



**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**

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

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 16, 2015	2015_357101_0017	T-1147-14;T-1148-14	Follow up

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### **Licensee/Titulaire de permis**

TORONTO LONG-TERM CARE HOMES AND SERVICES  
55 JOHN STREET METRO HALL, 11th FLOOR TORONTO ON M5V 3C6

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

CASTLEVIEW WYCHWOOD TOWERS  
351 CHRISTIE STREET TORONTO ON M6G 3C3

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

AMANDA WILLIAMS (101), BERNADETTE SUSNIK (120)

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## Inspection Summary/Résumé de l'inspection

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**Ministry of Health and  
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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): May 19 and 20, 2015.**

**During the course of the inspection, the inspector(s) spoke with the Manager Building Services, Administrator, Assistant Administrator, housekeeping staff, maintenance staff, Associate Director of Care (ADOC), Personal Support Workers and Registered Staff.**

**During the inspection, illumination measurements were taken, the exhaust system tested, resident home areas toured (including bedrooms, washrooms, common areas), and reviewed environmental services policies and procedures.**

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

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

**3 WN(s)**

**1 VPC(s)**

**3 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 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 failed to comply with previous order CO#001 issued Aug. 26, 2014 during inspection # 2014\_357101\_0029 with a compliance date of Oct. 31, 2014, and previous order CO#001 issued July 5, 2013 during inspection # 2013\_103193\_0008 with a compliance date of Oct. 25, 2013. The two previous orders were issued for failing to ensure that the home, furnishings and equipment were kept clean and sanitary. [s. 15. (2) (a)]

2. The licensee failed to ensure that the home (including floors), furnishings and equipment were kept clean and sanitary. This was evidenced by observations of resident home areas on May 19 and 20, 2015. Improvements in the cleanliness and sanitation of the home was noted since the previous inspection conducted in July 2014. Interview with the Administrator, Assistant Administrator and the Manager Building Services revealed that the home recently implemented new cleaning routines; increased housekeeping hours and availability; and tested new cleaning equipment. New cleaning routines were implemented approximately two weeks prior to the time of inspection.

The below listed areas remain outstanding. The following areas were identified by inspector 101:

A) Shower/commode chair backs were observed to be soiled with a white substance (soap scum) in the 2C shower #1, 3C washroom #1 in the shower area, and 3W washroom #1 shower area.

B) Privacy curtains were observed to be soiled with bodily fluids (i.e. brown marks and dried splatters) in two identified resident bedrooms; 4W washroom #1 between toilet stalls, 3C washroom #2 at the hand sink area, and 3W washroom #2 at the toilet area.

C) 8 out of 10 feeder stools were observed to be soiled with dried spills and debris in the 4th floor dining room.

D) Soiled wheelchair cushions were noted outside of resident rooms 311/312C, within an identified resident room on 3C, and a walker seat cushion in an identified resident room on 3W.

E) Black marks and build-up was noted on the textured floor surfaces and along extended floor surfaces that ran up the walls in the 3C dining room; 4W washroom #4

shower area; 3C washroom #1 shower area; 3C lounge along floor seams and washroom #4 shower area; 3W washroom #2 and #4 throughout the washroom including the shower area.

F) The tops of wardrobes were noted to have an accumulation of dust present in six identified resident rooms on 2nd, 3rd and 4th floor. Interview with the Manager Building Services stated that resident rooms are deep cleaned once every 6 weeks and this includes high dusting of resident wardrobe tops. [s. 15. (2) (a)]

3. The following observations of the home, furnishings and equipment kept clean and sanitary were made by inspector 120:

A) On May 19 and 20, 2015, the majority of resident bedroom floors on 5, 6 and 7th floors were observed to be dirty in appearance (black) along seams and at transition points. Some improvements were noted in the overall sanitation of the floors in high traffic areas from the previous inspection conducted in July 2014. The flooring material was noted to be an anti-slip, non-wax, textured sheet vinyl. On the 4th floor, flooring material was smooth, slightly shiny and applied in large sheets and was observed to be dirty in appearance around furniture. According to a housekeeper on the 4th floor, the furniture was not moved to deep clean the flooring material. On floors 5, 6 and 7, housekeeping staff reported that the discolouration in the flooring could not be lifted when mopped and that no floor cleaning machines had been used that they were aware of. To confirm that the flooring material was in fact dirty with ground in dirt and not permanently discoloured, a section of flooring material in a resident bedroom was cleaned by hand by the inspector using a cloth and a liquid cleaner. The dirt was thoroughly lifted and shown to two housekeepers on the 6th floor. The conclusion was made that floor cleaning process was inadequate.

