

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

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

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
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Bureau régional de services de  
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**Amended Public Copy/Copie modifiée du rapport public**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 16, 2021	2020_780699_0021 (A1)	024648-20	Complaint

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**Licensee/Titulaire de permis**

Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4

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

Westside  
1145 Albion Road Etobicoke ON M9V 4J7

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

Amended by PRAVEENA SITTAMPALAM (699) - (A1)

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

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**Compliance plan due date for Compliance Order #001 extended to February 24, 2021.**

**Issued on this 16th day of February, 2021 (A1)**

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

**Original report signed by the inspector.**

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

Amended by PRAVEENA SITTAMPALAM (699) - (A1)

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

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

**This inspection was conducted on the following date(s): December 15-18, 21-24, offsite December 31, 2020.**

**The following complaint intakes were inspected:**

**-Log #024648-20 related to residents receiving assistance with meals.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Environmental Services Manager (ESM), Infection Control Practitioner (ICP), registered nurses (RN) registered practical nurse (RPN), personal support worker (PSW), housekeeping aides (HA), licensed pest control contractor (LPCC), and residents.**

**During the course of the inspection, the inspectors conducted observations of staff and resident interactions and provision of care, reviewed resident health records and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping  
Dining Observation  
Safe and Secure Home**

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

**4 WN(s)  
3 VPC(s)  
2 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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

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

The inspector conducted tours of the home. The following was observed during the tours:

- Spilled liquids in a resident room in front of the resident's bed and food debris on the ground by a garbage receptacle. Inspector returned over an hour later and the spill and food debris were still noted in the room;
- fourth floor east wing hallway floor sticky, stains noted throughout corridor. Accumulation of debris around baseboards in hallway, used glove and used spoon noted on the floor;
- empty resident room observed, debris buildup noted around washroom door frame;
- stains noted on hallway floors on second and third floor, debris noted on the floors throughout the hallway and around baseboards;
- accumulation of debris in several resident room doorways noted throughout the second, third and fourth floor;
- doorway to third floor garbage disposal room noted stained with accumulated dirt around door frame;
- observed sticky grime noted in doorway of three resident rooms, significant debris build up around these door frames; and
- significant debris buildup throughout main stairwells that have door access to resident care units.

As per the home's 'Floor washing' policy, ES C-20-15, last revised November 22, 2019, indicated that all floors may not require washing daily but done at least every second day with the use of the auto scrubber (if available). ESM #111

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indicated that the floors in the hallway should be cleaned twice daily with the scrubber, however was unsure if it was used during the two weeks they were off between December 7-December 18, 2020.

The ESM would complete resident room cleaning audits to ensure that resident rooms were being cleaned appropriately. Cleaning resident room audits were last conducted in the home November 2, 2020.

As per the home's "Cleaning Procedure - Stairwells", ES C-10-70, last revised November 22, 2019, indicated that the stairwells should be cleaned daily or as required. ESM #111 stated they had noted that the stairwells required cleaning, and they were supposed to be cleaned weekly. They were not aware that the policy had indicated the frequency should be daily or as required.

ICP #108 indicated that the cleanliness of the home was an identified area of infection and control prevention concern. Administrator #101 and ESM #111 both confirmed the resident areas identified by the inspector were not clean and sanitary.

Review of the contracted service provider Environmental Review Client Summary that was completed on January 20, 2020, indicated common deficiencies identified were the following:

-detailed cleaning under and around furniture, floor edges and dirty walls, food crumbs under furniture and cushions, floor surfaces dirty along edges, food and drink spots on walls and surfaces, and elevator frame and tracks dirty.

The summary provided several areas that required corrective actions to be completed. As per ESM #111, they would be required to review the issues and implement corrective action. ESM #111 was unable to provide inspector documentation of corrective action completed for the identified deficiencies noted in the Marquise environmental review.

Sources: Observations, Floor washing' policy: ES C-20-15, last revised November 22, 2019, 'Daily Resident Room Cleaning', ES C-10-10, last revised November 22, 2019, "Cleaning Procedure - Stairwells", ES C-10-70, last revised November 22, 2019, Environmental Review Client Summary, interviews with HA #114, HA #122, ESM #111, ICP #108, and Administrator #101. [s. 15. (2) (a)]

2. The licensee has failed to ensure that ensure that the home was maintained in

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a safe condition and in a good state of repair.

