purchase and install a generator (December 31, 2016).

The documentation identified above, depending on the status of the assessment shall be emailed to Bernadette.susnik@ontario.ca by October 31, 2015.

Grounds / Motifs :

1. The licensee of the home was not able to provide a guarantee that they will have access to a generator that will be operational within 3 hours of a power outage and that can maintain the required essential services.

On June 28, 2013, the transformer located outside of the home unexpectedly failed and the power supply to the home was interrupted for 6 hours, between 4:30 a.m. and 10:30 a.m. The home was not able to access a generator that could maintain all essential services or had an agreement with a generator supplier to deliver a generator within 3 hours of the power outage which could maintain all essential services as required under clause 1(a), (b) and (c). An Order was therefore issued on September 18, 2013.

During a follow up visit completed on April 15, 2014, the Order was left outstanding because the licensee identified that they were not able to accept the delivery of any generator because an essential transfer switch was not installed in the home's electrical room. The transfer switch would be needed to connect the cables from the generator to the home's electrical panel. In addition, their agreement with the generator supplier could not guarantee access to a generator that would be operational within three hours of a power outage as it was subject to conditions (generator availability, weather, road conditions). The licensee's compliance plan was to include the installation of a transfer switch in their capital budget for 2014.

During this follow-up visit, the Order was left outstanding as the licensee did not install a transfer switch and the home's current portable generator was not able to operate all of the required essential services in the home (heat, elevator, food processing equipment, refrigeration, magnetic door locks, resident staff communication and response system, safety and emergency equipment). The Administrator contacted a generator supplier on August 26, 2015 to evaluate the home's electrical system to determine necessary requirements. Written confirmation was reviewed that an appointment was pending in September 2015. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2015

Order # / Ordre no : 003

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

Linked to Existing Order / Lien vers ordre existant: 2015_322156_0003, CO #006;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :

The licensee shall:

1. Complete a full home maintenance audit in accordance with the Extendicare established maintenance procedures of all resident rooms, ensuite washrooms, common washrooms, corridors, common spaces, dining rooms and tub/shower rooms and document the findings by September 30, 2015. The audits are to include the date of the audit and the name of the person completing the audit. The audit shall include but not be limited to a review of all furnishings, walls, floors, ceilings, light fixtures, trim, doors, hardware, windows, sills, heaters, plumbing fixtures and accessories.

2. Establish a schedule (time frames) and the name of the person or contracted service responsible to address the maintenance issues identified below so that they are completed by November 15, 2015. The following maintenance issues shall be addressed as a priority;

a) All damaged night tables identified in the grounds below and those identified by the licensee through an audit shall be replaced with a night table that is in good condition and free of split seams, gouges, chips and rough surfaces. The work shall be completed by September 30, 2015.

b) Flooring material in the 1st and 2nd floor shower areas, under the dish wash area, in tub room #21, resident rooms 208, 209, 210, 214, elevator, 1st floor lounge (with television) shall be replaced or repaired as necessary by a flooring specialist by October 30, 2015.

c) All bedroom doors that have been identified with peeling paint in the grounds below shall be sanded and painted. All bathroom walls that have been patched or repaired and left with marks shall be sanded and painted. All bathroom doors and bathroom door trim shall be painted. The kitchen wall behind the steamer shall be sanded and painted. The exposed drywall in the sun room or lounge on the 2nd floor shall be sanded and painted. The painting shall be completed by November 15, 2015.

d) The two bar sinks located in the basement and physiotherapy area shall be disconnected and adequately sealed to prevent gases and insects from entering the room. The work shall be completed by September 30, 2015.

e) Replace the severely damaged wooden baseboards in tub room #28 on 2nd floor, add or finish the edges of the baseboards near the niche (with desk and computer) on the 2nd floor and repair the handrails on the 2nd floor outside of the med room and in tub room #11. Resurface or repair the handrails in #221 and #209. The work shall be completed by September 20, 2015.

f) Repair the crash bar on the fire doors between the physiotherapy room and activity room in the basement and the self-closing devices on washroom doors #10 and #20 immediately.

g) Clean all portable air conditioners that have been affected by mould growth and replace all water damaged and/or mouldy wood surrounds. Develop a home specific policy and procedure regarding the installation of and maintenance of the portable air conditioning units. The work and policy shall be completed by September 30, 2015.

h) At least one tub on each floor shall be fully functional by September 30, 2015. The surfaces (walls, floors, doors, ceilings, heaters, tubs) shall be in good condition, free of rust, holes, rips, tears, gouges, breaks or splits.