B) Furnishings, specifically wardrobes located in resident bedrooms were checked for dust accumulation levels. Heavy amounts of dust/grit was felt when surfaces were swiped by hand in 16 identified resident bedrooms on 5th, 6th and 7th floor. According to the housekeeping manager, high dusting was completed when bedrooms were deep cleaned, approximately once every 6 weeks.

C) Shower rooms located on floors 5, 6 and 7 (5C wash #3, wash #2, 5W wash #1, 6W wash #2, 7C wash #4, 7W wash #4), were observed to be visibly soiled. Wall tiles and grout were coated in soap scum (some with a yellow tinge) and the flooring material which ran several inches up the wall to meet the wall tile was orange and black in colour



and slimy to the touch. The housekeeping manager reported that it was the expectation that these surfaces be cleaned daily. When housekeeping staff were interviewed on 5th floor, the shower walls/coved floor had not been cleaned over a two day period. The amount of biofilm on the tiles and flooring material would indicate that the surfaces had not been cleaned for more than several days.

D) Floor lifts (bases) were observed to be dirty on 5C, 6C and 7W. The housekeeping manager was not aware of the issue and assumed that personal support workers (PSWs) were cleaning the entire lift. The Associate Director of Care reported that the PSWs were only required to clean the handles. [s. 15. (2) (a)]

4. The licensee failed to comply with previous order CO#002 issued Aug. 26, 2014 during inspection # 2014\_357101\_0029 with a compliance date of Oct. 31, 2014, and previous order CO#002 issued July 5, 2013 during inspection # 2013\_103193\_0008 with a compliance date of Dec. 27, 2013. The two orders were previously issued related to the failure to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

5. The licensee failed to ensure that the home and furnishings were maintained in a safe condition and in a good state of repair. This was evidenced by observations made May 19 and 20, 2015. Improvements to the home's maintenance of the home and furnishings were noted from previous inspection.

The below listed areas remain outstanding. The following observations were made by inspector 101:

The home including wall surfaces, furnishings and equipment were not maintained in a good state of repair.

A) Chipped, cracked and damaged surfaces including walls, furnishings and door frames and were noted in the following areas of the home:

- Unit 2C - chipped wooden cabinetry in the dining room/lounge kitchenette ; chipped vanity skirts and wall tiles in washroom #4 and #5
- Unit 2W- Chipped vanity skirt and chipped/damaged wall beside toilet in two identified resident washrooms
- Unit 3C- Cracked shower tiles in washroom #4; chipped paint on corner guards leading to shower area in washroom #2 and #4
- Unit 3W- chipped paint on corner guards leading into large toilet area in washroom #2



- Unit 4C- Chipped surface of nightstand in an identified resident bedroom
- Unit 4W- cracked tiles in shower stall of washroom #1; chipped paint on corner guards

B) Moisture damage creating surfaces that cannot be cleaned and potential odour and mold concerns was noted to wall and ceiling surfaces in the following areas of the home:

- Unit 2W - Moisture damage noted above the baseboard behind the toilet in two identified resident washrooms
- Unit 3W – Cracked, bubbled and peeling ceiling paint was noted in washroom#2 shower stall
- Unit 4W - Cracked and peeling ceiling paint in washroom #2 shower area

C) The call bell string in resident washroom 204 was observed to be missing. The unit could not be activated manually without some sort of pulling mechanism. [s. 15. (2) (c)]

6. The following observations were made by inspector 120:

A) On May 19 and 20, 2015, numerous Phorid (drain) flies were noted to be flying out of and around floor drains in two separate showers (6C #4 and 6W #4) on the 6th floor. Flies were also seen in a private bathroom on the 6th floor near the nurse's station. None of the staff interviewed on the 6th floor (housekeeper, personal support workers and registered staff) reported the issue to management as some thought that the flies were fruit flies. Monthly pest control records did not reveal that flies were treated or that they were identified in the home. The maintenance manager, who was new to the home, was not aware of the flies and not familiar with the drain cleaning program for the building. Maintenance procedures (identified under the "Tasks Report" BS-0701-01) required that drains throughout the building be monitored (not cleaned) for water traps and water flow on an annual basis by maintenance staff. A maintenance person reported that with the exception of the grease trap, none of the drains in the home had been cleaned in over 15 years.