The inspector conducted tours of the home. The following was observed during the tours:

- Large hole in wall by a resident bed, wallpaper peeling off the wall, edging around washroom door coming apart in a resident room;
- fourth floor nursing station, no baseboard around station, gaps around station and floor noted. Nursing station counter was chipped around edges, varnish worn off around edges;
- second and third floor nursing station edges were chipped, varnish worn off;
- door frames for three resident rooms chipped;
- edging around floors in front of a resident room coming a part;
- holes noted on the floor where double doors meet;
- resident room doorway chipped, dirt noted around door frame. Holes noted in walls, odour of urine noted in room;
- resident room bathroom door severely chipped;
- resident room baseboard chipped in front of washroom;
- edging around wall coming apart by the sink at end of hall, sitting area on fourth floor. Food debris noted in corner;
- resident room baseboard coming off of wall in front of washroom;
- broken door frame on third floor dining room door; and
- baseboard coming apart from wall in resident room.

The ESM did not have any schedules in place to conduct repairs for the various issues identified above. ESM #111 stated that preventative maintenance audits of resident rooms were occurring monthly, which included audits of the door frames, baseboards, the windows and lights. These audits had not occurred in the home in October or November 2020 due to the outbreak. In the past several months, only major repairs, such as a pipe repair, in the home have occurred due to limited staffing and the outbreak in the home. There were no records kept of the repairs that were done in the home in the past three months. ICP #108 indicated areas of damage, such as the chipped corners of the nursing station and the hole in the wall in the resident room posed an infection prevention and control concern.

Sources: Observations, and interviews with ESM #111, and ICP #108. [s. 15. (2) (c)]



***Additional Required Actions:***

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

**(A1)  
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control  
Specifically failed to comply with the following:**

**s. 88. (1) As part of organized programs of housekeeping and maintenance services under clauses 15 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken. O. Reg. 79/10, s. 88 (1).**

**s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure there was an organized preventive pest control program using the services of a licensed pest controller and including records indicating the dates of visits and actions taken.

An organized preventive pest control program includes multiple co-ordinated approaches including maintenance, sanitation, frequent and regular monitoring and the services of a pest control operator.

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The inspector conducted a tour of the home of December 16, 2020 and observed the following:

- live cockroach/bug noted in resident room by baseboard; and
- significant build up of dirt and a live cockroach observed in doorway of a resident room.

A licensed pest control company (LPCC), was contracted to come in weekly to the home for treatment of cockroaches, specifically for the kitchen and the serveries on the resident floors; and as needed in resident rooms if there were any sightings. The LPCC stated that for approximately three months, they have not been in resident rooms to provide treatment for the cockroaches. The LPCC stated that they were not allowed to go into the resident rooms as that was the direction they received from Revera.

The home's pest control policy, ES H-20-00, last revised November 22, 2019, recommended several steps for aggressive pest control measures, including implementing effective preventative maintenance programs such as inspecting all baseboards, walls and corner openings. The ESM stated that the home does not have a specific preventative plan for pests in resident rooms, and that the current pest control contractor comes in for spot or as needed treatment of resident rooms. Administrator #101 stated that they should have had a plan in place to address the pest issue in the home if the licensed contractor could not come in for treatment.

There was no preventative pest control program in place specifically for resident rooms. From October to November, there were several sightings of cockroaches in resident rooms that were recorded in the pest control log book. There were no wholesome interventions put in place to immediately deal with the cockroaches in resident rooms or prevent recurrence of pests in the room. There was no monitoring of affected rooms, no enhanced cleaning or implementation of recommended steps highlighted in the policy.

Sources: Observations, pest control log book, pest control policy, ES H-20-00, last revised November 22, 2019, interviews with ESM #111, LPCC #117 and Administrator #101. [s. 88. (1)]

2. The license has failed to ensure that immediate action was taken to deal with cockroaches in the home.

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Review of the home's pest control log books from the third and fourth floor indicated that between October - December 2020, on several dates, cockroaches were observed in resident rooms with no actions taken documented on the log book. In an interview with the interim ESM #113, they indicated that they were aware there were sightings of cockroaches in the home, however no action was taken to specifically address the sightings in the resident rooms. The LPCC #117 indicated that they have been coming in weekly to the home to treat specifically the kitchen and serveries in the home, but had not entered any resident rooms in approximately three months to treat for the pests. The ESM had treated rooms with a domestic pest insecticide spray for any observed cockroaches; however did not have preventative maintenance plan in place to monitor the resident rooms for pest activity, nor did not document which rooms that they had treated. Staff and residents indicated seeing pests in the home, however were not aware of any interventions being implemented to address the pests and were only recording the sightings in the pest control log book.

