



**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**

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

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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119 King Street West 11th Floor  
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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 12, 31, 2017	2017_539120_0030	007528-17	Complaint

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**Licensee/Titulaire de permis**

Schlegel Villages Inc  
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

HAMILTON CONTINUING CARE  
125 WENTWORTH STREET SOUTH HAMILTON ON L8N 2Z1

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

BERNADETTE SUSNIK (120)

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**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): May 10, 11 & 29, 2017**

**007528-17 related to pest control, resident foot care and infection prevention and control.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, RAI-MDS Co-ordinator, Maintenance person, Housekeeping/Laundry Supervisor, Food Services Supervisor, personal support workers and registered nurses.**

**During the course of the inspection, the inspector toured the home, including the main kitchen, staff room, all resident bedrooms, washrooms, dining rooms and common areas. The inspector reviewed pest service records, public health inspection records, housekeeping staffing schedules and housekeeping and pest control policies and procedures.**

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

**Accommodation Services - Housekeeping**

**Accommodation Services - Maintenance**

**Personal Support Services**

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

**3 WN(s)**

**0 VPC(s)**

**3 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. 15. (2)	CO #901	2017_539120_0030		120

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

### 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 did not ensure that the home was kept clean and sanitary.

On May 10 and 11, 2017, the home was toured, which included the main kitchen, dining rooms, resident rooms and bathing rooms. The following was observed during the tour:

1. Heavy accumulation of debris and rodent droppings in and around both deep freezers in the dried storage room.
2. Heavy accumulation of debris and rodent droppings under the large refrigerator in the dried storage room.
3. Heavy accumulation of debris and dust under the stove in the kitchen.
4. Heavy accumulation of rodent droppings around the perimeter of the kitchen, specifically along the wall length where stove located and around the electrical panel.
5. Rodent droppings evident around the perimeter of each bedroom on the 3rd and 2nd floors, the staff room and locker room. Droppings were evident in certain key locations in first floor bedrooms, dining rooms.
6. Heavy amount of rodent droppings, dust and debris inside of radiator enclosures on each floor where equipped. Those located in some dining rooms also had accumulated food debris inside.
7. Dusty floors in various bedrooms on 1st, 2nd and 3rd floor.
8. Ceiling heavy dust load in main floor dining room.

The cleaning schedule was reviewed with the Housekeeping supervisor who confirmed that the housekeepers were scheduled to deep clean each area, especially resident bedrooms once every 90 days. The cleaning task logs were reviewed for four different bedrooms. Two were deep cleaned twice in the last 6 months and two had not received a deep cleaning in 2017. Deep cleaning included moving furnishings away from walls, a

full wall to wall cleaning and furnishings wiped down. Daily cleaning was limited to a quick dust mop, dusting and bathroom cleaning from Monday to Friday and on weekends, bathrooms only and bedrooms only if visibly soiled. The daily task would not have adequately removed rodent droppings from the rooms as the droppings were found under and behind furnishings.

Cleaning of the radiator enclosures was reported to be a maintenance task. The maintenance person reported that the enclosures had not been systematically cleaned in over a year. A lack of sufficient time was given as a reason they were not cleaned.

The Food Services Supervisor provided a copy of the kitchen staff cleaning routines, which did not include any deep cleaning tasks, specifically under and behind equipment. Housekeeping staff were not allocated to clean the kitchen and the maintenance person did not have a routine to deep clean the floor in the kitchen. The last time the deep freezers were moved and cleaned was over 2 months prior and the stove over one year ago.

An immediate order was served on May 12, 2017, to initiate cleaning of the home to decontaminate the home of mice droppings and urine. On May 29, 2017, a return visit was made to determine the extent of cleaning. The kitchen, dining rooms, staff lunch room and resident rooms were verified to have been cleaned. The ceiling tiles remain to be cleaned once the rodent population is under control.

2. The licensee did not ensure that the home was maintained in a safe condition and in a good state of repair.

During a tour of the home on May 10 and 11, 2017, the following conditions were observed:

1. A wall located to the right of the hand sink in the kitchen, was not tight fitting and had an opening near the floor where it was suspected mice were entering the kitchen.
2. Burrowing activity was evident in a resident room on the second floor, near the corner of the room between two electric baseboard heaters. A pile of plaster bits had accumulated on the floor. The wall in this area and near the window is suspected of being in poor condition.
3. Large openings were noted around drainage pipes under the dishwasher in the kitchen.
4. A hole was evident in the corner of a resident room on the third floor and debris and



droppings were noted in this area.

5. A hole was evident at the end of a baseboard on the right side of the sink in a resident bathroom on the third floor. Droppings and debris were evident in this area.