B) The exhaust system did not appear to be working in all areas of the home on May 19 or 20, 2015. When tissue was held up against the exhaust grilles in showers 3C#2, 3W #2, 5C#4, 6W#4, 7C#2, no suction was detected. Other units in tub rooms and washrooms on floors 5, 6 and 7 were functional. Confirmation of equipment failure could not be established at the time of inspection as one maintenance person was off and another was not involved in checking the exhaust units. On May 25, 2015, it was established that a secondary maintenance person did in fact check the exhaust units daily, however when he was away from May 18-22, 2015, no one else was allocated to



check the units. According to the maintenance manager, the units were running, but no confirmation could be made if any part of the ducting was obstructed to provide adequate exhaust throughout or whether belts were in good condition on the fan motors (which would continue to run but would not produce and negative air pressure for exhausting).

C) Flooring and wall surfaces were not maintained in a good condition (free of tears, cracks, split seams, breaks) in shower/tub rooms 5C#2 (vinyl floor torn), 6W#2 (vinyl floor torn), 7C#4 (flooring peeled away from wall), 5C#3 (wall tile broken, pieces missing), floor seams lifted in two identified resident rooms on the 5th floor, 7th floor near single elevator and transition into laundry room on 5C. Holes were in the floor of an identified resident bedroom on 6W where a pole was once screwed into the floor next to a bed (previously identified in July 2014). The licensee was not aware of the flooring issues in the shower areas and no plans were in place to address the concerns.

D) Ceilings were not smooth or easy to clean in showers 5C#2, 5W#4, 5W#1 and 5W#2. These rooms were very small, approximately 35-45 square feet. According to staff, the doors are usually kept closed when a resident is being showered. Paint was peeling heavily in these shower rooms and mold was evident on the ceiling in 5C#2. Excessive steam and inadequate ventilation appeared to be factors in creating the conditions observed. [s. 15. (2) (c)]

***Additional Required Actions:***

***CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: 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 has failed to comply with previous order CO#003 issued Aug. 26, 2014 during inspection # 2014\_357101\_0029 with a compliance date of Nov. 28, 2014, and previous order CO#006 issued July 5, 2013 during inspection # 2013\_103193\_0008 with a compliance date of Feb. 28, 2014. These two previous orders were issued related to lighting levels throughout the home meeting the minimum illumination levels as required in table 18 of the legislation. [s. 18.]

2. The licensee failed to ensure that lighting levels were maintained at minimum illumination levels for the category "All other homes". Using a portable hand held light meter, illumination levels were measured in various areas throughout the home.



Readings were recorded with the light meter held 30 inches above floor level. The lighting levels did not meet the minimum requirement of a consistent and continuous level of 215.28 lux for corridors. For over bed lights, the meter was held 12 inches above the head of the bed and 12 inches away from the wall with the head of the bed elevated to a general reading position. Not all over bed lights met the required 376.73 lux. Several residents rooms were not equipped with any central lighting and did not meet the minimum requirement of 215.28 lux. For overall room lighting, the window drapes were drawn and all lights within the room illuminated. Measurements were taken in key task areas such as at the bedside and near wardrobes.

It was noted that the home improved lighting levels in hallways throughout the home, resident rooms on 3rd floor and identified areas on 2nd floor. The areas listed below remain outstanding.

The following measurements were obtained by inspector 101:

**Unit 2C**

Washroom #5- 82 lux

**Unit 2W**

Vestibule area between resident rooms 201 and 202- 142.5 lux

Vestibule area between resident rooms 211 and 212- 189 lux

Vestibule area between resident rooms 218 and 219- 130 lux

Room 202 in front of wardrobe- 83.5 lux

Room 205 in front of wardrobe- 93.1 lux

Room 208 in front of wardrobe- 88.2 lux

Room 208 entry to room – 32.4 lux

Room 215 in front of wardrobe- 122 lux

Room 211 in front of wardrobe- 104.5 lux

**Unit 3W**

Hallway in front of “electrical nurse call panel” doors- 166 lux

Washroom #1 between toilet stalls and hand sinks- 85.5 lux

Washroom #3 between toilet stalls and hand sinks- 129.4 lux

**Unit 3C**

Washroom #1 between toilet stalls and hand sinks- 166 lux

Washroom #3 between toilet stalls and hand sinks- 114 lux [s. 18.]