Sources: Observations, pest control log books third and fourth floors, interviews with interim ESM #113, LPCC #117, HA #114, a resident and ESM #111. [s. 88. (2)]

***Additional Required Actions:***

**CO # - 002 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 immediate action is taken to deal with pests, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care was provided to a resident.

The inspector conducted a tour of the home and observed a resident seated in a wheelchair in the room, in an upright position. Undigested food was observed coming from the resident's mouth and onto their apron. The ICP and inspector spoke with PSW #119 who indicated that the resident had difficulty chewing and swallowing and that they leave the resident and come back to clean up the food the resident spits out. RN #118 indicated that staff were expected to check to see if the resident has swallowed the food. The resident should not have been left unattended as there was a risk for choking. The resident's care plan stated that staff should monitor for remaining foods after meals and to encourage the resident to clear debris from their mouth by swallowing or spitting out debris. RN #118 confirmed that the resident's plan of care was not followed.

Sources: Observations, care plan with full revision history and interviews with RN #118 ,PSW #119 and DOC #112. [s. 6. (7)]

***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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

**Specifically failed to comply with the following:**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**

**10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident was safely positioned when being assisted with their meal.

The inspector observed a resident lying down in bed being assisted with their meal by a PSW. The inspector called RN #109 who confirmed that the resident was not positioned appropriately for their meal. RPN #105 entered the resident's room and repositioned the resident with the PSW into a 90 degree seated position in bed. RPN #105 stated that for meals, residents must be positioned in a 90 degree position and confirmed that the resident was not positioned appropriately.

Sources: Observations, and interviews with RN #109, RPN #105, ADOC #107 and DOC #112. [s. 73. (1) 10.]

***Additional Required Actions:***

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***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 home has a dining and snack service  
that includes, at a minimum, proper techniques to assist residents with eating,  
including safe positioning of residents who require assistance, to be  
implemented voluntarily.***

**Issued on this 16th day of February, 2021 (A1)**

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

**Original report signed by the inspector.**

**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  
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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by PRAVEENA SITTAMPALAM (699) -  
(A1)

**Inspection No. /  
No de l'inspection :** 2020\_780699\_0021 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 024648-20 (A1)

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

**Report Date(s) /  
Date(s) du Rapport :** Feb 16, 2021(A1)

**Licensee /  
Titulaire de permis :** Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600, Mississauga, ON,  
L4W-0E4

**LTC Home /  
Foyer de SLD :** Westside  
1145 Albion Road, Etobicoke, ON, M9V-4J7

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Stephanie Karapita

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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, chap. 8

To Revera Long Term Care Inc., you are hereby required to comply with the following  
order(s) by the      date(s) set out below:



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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**Order # /**

**No d'ordre:** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

**Order / Ordre :**

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

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

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(A1)

The licensee must be compliant with s. 15(2) of the LTCHA.

Specifically, the licensee shall prepare, submit and implement a plan to ensure that the home, furnishings and equipment are kept clean and sanitary and maintained in a safe condition and in a good state of repair.

This plan must include, but is not limited to the following:

1) An audit of the whole home, identifying areas requiring repair and cleaning, including all areas identified by the inspector on December 15, 16, 22 and 24, 2020.

2) Development of an action plan, which must include but not limited to, when repairs and cleaning of identified areas of the home will be completed, priority level of repairs, and who will be responsible for monitoring and ensuring repairs are completed.

3) Development of a daily resident room cleaning task list based on the home's "Cleaning Procedure-Daily Resident Room Cleaning", ES C-10-10, that will be posted in every resident room. Staff will be required to sign task list after cleaning the resident rooms.

4) Complete an audit, upon receipt of this order, of the daily resident room cleaning task list every month to ensure adherence to the home's policy. Documentation must be kept of the audit.

5) Development of a floor washing schedule based on the home's policy "Floor Washing" ES-C-20-15. Documentation must be kept of the location, dates and times floor washing was completed.

Please submit the written plan for achieving compliance for inspection #2020\_780699\_0021 to Praveena Sittampalam. LTC Homes Inspector, MLTC, by email to TorontoSAO.MOH@ontario.ca by February 24, 2021. Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the home, furnishings and equipment were

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kept clean and sanitary.