All additional maintenance issues identified in the grounds below or the home's

maintenance audit shall be remediated based on an established priority by December 31, 2015. All work completed shall be documented with the date and the person who completed the work or who had oversight.

3. Ongoing supervision of the maintenance program shall be enhanced to ensure that progress is made and sustained and that the compliance dates set out within this Order are met.

4. Develop and implement a plan that details how the necessary maintenance tasks and routines to maintain the home safe and in good state of repair will be sustained over the long term. The plan, at a minimum shall include a routine auditing program to ensure sustained adherence to the home's maintenance written policies and procedures, including any/all required documentation, and to ensure sustainable compliance with the Long-Term Care Homes Act and Regulation.

The schedule and plan identified in #4 above shall be available for review upon a return visit to the home. Should any compliance date require an extension, contact the Inspector (Bernadette.susnik@ontario.ca) at least 2 weeks prior to the required compliance date(s).

Grounds / Motifs :

1. As part of the organized program of maintenance services under clause 15(1) (c) of the Act, the licensee did not ensure that there were schedules in place for preventive and remedial maintenance.

A review of the remedial and preventive maintenance program was conducted and confirmation made that written procedures were in place, however schedules were not in place to manage all of the outstanding maintenance issues identified during this inspection and the inspection conducted in February 2015. Although some disrepair was addressed, many of the outstanding items could not be managed by the in home maintenance person due lack of equipment and tools (and shop space), scope of the project or the technical skill required. No additional time or additional resources (external contracted services) were allocated to remediate all of the conditions identified on the previous order issued from the inspection completed in February 2015. A review of the preventive program revealed that resident bedrooms (and not other areas) had been audited for condition but many were not dated. Many of the audits were blank, appearing as if no issues were identified, in contradiction to

the findings identified during this inspection. None of the audits had been reviewed or organized to determine what issues required any follow up action. The following issues remained outstanding:

A) Furnishings – Eight night tables that were previously identified with rough or eroded edges were replaced, however only those identified in the inspection report were replaced. Additional (used but in good condition) night tables were observed to be stored in the home's basement to replace others in poor condition that were still in service. Staff interviews revealed that an organized process and adequate time had not been established to deal with the cleaning and transport of the night tables from the basement to resident rooms and the transfer of resident belongings to the alternative night table and transport back to the basement. Damaged night tables (chipped edges with exposed particle board) were noted in rooms 106, 108, 109, 110, 112, 124, 123, 121, 122 during this inspection.

*Missing wardrobe door latching hardware was applied only to the 8 missing doors identified in the previous inspection report. Missing hardware was noted on wardrobes in rooms 108, 109, 110, 123, and others on the first floor during this inspection.

*The top hinge on the wardrobe (right side) was disconnected in room 105.

*A coffee table was missing laminate around the edges (and was rough and difficult to clean) in the second floor lounge on February 11, 2015 and was found in the same condition on August 13, 2015. When identified to management staff, the table was removed by August 14, 2015.

B) Flooring - Both showers (1st and 2nd floor) had split or cracked flooring material within the shower surround (previously identified), approximately 15 floor tiles under the dish wash area had lifted after they were recently steam cleaned, a welded seam was split in the hall near bathroom #11, 8 cracked tiles were noted in room 214, 7 cracked tiles in 209, and several cracked tiles in rooms 208 and 210, cracked and missing tiles noted in one of the 2 elevators. The flooring material in the 1st floor open lounge area near the television was lifted and split. The vinyl sheet flooring in tub room #21 had imbeded paint chips throughout and was torn apart at one corner where the material was applied approximately 4 inches up the wall to create a seamless coved baseboard. The torn section was over 1 foot long and it was obvious that the section would

require replacement. According to the Administrator, a flooring company had been contacted to complete the work in the shower rooms but had not given the Administrator any committed or confirmed dates for the work to start. No schedules or work plans were available for the flooring issues identified in the other others.