3. The following measurements were obtained by inspector 120 that remain outstanding:

Unit 7C

Hallway between resident rooms 709-710 - 30 lux

Hallway outside resident room 719 - 25 lux

Hallway between resident rooms 702-703 were noted to improve from previous inspection to 190 lux

Room 719C- no central lighting present

in front of wardrobe- 0 lux (approx. 6-7 feet from over bed light).

Room 708C between bed and wardrobe - 30 lux

7C Washroom #1- hallway entrance and along path to vanity and toilets- 50 lux

Unit 6W, 5W and 4W Washroom #1

The layout of all washrooms assigned as #1 were designed in the same manner and had the same light fixtures in the same locations. The lux for all areas noted above was 50 lux. [s. 18.]

***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #3: 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,**

**(d) addressing incidents of lingering offensive odours. 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 developed and implemented for addressing incidents of lingering offensive odours.

On May 19 and 20, 2015, strong sewer-like odours were noted emanating from tub room #4 on 7C and 7W. Neither of the two tub rooms appeared to be in use as they were filled with boxes and other objects stashed on top of the toilet and in the tub of both rooms. It was suspected that no one was regularly and frequently monitoring the tub and toilet traps to ensure they were filled with water, thereby preventing gases from migrating up through the drainage system and into the rooms. No procedure was developed or implemented to ensure that odours were managed and/or monitored with the exception of maintenance staff ensuring traps were filled with water once per year. This issue was identified and discussed with management during the last inspection completed in July 2014. [s. 87. (2) (d)]

2. The licensee has failed to ensure that procedures are developed and implemented for addressing incidents of lingering offensive odours. This was evidenced by the following observations made by inspector 101 on May 19 and 20, 2015:

A) Strong urine odour was present at the entrance to unit 2W throughout the time of inspection. It was noted that contractors were present on the unit replacing flooring throughout. Interview with the Administrator, Assistant Administrator and Manager Building Services confirmed that the flooring throughout 2W is being replaced and that the high traffic area/frequent location of repeated urine saturation at the entrance to the unit and dining room would be replaced last.

B) Mildew odour was noted to be present in shower rooms 3C washroom #4, 3W washroom #1 and 4W washroom #4. [s. 87. (2) (d)]

***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 shall ensure that procedures and schedules are implemented for routine maintenance of the drains, to be implemented voluntarily.***



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

**Issued on this 16th day of June, 2015**

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

**Original report signed by the inspector.**



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

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

**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

**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**

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

**Nom de l'inspecteur (No) :** AMANDA WILLIAMS (101), BERNADETTE SUSNIK  
(120)

**Inspection No. /**

**No de l'inspection :** 2015\_357101\_0017

**Log No. /**

**Registre no:** T-1147-14;T-1148-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Jun 16, 2015

**Licensee /**

**Titulaire de permis :**

TORONTO LONG-TERM CARE HOMES AND  
SERVICES  
55 JOHN STREET, METRO HALL, 11th FLOOR,  
TORONTO, ON, M5V-3C6

**LTC Home /**

**Foyer de SLD :**

CASTLEVIEW WYCHWOOD TOWERS  
351 CHRISTIE STREET, TORONTO, ON, M6G-3C3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

Nancy Lew

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**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*

**Ministère 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*

To TORONTO LONG-TERM CARE HOMES AND SERVICES, 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: 2014\_357101\_0029, CO #001;

**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 :**

The licensee shall ensure that the home, furnishings and equipment are kept clean and sanitary. This includes but is not limited to ensuring new and/or amended cleaning routines, systems and procedures are implemented and monitored to ensure all areas of the home including those listed below are maintained clean and sanitary.

**Grounds / Motifs :**

1. The licensee failed to comply with previous order CO#001 issued Aug. 26, 2014 during inspection # 2014\_357101\_0029 with a compliance date of Oct. 31, 2014, and previous order CO#001 issued July 5, 2013 during inspection # 2013\_103193\_0008 with a compliance date of Oct. 25, 2013. The two previous orders were issued for failing to ensure that the home, furnishings and equipment were kept clean and sanitary.

(120)

2. The licensee failed to ensure that the home (including floors), furnishings and equipment were kept clean and sanitary. This was evidenced by observations of resident home areas on May 19 and 20, 2015. Improvements in the cleanliness and sanitation of the home was noted since the previous inspection conducted in July 2014. Interview with the Administrator, Assistant Administrator and the

Manager Building Services revealed that the home recently implemented new cleaning routines; increased housekeeping hours and availability; and tested new cleaning equipment. New cleaning routines were implemented approximately two weeks prior to the time of inspection.