The inspector conducted tours of the home. The following was observed during the tours:

- Spilled liquids in a resident room in front of the resident's bed and food debris on the ground by a garbage receptacle. Inspector returned over an hour later and the spill and food debris were still noted in the room;
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- stains noted on hallway floors on second and third floor, debris noted on the floors throughout the hallway and around baseboards;
- accumulation of debris in several resident room doorways noted throughout the second, third and fourth floor;
- doorway to third floor garbage disposal room noted stained with accumulated dirt around door frame;
- observed sticky grime noted in doorway of three resident rooms, significant debris build up around these door frames; and
- significant debris buildup throughout main stairwells that have door access to resident care units.

As per the home's 'Floor washing' policy, ES C-20-15, last revised November 22, 2019, indicated that all floors may not require washing daily but done at least every second day with the use of the auto scrubber (if available). ESM #111 indicated that the floors in the hallway should be cleaned twice daily with the scrubber, however was unsure if it was used during the two weeks they were off between December 7-December 18, 2020.

The ESM would complete resident room cleaning audits to ensure that resident rooms were being cleaned appropriately. Cleaning resident room audits were last conducted in the home November 2, 2020.

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-detailed cleaning under and around furniture, floor edges and dirty walls, food crumbs under furniture and cushions, floor surfaces dirty along edges, food and drink spots on walls and surfaces, and elevator frame and tracks dirty.

The summary provided several areas that required corrective actions to be completed. As per ESM #111, they would be required to review the issues and implement corrective action. ESM #111 was unable to provide inspector documentation of corrective action completed for the identified deficiencies noted in the Marquise environmental review.

Sources: Observations, Floor washing' policy: ES C-20-15, last revised November 22, 2019, 'Daily Resident Room Cleaning', ES C-10-10, last revised November 22, 2019, "Cleaning Procedure - Stairwells", ES C-10-70, last revised November 22, 2019, Environmental Review Client Summary, interviews with HA #114, HA #122, ESM #111, ICP #108, and Administrator #101. [s. 15. (2) (a)] (699)

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

The inspector conducted tours of the home. The following was observed during the tours:

-Large hole in wall by a resident bed, wallpaper peeling off the wall, edging around washroom door coming apart in a resident room;  
-fourth floor nursing station, no baseboard around station, gaps around station and floor noted. Nursing station counter was chipped around edges, varnish worn off around edges;  
-second and third floor nursing station edges were chipped, varnish worn off;  
-door frames for three resident rooms chipped;  
-edging around floors in front of a resident room coming a part;

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- holes noted on the floor where double doors meet;
- resident room doorway chipped, dirt noted around door frame. Holes noted in walls, odour of urine noted in room;
- resident room bathroom door severely chipped;
- resident room baseboard chipped in front of washroom;
- edging around wall coming apart by the sink at end of hall, sitting area on fourth floor. Food debris noted in corner;
- resident room baseboard coming off of wall in front of washroom;
- broken door frame on third floor dining room door; and
- baseboard coming apart from wall in resident room.

The ESM did not have any schedules in place to conduct repairs for the various issues identified above. ESM #111 stated that preventative maintenance audits of resident rooms were occurring monthly, which included audits of the door frames, baseboards, the windows and lights. These audits had not occurred in the home in October or November 2020 due to the outbreak. In the past several months, only major repairs, such as a pipe repair, in the home have occurred due to limited staffing and the outbreak in the home. There were no records kept of the repairs that were done in the home in the past three months. ICP #108 indicated areas of damage, such as the chipped corners of the nursing station and the hole in the wall in the resident room posed an infection prevention and control concern.

Sources: Observations, and interviews with ESM #111, and ICP #108. [s. 15. (2) (c)]

An order was made by taking the following factors into account:

Severity: There was minimal harm/risk to the residents as the cleanliness and disrepair of the home posed a potential infection prevention and control that could contribute to the spread of infection in the home.

Scope: The cleanliness and disrepair of the home was noted on all resident floors, demonstrating a widespread issue.

