



**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**

Ottawa Service Area Office  
347 Preston St 4th Floor  
OTTAWA ON L1K 0E1  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston 4<sup>ième</sup> étage  
OTTAWA ON L1K 0E1  
Téléphone: (613) 569-5602  
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## Public Copy/Copie du public

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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>
Feb 12, 2015	2014_289550_0031	O-000869-14	Follow up

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

COMMUNITY LIFECARE INC  
1955 Valley Farm Road 3rd Floor PICKERING ON L1V 1X6

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

COMMUNITY NURSING HOME (ALEXANDRIA)  
92 CENTRE STREET ALEXANDRIA ON K0C 1A0

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

JOANNE HENRIE (550)

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## Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): November 13, 2014**

**This inspection was conducted as a follow-up inspection to CO#001 issued on  
June 27, 2014.**

**During the course of the inspection, the inspector(s) spoke with The Administrator,  
the Director of Care and the Environmental Supervisor**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Maintenance**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

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

**WN #1: The Licensee has failed to comply with 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 are maintained in a safe condition and in a good state of repair.

This inspection was a follow-up inspection to Order #001 that was issued on June 27, 2014 with a compliance date of October 31st, 2014.

Inspector #550 conducted a tour of the home and reviewed the previous identified maintenance issues with the Environmental Supervisor and observed that the following areas that posed a risk to the residents to be in a good state of repair:

- all damaged trim posing a risk for resident injury
- all damaged windows and window ledges in resident care areas
- all damaged walls with sharp plastic or metal edges
- all damaged roof and ceilings' leaks into resident care areas

During this tour, other areas throughout the home were found to be in disrepair:

On the 2nd floor:

The sofa in the sitting area next to the elevator has a hole in it

Room 202: walls are plastered but not painted.

Room 206: the electric baseboard is rusted, not painted and the inside of both bathroom doors (shared bathroom) are scraped exposing porous material.

Room 207: the wood trim near closet area is damaged exposing porous material. The wall outside the washroom, the wall and corner wall next to the closet near bed 4 are plastered but not painted. In the washroom there are floor tiles missing near the door, exposing the cement sub-floor. The vinyl baseboard has pulled away from the wall next to the bathroom door.

Room 208: the bathroom door is scraped, exposing porous material. The lower half of the wall behind the bedroom door is covered with a vinyl looking material. The vinyl looking material is nailed at the top but not secured at any other area therefore it can be lifted off the wall. The edge of the vinyl looking material next to the washroom door has sharp areas

Room 216: the closet doors are too long; they are rubbing against the floor making it difficult to open the doors.



The heater cover at the end of the hallway can be lifted; it is not secured to the wall or the floor.

In the sitting room inspector #550 observed 10 ceiling tiles with brown stains.

Tub and shower room:

The vinyl baseboard on the corner wall at the entrance of the toilet area has pulled away from the wall.

The walls have been repaired with plaster but are not painted therefor making this an unsealed surface.

The ceiling in the shower area has moisture/water damage causing the paint and gyprock to peel.

Three ceiling tiles in the tub area have brown coloured stains.

Two ceiling tiles in the toilet area have brown coloured stains.

On the 3rd floor:

The leaking roof above the dining area was repaired on October 18, 2014 but the ceiling tiles that are stained with water are not replaced.

Room 307: the closet doors were shortened but the bottoms of the doors are not attached to anything, they are moving freely.

The corner wall next to the closet is damaged, exposing the metal plate.

The closet doors next to bed 4 are too long, rubbing against the floor.

Ceramic tiles are missing next to the toilet paper holder. The space was filled with a grout or cement material which is porous and ruff to touch.

The bottom of the bathroom door is scraped exposing porous material.

The wall above the toilet where the heater grill is located has some paint peeled off exposing porous material.

The baseboard on the corner of the right side of the washroom door has pulled away from the wall.

Room 308: closet doors are too long, rubbing against the floor.

Room 315: the bottom of the wood frame of the bathroom door is broken and exposing the wood grain. Floor tiles are missing at the bathroom door entrance exposing the cement sub-floor.