C) Painting Program (walls, doors and trim) - Bathroom and bedroom doors and trim was identified to be heavily scuffed and peeling during the previous inspection. During this inspection, the bedroom doors and trim on the hall side were painted along with both dining rooms throughout. The painting program established over the last 4 months included the use of internal staff and very few hours to complete a large portion of the home in a timely manner. Scuffed bathroom doors and trim were noted in most resident rooms and peeling paint from the back of bedroom doors were observed in 105, 208, 206, 209, 210, 211, 213, bathroom 16 (door replaced but not painted). The bathroom walls which were previously identified to have ripped drywall surfaces were resurfaced with drywall compound, but not sanded or painted. According to the maintenance person, no paint to match the bathroom walls was available and the entire bathroom would need to be repainted. Paint was peeling and discoloured behind the steamer in the kitchen and peeling and scuffed along the bottom 2 feet in the corridor near the entrance to Headon Hall on the 2nd floor. A wall in the 2nd floor enclosed lounge was not painted with exposed drywall compound and drywall paper and was noted in February 2015. Schedules presented at time of inspection to paint the home were not realistic and did not address painting the bathrooms and bathroom doors. External resources to paint the home was not employed.

D) Plumbing Fixtures – The cold water faucet in #210 was noted to be leaking (cold water faucet) and the hot water faucet was difficult to turn.

*Two unused bar sinks located in the Physiotherapy room in the basement were not maintained. The sink or drainage traps were dried out (due to lack of water in the trap) thereby allowing any potential sewer gases from entering the room. Employees working in the area commented on the occasional odour. Moth or drain flies were observed in the room which were confirmed by the pest control contractor on August 14, 2015 to have originated from either dried out floor drains or drainage traps.

E) Handrails & Baseboards – The majority of damaged wooden handrails were

removed or replaced from previously identified resident rooms however they were noted to be badly gouged on the 2nd floor outside of the med room and in tub room #11. Nails were not flush or recessed on the handrail behind one resident's bed in room 221 and a rough and sharp handrail was noted behind a resident's bed in #209.

*Wooden baseboards remained severely gouged in the tub room #28 on 2nd floor, missing on the 2nd floor niche (with desk and computer) creating a sharp edge on both sides of the niche. A vinyl handrail in hall between rooms 219 and 220 was badly damaged again after being replaced after the last inspection.

F) Heaters - Rusty or peeling heaters in rooms #209, tub room #18 and #28 and other rooms.

G) Door Hardware – The crash bar on the fire doors between the physiotherapy room and activity room in the basement was very loose.

*The self-closing devices on washroom doors #10 and #20 did not appear to be working properly as both doors slammed closed. Residents across hall from #20 reported that the door was loud and bothersome.

H) The walk-in freezer trim to the left of the door was not in good condition. It was covered in mould and peeling paint during the last inspection and remained outstanding during this inspection.

I) Equipment – Two bath tubs (rooms #18, and #28) were replaced and one bath tub (room #21) re-glazed between March and July 2015. Tubs in rooms #21 and #28 were still out of commission at time of inspection for various maintenance issues. The tub in room #28 was still pending a proper water proof surround around the base of the tub (pedestal) and the wall at the faucet side of the tub was badly damaged. The tub in room #21 was re-glazed over a month prior and was still taped up.

J) The portable A/C units installed in resident room windows were observed to leak rain water in rooms 120 and 222 on August 18, 2015. The units were installed using particle board and were not sealed around the perimeter. Some of the units had a black substance on the air supply grilles suspected as mould, the unit in #211 appearing to be the most affected. The particle board was also black along the bottom which was in contact with the window sill. According to

the maintenance person, no specific procedures had been developed to address how and when the units would be maintained, installed, stored and cleaned. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2015

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

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.

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
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.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 3rd day of September, 2015

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : BERNADETTE SUSNIK

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