Compliance history: Four Written Notifications (WN), sixteen Voluntary Plan of Correction (VPC), and four compliance orders (CO) were issued to the home related to different sub-sections of the legislation in the past 36 months. (699)

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

**Vous devez vous conformer à cet ordre d'ici le :**

Jun 09, 2021

**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

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2007, chap. 8

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**Order # /**

**No d'ordre:** 002

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 88. (1) As part of organized programs of housekeeping and maintenance services under clauses 15 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken.  
O. Reg. 79/10, s. 88 (1).

**Order / Ordre :**

**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

The licensee must be compliant with s. 88. (1) of the O.Reg 79/10.

Specifically, the licensee must:

- 1) Ensure that immediate action is take to deal with pests and documented;
- 2) Conduct a full inspection of all areas of the building to locate potential cockroach infestations;
- 3) Documentation must be kept of the inspection, including location of cockroach infestation, date inspection was completed, and action plan to address concerns identified during inspection.
- 4) Develop and implement an organized preventative pest control program using the services of a licensed pest controlled specifically for resident rooms;
- 5) Implement effective preventative Maintenance programs such as inspecting all baseboards, walls and corner opening for pests monthly for resident rooms;
- 6) Ensure that a pest control operator will bait, trap, and monitor the population of cockroaches in the home, including all resident rooms. This must include as many visits as necessary until the cockroach population is significantly reduced and under control, that additional bait and/or treatments are added throughout the home and that the technician(s) or designate of the home document the technician's recommendations and/or findings during each visit and any additional information that will assist the licensee in making decisions to reduce and manage the cockroach population.

**Grounds / Motifs :**

1. The licensee has failed to ensure there was an organized preventive pest control program using the services of a licensed pest controller and including records indicating the dates of visits and actions taken.

An organized preventive pest control program includes multiple co-ordinated approaches including maintenance, sanitation, frequent and regular monitoring and

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the services of a pest control operator.

The inspector conducted a tour of the home of December 16, 2020 and observed the following:

- live cockroach/bug noted in resident room by baseboard; and
- significant build up of dirt and a live cockroach observed in doorway of a resident room.

A licensed pest control company (LPCC), was contracted to come in weekly to the home for treatment of cockroaches, specifically for the kitchen and the serveries on the resident floors; and as needed in resident rooms if there were any sightings. The LPCC stated that for approximately three months, they have not been in resident rooms to provide treatment for the cockroaches. The LPCC stated that they were not allowed to go into the resident rooms as that was the direction they received from Revera.

The home's pest control policy, ES H-20-00, last revised November 22, 2019, recommended several steps for aggressive pest control measures, including implementing effective preventative maintenance programs such as inspecting all baseboards, walls and corner openings. The ESM stated that the home does not have a specific preventative plan for pests in resident rooms, and that the current pest control contractor comes in for spot or as needed treatment of resident rooms. Administrator #101 stated that they should have had a plan in place to address the pest issue in the home if the licensed contractor could not come in for treatment.

There was no preventative pest control program in place specifically for resident rooms. From October to November, there were several sightings of cockroaches in resident rooms that were recorded in the pest control log book. There were no wholesome interventions put in place to immediately deal with the cockroaches in resident rooms or prevent recurrence of pests in the room. There was no monitoring of affected rooms, no enhanced cleaning or implementation of recommended steps highlighted in the policy.

Sources: Observations, pest control log book, pest control policy, ES H-20-00, last revised November 22, 2019, interviews with ESM #111, LPCC #117 and Administrator #101. [s. 88. (1)]



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

An order was made by taking the following factors into account:

Severity: There was minimal harm/risk to the residents as the pests posed a potential infection prevention and control that could contribute to the spread of infection in the home.

Scope: Preventative pest control measures was not occurring in any affected resident floors, demonstrating a widespread issue.

Compliance history: Four Written Notifications (WN), sixteen Voluntary Plan of Correction (VPC), and four compliance orders (CO) were issued to the home related to different sub-sections of the legislation in the past 36 months. (699)

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

**Vous devez vous conformer à cet ordre d'ici le :**

Jun 09, 2021

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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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

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section 154 of the *Long-Term  
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**Ordre(s) de l'inspecteur**

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

Health Services Appeal and Review Board and the Director

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
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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2007, c. 8

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foyers de soins de longue durée*, L.O.  
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 16th day of February, 2021 (A1)**

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

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

Amended by PRAVEENA SITTAMPALAM (699) -  
(A1)

**Order(s) of the Inspector**

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foyers de soins de longue durée*, L.O.  
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**Service Area Office /  
Bureau régional de services :**

Toronto Service Area Office