The below listed areas remain outstanding. The following areas were identified by inspector 101:

A) Shower/commode chair backs were observed to be soiled with a white substance (soap scum) in the 2C shower #1, 3C washroom #1 in the shower area, and 3W washroom #1 shower area.

B) Privacy curtains were observed to be soiled with bodily fluids (i.e. brown marks and dried splatters) in two identified resident bedrooms; 4W washroom #1 between toilet stalls, 3C washroom #2 at the hand sink area, and 3W washroom #2 at the toilet area.

C) 8 out of 10 feeder stools were observed to be soiled with dried spills and debris in the 4th floor dining room.

D) Soiled wheelchair cushions were noted outside of resident rooms 311/312C, within an identified resident room on 3C, and a walker seat cushion in an identified resident room on 3W.

E) Black marks and build-up was noted on the textured floor surfaces and along extended floor surfaces that ran up the walls in the 3C dining room; 4W washroom #4 shower area; 3C washroom #1 shower area; 3C lounge along floor seams and washroom #4 shower area; 3W washroom #2 and #4 throughout the washroom including the shower area.

F) The tops of wardrobes were noted to have an accumulation of dust present in six identified resident rooms on 2nd, 3rd and 4th floor. Interview with the Manager Building Services stated that resident rooms are deep cleaned once every 6 weeks and this includes high dusting of resident wardrobe tops. (101)

3. The following observations were made by inspector 120:

A) On May 19 and 20, 2015, the majority of resident bedroom floors on 5, 6 and 7th floors were observed to be dirty in appearance (black) along seams and at

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

transition points. Some improvements were noted in the overall sanitation of the floors in high traffic areas from the previous inspection conducted in July 2014. The flooring material was noted to be an anti-slip, non-wax, textured sheet vinyl. On the 4th floor, flooring material was smooth, slightly shiny and applied in large sheets and was observed to be dirty in appearance around furniture. According to a housekeeper on the 4th floor, the furniture was not moved to deep clean the flooring material. On floors 5, 6 and 7, housekeeping staff reported that the discolouration in the flooring could not be lifted when mopped and that no floor cleaning machines had been used that they were aware of. To confirm that the flooring material was in fact dirty with ground in dirt and not permanently discoloured, a section of flooring material in a resident bedroom was cleaned by hand by the inspector using a cloth and a liquid cleaner. The dirt was thoroughly lifted and shown to two housekeepers on the 6th floor. The conclusion was made that floor cleaning process was inadequate.

B) Furnishings, specifically wardrobes located in resident bedrooms were checked for dust accumulation levels. Heavy amounts of dust/grit was felt when surfaces were swiped by hand in 16 identified resident bedrooms on 5th, 6th and 7th floor. According to the housekeeping manager, high dusting was completed when bedrooms were deep cleaned, approximately once every 6 weeks.

C) Shower rooms located on floors 5, 6 and 7 (5C wash #3, wash #2, 5W wash #1, 6W wash #2, 7C wash #4, 7W wash #4), were observed to be visibly soiled. Wall tiles and grout were coated in soap scum (some with a yellow tinge) and the flooring material which ran several inches up the wall to meet the wall tile was orange and black in colour and slimy to the touch. The housekeeping manager reported that it was the expectation that these surfaces be cleaned daily. When housekeeping staff were interviewed on 5th floor, the shower walls/coved floor had not been cleaned over a two day period. The amount of biofilm on the tiles and flooring material would indicate that the surfaces had not been cleaned for more than several days.

D) Floor lifts (bases) were observed to be dirty on 5C, 6C and 7W. The housekeeping manager was not aware of the issue and assumed that personal support workers (PSWs) were cleaning the entire lift. The Associate Director of Care reported that the PSWs were only required to clean the handles. (101)



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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

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

**Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2015**

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

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**Order # /**  
**Ordre no :** 002      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2014\_357101\_0029, CO #002;  
**existant:**

**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 :**

The licensee shall ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. This includes ensuring that routine, preventative, and remedial maintenance procedures and schedules are implemented and that a monitoring process is included to ensure that unsafe conditions and areas of disrepair are addressed in a timely manner. This includes but not limited to the areas listed below.