Room 303: the baseboard in the shared bathroom is unglued.

Room 311: the inside of the bathroom door is scraped exposing porous material.



Room 305: the inside of the bathroom door is gouged and scraped exposing porous material.

Tub and shower room:

There is a hole and many paint chips on the wall in the tub area next to the toilet exposing porous material.

Several of the above identified issues were previously identified during the home's Resident Quality Inspection in June 2014.

During an interview, the Environmental Supervisor indicated to Inspector #550 the paint work was not completed on the second floor because there was a resident with an allergy to paint. He indicated the home was unable to relocate this resident to complete the work and that he was unaware he could have requested an extension of the compliance date.

The Environmental Supervisor indicated to Inspector #550 he has not developed his audit tools and assign them to staff with supervisory responsibilities in resident care areas as it was indicated in the home's compliance plan with a compliance date of August 15th, 2014.

The Environmental Supervisor and the Director of Care indicated the home has not evaluated the results of the implemented monitoring process and the efficiency of the actions taken to resolve the home's deficiencies through their quality assurance process. The Director of Care indicated to Inspector #550 the home did not review the departmental audit trend, documentation and monthly quality indicator trends at their Leadership and Partnership meeting as identified in the home's compliance plan with a compliance date of August 30th, 2014.

During an interview, the Administrator indicated to Inspector #550 he was aware he could have asked for an extension of the compliance date but he forgot to request it. [s. 15. (2) (c)]

***Additional Required Actions:***

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



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

**Issued on this 3rd day of March, 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  
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**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** JOANNE HENRIE (550)

**Inspection No. /**

**No de l'inspection :** 2014\_289550\_0031

**Log No. /**

**Registre no:** O-000869-14

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Feb 12, 2015

**Licensee /**

**Titulaire de permis :** COMMUNITY LIFECARE INC  
1955 Valley Farm Road, 3rd Floor, PICKERING, ON,  
L1V-1X6

**LTC Home /**

**Foyer de SLD :** COMMUNITY NURSING HOME (ALEXANDRIA)  
92 CENTRE STREET, ALEXANDRIA, ON, K0C-1A0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** TERRY DUBE

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To COMMUNITY LIFECARE INC, you are hereby required to comply with the following order(s) by the date(s) set out below:





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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2014\_285546\_0019, CO #001;  
**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 the home, furnishings and equipment are maintained in a safe condition and in a good state of repair including repairing, refinishing and or replacing as appropriate:

- all damaged baseboards
- all damaged electric baseboard heaters

The Licensee shall develop quality audit tools and ensure that staff with supervisory responsibilities conduct regular audits areas in disrepair as indicated in their plan of corrective action submitted to the Director on July 18, 2014.

Finally, the Licensee shall evaluate the outcome of the audit process and the efficiency of the actions taken to resolve the deficiencies through the home's quality assurance program.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

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June 27, 2014 with a compliance date of October 31st, 2014.

Inspector #550 conducted a tour of the home and reviewed the previous identified maintenance issues with the Environmental Supervisor and observed that the following areas that posed a risk to the residents to be in a good state of repair:

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Room 208: the bathroom door is scraped, exposing porous material. The lower half of the wall behind the bedroom door is covered with a vinyl looking material. The vinyl looking material is nailed at the top but not secured at any other area therefore it can be lifted off the wall. The edge of the vinyl looking material next to the washroom door has sharp areas

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

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

**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*

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During an interview, the Administrator indicated to Inspector #550 he was aware he could have asked for an extension of the compliance date but he forgot to request it. (550)

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

**Vous devez vous conformer à cet ordre d'ici le : May 29, 2015**



**Ministry of Health and  
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**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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Homes Act, 2007*, S.O. 2007, c.8

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

**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



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

Pursuant to section 153 and/or  
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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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Pursuant to section 153 and/or  
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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, 11e 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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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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

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

Directeur  
a/s Coordinateur des appels  
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 12th day of February, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Joanne Henrie

**Service Area Office /**

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