



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

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

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

**Rapport d'inspection prévue  
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 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du public**

---

<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>
May 27, 2019	2019_541169_0012	020134-18, 020136-18	Follow up

---

**Licensee/Titulaire de permis**

St. Joseph's Health System  
50 Charlton Avenue East Room M146 HAMILTON ON L8N 4A6

---

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

St. Joseph's Villa, Dundas  
56 Governor's Road DUNDAS ON L9H 5G7

---

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

YVONNE WALTON (169), CYNTHIA DITOMASSO (528), MICHELLE WARRENER (107)

---

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

---



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

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

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

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

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

**This inspection was conducted on the following date(s): March 22, 25, 27, 28, 29,  
April 2, 3, 4, 5, 8, 9, 10, 11, 12, 15, 16, 17, 2019.**

**The purpose of the inspection was to follow up on previously issued orders.  
Log #020134-18 (CO #001) related to abuse and Log # 020136-18 (CO #002) related  
to skin and wound.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,  
Director of Quality, Performance Systems and Food Services, Director of Care  
(DOC), Education, Quality and Clinical Support Lead, Resident Care Managers,  
Housekeeping/Laundry Manager, Infection Control Lead, Behaviour Support  
Ontario Staff (BSO), Registered Nursing staff, Personal Support Workers (PSW),  
housekeeping staff and residents.**

**The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration  
Prevention of Abuse, Neglect and Retaliation  
Safe and Secure Home  
Skin and Wound Care**

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

**1 WN(s)  
1 VPC(s)  
0 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2018_689586_0014		169
O.Reg 79/10 s. 50. (2)	CO #002	2018_689586_0014		528

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

Legend	Légende
<p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

---

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 305. Construction, renovation, etc., of homes**

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

**s. 305. (5) A licensee who has received the Director's approval under subsection (3) shall ensure that the work is carried out in accordance with the plan or specifications and work plan provided under subsection (4). O. Reg. 79/10, s. 305 (5).**

**Findings/Faits saillants :**

1. A licensee who had received the Director's approval under subsection (3) did not ensure that the work was carried out in accordance with the plan or specifications and work plan provided under subsection (4).

A work plan that was required by subsection (3) was submitted in July 2018, by the licensee. The plan included that carpeting would be removed from resident bedrooms and corridors during the fall and spring of 2018 and 2019, and replaced with hard surface flooring.

Regarding resident safety, the work plan included the use of "partial mobile barriers" that would be erected around the section of work the installers were involved with and the areas being worked on would be blocked off for short periods of time during each day, and re-opened before completion of each working day. The Manager of Infection Control, was identified to be the person responsible to oversee the safety of residents, staff and workers during the project.

With respect to the control of dust and/or odours during the project, the work plan included that dust and debris would be mitigated by allowing the project to focus on small areas at a time. Contractors would sweep and vacuum areas as they progressed through the corridors. Housekeeping staff normally assigned to the area would focus on dust removal and general clean up as well as moving furnishing if required and additional housekeeping hours and supports would be put in place. Residents sensitive to dust would be monitored for antihistamine use or to see if additional air filtration was required.

With respect to communication plans, the front line staff were to be informed by sending



out communication bulletins at least 2 weeks prior to initiation of flooring replacement on an unit.

Inspector #169 toured a resident home area, where flooring replacement was being completed and observed a long corridor to be fully accessible to residents. No barriers were used and the fire doors to the corridor were wide open. Several contractors were actively working in the corridor removing carpet and wearing respirators. Resident room doors were open and one resident was seen walking down the corridor. Odours from the use of glue to secure flooring material were detected and offensive. No portable exhaust units were seen to remove the extra dust and odours.

Interviews with Registered staff #105, PSW #103 and housekeeper #104, confirmed they had not received any information (bulletins or emails) regarding how to manage residents during the renovation.

In March, 2019, at approximately 1220 hours, resident's beds, wardrobes, night tables and their personal belongings were observed in the resident home area corridor. The resident's personal items were piled onto resident beds and were not protected from airborne dust generated during the removal of the old carpet. Three residents were observed to be in their bedrooms, lying on their beds with their doors closed, even though PSW #103 explained to the inspector that no residents were in their rooms during the renovation.

PSW #103 was working in the home area and was questioned as to what arrangements and alternative bed or lounge spaces were provided for residents, if they required a rest. PSW #103 responded that residents would not be getting a rest on that day. Housekeeper #104 who was observed in the resident home area during the time of the flooring removal and was asked about the renovation project and their role during the renovation. The housekeeper confirmed they were unaware of any additional directions, in addition to their daily cleaning routine.

The Manager of Housekeeping and Laundry identified themselves as the person responsible for ensuring that work areas were properly blocked off to residents, that residents were not in their rooms while work was being conducted outside of their room, that resident's belongings and furnishings were protected from dust and contamination and that ventilation was adequate to remove dust and odours. The Manager of Housekeeping and Laundry reported that they visited the project area twice per day and had done so on a specific morning and afternoon, when the inspector observed the same



area. They acknowledged that they did not see any barriers and did not walk through the resident home area corridor. When presented with information about the exposed personal articles in the corridors, the Manager of Housekeeping and Laundry identified that the housekeepers were responsible for moving the furnishings and possessions in and out of rooms and to keep the clothing inside of wardrobes. The Manager of Housekeeping and Laundry identified that a housekeeper was allocated from 1100 to 1900 hours to ensure that the resident's items were properly handled and protected. However, the housekeeper was not specifically dedicated to the area under renovation. The Manager of Housekeeping and Laundry also confirmed the additional housekeeper was often used on other home areas and was not available at the scheduled renovation site.

The Manager of Infection Control acknowledged that staff were all informed via email about the project and that some, but not all staff received direct verbal confirmation of the project. They also reported that all of the housekeepers were made aware of the project verbally as well as by email.

Other managers who took part in the project development, such as Manager of Infection Control and Manager of Engineering and Maintenance, did not develop any detailed operational plans that included roles and responsibilities for certain staff members. The licensee did not ensure that the work was carried out in accordance with the plan or specifications and work plan provided under the subsection. [s. 305. (5)]

***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 that ensures that where a licensee who has received the Director's approval under subsection (3) that the work is carried out in accordance with the plan or specifications and work plan provided under subsection (4), to be implemented voluntarily.***



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

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

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

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

**Issued on this 28th day of May, 2019**

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

**Original report signed by the inspector.**