**Grounds / Motifs :**

1. The licensee failed to comply with previous order CO#002 issued Aug. 26, 2014 during inspection # 2014\_357101\_0029 with a compliance date of Oct. 31, 2014, and previous order CO#002 issued July 5, 2013 during inspection # 2013\_103193\_0008 with a compliance date of Dec. 27, 2013. The two orders were previously issued related to the failure to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair. (120)
2. The licensee failed to ensure that the home and furnishings were maintained in a safe condition and in a good state of repair. This was evidenced by observations made May 19 and 20, 2015. Improvements to the home's maintenance of the home and furnishings were noted from previous inspection.

The below listed areas remain outstanding. The following observations were made by inspector 101:

The home including wall surfaces, furnishings and equipment were not maintained in a good state of repair.

A) Chipped, cracked and damaged surfaces including walls, furnishings and door frames and were noted in the following areas of the home:

- Unit 2C - chipped wooden cabinetry in the dining room/lounge kitchenette ; chipped vanity skirts and wall tiles in washroom #4 and #5
- Unit 2W- Chipped vanity skirt and chipped/damaged wall beside toilet in two identified resident washrooms
- Unit 3C- Cracked shower tiles in washroom #4; chipped paint on corner guards leading to shower area in washroom #2 and #4
- Unit 3W- chipped paint on corner guards leading into large toilet area in washroom #2
- Unit 4C- Chipped surface of nightstand in an identified resident bedroom
- Unit 4W- cracked tiles in shower stall of washroom #1; chipped paint on corner guards

B) Moisture damage creating surfaces that cannot be cleaned and potential odour and mold concerns was noted to wall and ceiling surfaces in the following areas of the home:

- Unit 2W - Moisture damage noted above the baseboard behind the toilet in two identified resident washrooms
- Unit 3W – Cracked, bubbled and peeling ceiling paint was noted in washroom#2 shower stall
- Unit 4W - Cracked and peeling ceiling paint in washroom #2 shower area

C) The call bell string in resident washroom 204 was observed to be missing. The unit could not be activated manually without some sort of pulling mechanism. (101)

3. The following observations were made by inspector 120:

A) On May 19 and 20, 2015, numerous Phorid (drain) flies were noted to be flying out of and around floor drains in two separate showers (6C #4 and 6W #4) on the 6th floor. Flies were also seen in a private bathroom on the 6th floor near the nurse's station. None of the staff interviewed on the 6th floor (housekeeper,

personal support workers and registered staff) reported the issue to management as some thought that the flies were fruit flies. Monthly pest control records did not reveal that flies were treated or that they were identified in the home. The maintenance manager, who was new to the home, was not aware of the flies and not familiar with the drain cleaning program for the building. Maintenance procedures (identified under the "Tasks Report" BS-0701-01) required that drains throughout the building be monitored (not cleaned) for water traps and water flow on an annual basis by maintenance staff. A maintenance person reported that with the exception of the grease trap, none of the drains in the home had been cleaned in over 15 years.

B) The exhaust system did not appear to be working in all areas of the home on May 19 or 20, 2015. When tissue was held up against the exhaust grilles in showers 3C#2, 3W #2, 5C#4, 6W#4, 7C#2, no suction was detected. Other units in tub rooms and washrooms on floors 5, 6 and 7 were functional. Confirmation of equipment failure could not be established at the time of inspection as one maintenance person was off and another was not involved in checking the exhaust units. On May 25, 2015, it was established that a secondary maintenance person did in fact check the exhaust units daily, however when he was away from May 18-22, 2015, no one else was allocated to check the units. According to the maintenance manager, the units were running, but no confirmation could be made if any part of the ducting was obstructed to provide adequate exhaust throughout or whether belts were in good condition on the fan motors (which would continue to run but would not produce and negative air pressure for exhausting).

C) Flooring and wall surfaces were not maintained in a good condition (free of tears, cracks, split seams, breaks) in shower/tub rooms 5C#2 (vinyl floor torn), 6W#2 (vinyl floor torn), 7C#4 (flooring peeled away from wall), 5C#3 (wall tile broken, pieces missing), floor seams lifted in two identified resident rooms on the 5th floor, 7th floor near single elevator and transition into laundry room on 5C. Holes were in the floor of an identified resident bedroom on 6W where a pole was once screwed into the floor next to a bed (previously identified in July 2014). The licensee was not aware of the flooring issues in the shower areas and no plans were in place to address the concerns.

