



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

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
09 November 2010	2010_127_2930_09Nov090329	Complaint (H-02174)

Licensee/Titulaire
The Thomas Health Care Corporation, 490 Highway #8, Stoney Creek ON L8G 1G6

Long-Term Care Home/Foyer de soins de longue durée
Arbour Creek Long Term Care Centre, 2717 King Street East, Hamilton ON L8G 1J3

Name of Inspector(s)/Nom de l'inspecteur(s)
Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127

Inspection Summary / Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding mould, provisions for bathing residents twice each week and lack of ventilation in shower/tub rooms.

During the course of the inspection, the inspector spoke with the administrator, associate directors of care and director of resident client services.

During the course of the inspection, the inspector undertook a visual inspection of resident home areas, reviewed resident bathing records and reviewed maintenance-related documentation.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Maintenance

Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN

NON-COMPLIANCE / Non-respectés
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigences prevue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 90(2)(c):

The licensee shall ensure that procedures are developed and implemented to ensure that, 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;

Findings:

09 November 2010

All vents observed in the shower/tub rooms and resident washrooms were clogged by accumulated dust. The frequency of removing the dust from the vents was not adequate to keep them clean and working properly.

Inspector ID #: 127

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 90(3):

The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator.

Findings:

09 November 2010

The exhaust vents were not drawing air from the shower/tub rooms or resident washrooms in the Nash and Jackson resident home areas on the 1st floor, the resident home areas on the 2nd floor nor the administration areas. No make-up air was blowing in to these areas through the duct work. There was no indication the mechanical ventilation system was operating.

Inspector ID #: 127

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title: Date:

Date of Report (if different from date(s) of inspection).

03 December 2010