



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

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11ième étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 15, 2016	2016_189120_0012	035155-15	Follow up

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**Licensee/Titulaire de permis**

CVH (no.1) LP  
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H  
5L8

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

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

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

BERNADETTE SUSNIK (120)

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

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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): March 3, 2016**

**A follow-up inspection (2015-189120-0069) was previously conducted on August 13, 2015 in relation to the home's maintenance program and Order #003 was issued. Non-compliance for the program was previously issued in March 2015. For this follow-up inspection, all of the conditions laid out in the Order were not met. See report below for outstanding conditions.**

**During the course of the inspection, the inspector(s) spoke with the Administrator and maintenance person.**

**During the course of the inspection, the inspector toured the home including resident rooms, common areas, tub/shower rooms, activity room and kitchen, reviewed maintenance records and maintenance policies.**

**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)**



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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</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. (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).**

**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 most of the previously identified disrepair listed in the Order was addressed. However, the preventive component of the program was not in place. A condition laid out in the previous Order required that the licensee complete a full home maintenance audit in accordance with Extencicare established maintenance procedures of all resident rooms, ensuite washrooms, common washrooms, corridors, common spaces, dining rooms and tub/shower rooms and to document the findings by September 30, 2015. The audits were to include the date of the audit and the name of the person completing the audit and that a review be made of all furnishings, walls, floors, ceilings, light fixtures, trim, doors, hardware, windows, sills, heaters, plumbing fixtures and accessories. Once the audits were completed, the licensee was to establish a schedule (time frames) and the name of the person or contracted service responsible to address the maintenance issues identified by the auditor. The licensee was to further develop and implement a plan that detailed how the necessary maintenance tasks and routines to maintain the home safe and in good state of repair would be sustained over the long term. The plan, at a minimum was to 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, audits and plan were to be available for review upon a return visit to the home. Documentation could not be provided at the time of the follow-up inspection by the Administrator or maintenance person. The following outstanding issues of disrepair were made at the time of inspection and the Administrator or maintenance person were either not aware of the issues or did not have a schedule available with dates to address the issues;

A) Flooring - several cracked tiles were noted in room #210. The vinyl sheet flooring in tub room #21 had imbedded paint chips throughout the flooring material 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.

B) Painting Program (walls, doors and trim) - Some bathroom doors noted to be scuffed and many of the bathrooms had trim that had exposed metal (i.e. bathroom door trim was observed to be peeled down to bare metal and wall paint peeling heavily in bathroom #122).



C) The walk-in freezer trim to the left of the door was not in good condition. It was covered in mould (black substance) and peeling paint.

D) Furnishings – A wardrobe located in room #124 was in poor condition. The door was deeply gouged and rough to the touch.

E) Handrails & Baseboards – Nails were not flush or recessed on the handrail behind one resident's bed in room 221. Wooden baseboards remained severely gouged in tub room #28 on 2nd floor and had raw wood surfaces.

F) Door Hardware – According to the maintenance person, previous hardware and door latching issues were addressed. However, during this inspection, the same doors were checked and either the same or different issues were observed. The crash bar on the fire doors between the physiotherapy room and activity room in the basement was not engaging with the striker plate as the door was warped. The top half of the door connected with the frame, however the lower half did not. The self-closing device on washroom door #20 and the fire doors in the basement hall near the staff room did not appear to be working properly as the doors both slammed closed. The door to washroom #10 did not close as it got stuck on the frame and the handle to washroom in room #222 did not function properly as the striker did not emerge when the handle was turned to keep the door closed.

Newly identified during this inspection:

A) Exhaust units - Exhaust fan was not functional in washroom #27 when switch turned on, the exhaust fan was overly noisy in #210 and the exhaust in shower #24 and washroom #25 did not have any suction when tested with a piece of tissue (no switch available as exhaust was part of a larger system).

B) Two long screws were observed sticking out of the side of a wardrobe in room #209.

C) Several square vinyl tiles in room #207 were loose, lifting at the edges. Duct tape was applied over the transition between the hall and the bedrooms in #109, #208, #209 and #210. [s. 90(1)(b)]



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***Additional Required Actions:***

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

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**Issued on this 15th day of March, 2016**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Long-Term Care Homes Division  
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**Division des foyers de soins de longue durée  
Inspection de sions de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** BERNADETTE SUSNIK (120)

**Inspection No. /**

**No de l'inspection :** 2016\_189120\_0012

**Log No. /**

**Registre no:** 035155-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Mar 15, 2016

**Licensee /**

**Titulaire de permis :**

CVH (no.1) LP  
c/o Southbridge Care Homes Inc., 766 Hespeler Road,  
Suite 301, CAMBRIDGE, ON, N3H-5L8

**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

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To CVH (no.1) LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Order # /**

Ordre no : 001

**Order Type /**

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

**Linked to Existing Order /**

Lien vers ordre existant: 2015\_189120\_0069, CO #003;

**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 complete the following:

1. Conduct a full home maintenance audit in accordance with 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. The audit is to include the date of the audit and the name of the person completing the audit. The audit shall include at a minimum a review of all furnishings, walls, floors, ceilings, light fixtures, curtain rods and tracks, door trim, baseboards, doors, door hardware, windows, sills, heaters, plumbing fixtures and accessories.
2. Establish a schedule (time frames) to address the issues identified by the auditor and the name of the person or contracted service who will be responsible to address the issues.
3. 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 would be sustained over the long term. The plan, at a minimum shall include how often auditing or monitoring will be conducted 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.



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**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 most of the previously identified disrepair listed in the Order was addressed. However, the preventive component of the program was not in place. A condition laid out in the previous order required that the licensee complete a full home maintenance audit in accordance with Extencicare established maintenance procedures of all resident rooms, ensuite washrooms, common washrooms, corridors, common spaces, dining rooms and tub/shower rooms and to document the findings by September 30, 2015. The audits were to include the date of the audit and the name of the person completing the audit and that a review be made of all furnishings, walls, floors, ceilings, light fixtures, trim, doors, hardware, windows, sills, heaters, plumbing fixtures and accessories. Once the audits were completed, the licensee was to establish a schedule (time frames) and the name of the person or contracted service responsible to address the maintenance issues identified by the auditor. The licensee was to further develop and implement a plan that detailed how the necessary maintenance tasks and routines to maintain the home safe and in good state of repair would be sustained over the long term. The plan, at a minimum was to 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, audits and plan were to be available for review upon a return visit to the home. Documentation could not be provided at the time of the follow-up inspection by the Administrator or maintenance person. The following outstanding issues of disrepair were made at the time of inspection and the Administrator or maintenance person were either not aware of the issues or did not have a schedule available with dates to address the issues;

A) Flooring - several cracked tiles were noted in room #210. The vinyl sheet flooring in tub room #21 had imbedded paint chips throughout the flooring material 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.

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C) The walk-in freezer trim to the left of the door was not in good condition. It was covered in mould (black substance) and peeling paint.

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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*

C) Several square vinyl tiles in room #207 were loose, lifting at the edges. Duct tape was applied over the transition between the hall and the bedrooms in #109, #208, #209 and #210.  
(120)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Apr 30, 2016



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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**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  
Long-Term Care Inspections 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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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  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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## **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  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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

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

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

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

**Issued on this 15th day of March, 2016**

**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