D) Ceilings were not smooth or easy to clean in showers 5C#2, 5W#4, 5W#1 and 5W#2. These rooms were very small, approximately 35-45 square feet. According to staff, the doors are usually kept closed when a resident is being



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showered. Paint was peeling heavily in these shower rooms and mold was evident on the ceiling in 5C#2. Excessive steam and inadequate ventilation appeared to be factors in creating the conditions observed. (101)

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

**Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2015**

**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  
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**Order # /**  
**Ordre no :** 003      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2014\_357101\_0029, CO #003;  
**existant:**

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

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The licensee shall ensure lighting levels throughout the home meet the minimum illumination levels as outlined in the lighting table for the category "all other homes" (Table 18). The licensee shall ensure areas of key task areas or areas of activity meet the minimum requirement in all areas of the home including resident bedrooms, hallways, washrooms and landing areas (i.e. top of stairways in resident home areas and vestibule spaces between resident bedrooms and shared washrooms).

**Grounds / Motifs :**

1. The licensee failed to ensure that lighting levels were maintained at minimum illumination levels for the category "All other homes". Using a portable hand held light meter, illumination levels were measured in various areas throughout the home. Readings were recorded with the light meter held 30 inches above floor level. The lighting levels did not meet the minimum requirement of a consistent and continuous level of 215.28 lux for corridors. For over bed lights, the meter was held 12 inches above the head of the bed and 12 inches away from the wall with the head of the bed elevated to a general reading position. Not all over bed lights met the required 376.73 lux. Several residents rooms were not equipped with any central lighting and did not meet the minimum requirement of 215.28 lux. For overall room lighting, the window drapes were drawn and all lights with in the room illuminated. Measurements were taken in key tasks areas such as at the bedside and near wardrobes.

It was noted that the home improved lighting levels in hallways throughout the home, resident rooms on 3rd floor and identified areas on 2nd floor. The areas listed below remain outstanding.

The following measurements were obtained by inspector 101:

Unit 2C

Washroom #5- 82 lux

Unit 2W

Vestibule area between resident rooms 201 and 202- 142.5 lux

Vestibule area between resident rooms 211 and 212- 189 lux

Vestibule area between resident rooms 218 and 219- 130 lux

Room 202 in front of wardrobe- 83.5 lux

Room 205 in front of wardrobe- 93.1 lux

Room 208 in front of wardrobe- 88.2 lux

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Room 208 entry to room – 32.4 lux  
Room 215 in front of wardrobe- 122 lux  
Room 211 in front of wardrobe- 104.5 lux

**Unit 3W**

Hallway in front of “electrical nurse call panel” doors- 166 lux  
Washroom #1 between toilet stalls and hand sinks- 85.5 lux  
Washroom #3 between toilet stalls and hand sinks- 129.4 lux

**Unit 3C**

Washroom #1 between toilet stalls and hand sinks- 166 lux  
Washroom #3 between toilet stalls and hand sinks- 114 lux

(101)

2. The following measurements were obtained by inspector 120 that remain outstanding:

**Unit 7C**

Hallway between resident rooms 709-710 - 30 lux  
Hallway outside resident room 719 - 25 lux  
Hallway between resident rooms 702-703 were noted to improve from previous inspection to 190 lux  
Room 719C- no central lighting present  
in front of wardrobe- 0 lux (approx. 6-7 feet from over bed light).  
Room 708C between bed and wardrobe - 30 lux  
7C Washroom #1- hallway entrance and along path to vanity and toilets- 50 lux

**Unit 6W, 5W and 4W Washroom #1**

The layout of all washrooms assigned as #1 were designed in the same manner and had the same light fixtures in the same locations. The lux for all areas noted above was 50 lux. (101)

3. The licensee failed to comply with previous order CO#003 issued Aug. 26, 2014 during inspection # 2014\_357101\_0029 with a compliance date of Nov. 28, 2014, and previous order CO#006 issued July 5, 2013 during inspection # 2013\_103193\_0008 with a compliance date of Feb. 28, 2014. The two orders were previously issued related to the failure to meet the minimum required lighting levels in the home. (101)



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**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Nov 30, 2015



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**Ministère de la Santé et  
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### **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



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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  
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](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  
Direction de l'amélioration de la performance et de la conformité  
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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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](http://www.hsarb.on.ca).

**Issued on this 16th day of June, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** AMANDA WILLIAMS

**Service Area Office /**

**Bureau régional de services :** Toronto Service Area Office