6. The wall at the ceiling was bubbled in a resident bathroom on the second floor from a previous water leak.

7. The top edge of a night table had exposed particle board in a resident room on the second floor.

8. The bathroom door surface in a resident bedroom on second floor had a strip of veneer missing, creating a rough surface that could not be easily cleaned.

9. The plaster wall surface under window in dining room #102 and in an identified resident room on the second floor was not in good condition and was observed to be eroding. The plaster wall behind a radiator in the staff room had a large hole.

10. The flooring material in the second floor shower area had uneven spots (divots) and was cracked. The flooring material in the third floor shower area had a two inch length split.

11. The lower cabinet doors in a resident bathroom on the third floor were in poor condition. The doors were peeled and had exposed particle board.

12. The paint was peeling quite heavily from the walls in one identified resident room and from bathroom doors in various resident rooms.

The maintenance person did not have any schedules in place to conduct repairs or painting for the various issues identified above. He stated that any identified disrepair issues identified by nursing and housekeeping staff were addressed as needed. Audits of the walls, doors, floors and furnishings in resident rooms were completed by housekeeping staff during their deep cleaning routines. If any disrepair issues were identified, they were to be brought to the maintenance person's attention. The maintenance person was aware that many bedrooms required patching and painting, but did not have the time or resources allocated to be able to complete the tasks in a timely manner.

***Additional Required Actions:***

***CO # - 901 was served on the licensee. CO # - 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. 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).**

**Findings/Faits saillants :**

1. The licensee did not ensure that an organized preventive pest control program using the services of a licensed pest controller was in place at the home.

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.

A complaint was received by the Ministry of Health and Long Term Care in early April 2017, that mice were seen running across the floor in dining rooms and resident rooms, could be heard running along false ceiling tiles and moving around inside walls and were leaving behind droppings throughout the home. A visit to the home on May 10 and 11, 2017, confirmed the infestation.

The licensee had a contract with a licensed pest control operator throughout 2017, and records were kept indicating the dates of the visits. The records dated once per month, indicated that mechanical traps and bait stations were implemented in certain areas of the home. The records did not identify that an infestation was present or that an increase of rodent activity was being seen by staff working in the home. Very little detail was noted on the technicians service reports between January and the end of April 2017.

According to the licensee's pest control operator, the licensee had a contract that included minimal and basic rodent services. In order to deal with an increase in the rodent population, the licensee would have needed to pay an additional fee and upgrade the contract. The administrator reported that she was not given approval to upgrade the contract from the previous owner of the home. As such, the various staff members in the home implemented their own measures to try and control the mice in the home. The



measures included the use of steel wool to plug small holes, caulking, foam insulation, sealing an external door, patching some holes, snap traps and glue boards.

The measures proved to be inadequate to control the infestation of mice that was observed during the inspection. A tour of the building confirmed mouse droppings in every resident room, dining room, kitchen and various resident washrooms. Very few bait stations and very few mechanical traps were seen within the building. No additional cleaning or maintenance hours were added to the existing staffing schedules to manage the sanitation and disrepair issues that were identified in the home during the inspection. Staff in the home did not document when and where they saw the mice, even though the forms were made available at the nurse's station on each floor. Housekeeping staff found dead mice on glue boards or in traps, but did not identify where, how many and when. It was difficult to determine the extent of the rodent population and the locations they frequented without any monitoring data.

The licensee changed ownership on May 1, 2017. The licensee's pest control policy (HL-07-01-01) used prior to May 1, 2017, included enhanced cleaning and maintenance measures, documenting sightings and timely reporting. The policy was not fully followed. The policy available to the home and used after May 1, 2017, titled "Pest Control" (07-11) included that staff will report pest sightings and that the Environmental Services Supervisor will contact a licensed pest control operator immediately when unusual pest activity or infestation is suspected. No additional information was included, such as the need to ensure frequent monitoring by staff in the home, the definition of "unusual pest activity" or "infestation", the inclusion of sanitation and maintenance measures and any other information relevant to the control and management of a particular pest potentially encountered in a long term care home.

***Additional Required Actions:***

***CO # - 001 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. 26. Plan of care**





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

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**

**18. Special treatments and interventions. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

1. The licensee did not ensure that the written plan of care was based on an interdisciplinary assessment of the resident's special treatments and interventions.

Resident #101 was admitted to the home in 2016. The resident was identified by several PSWs to have toe nails that could not be cut with the basic foot nail cutting instruments available to them. The resident's plan of care did not include any information about their foot care needs or interventions.

Resident #102 was admitted to the home in 2013. The PSW reported that they had a difficulty cutting their toe nails with the basic foot nail cutting tools available to them. The resident was identified to have a specific health condition and as such, required specialized foot care services provided by a registered nurse. The information and interventions were not included in the resident's written plan of care.

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**Issued on this 7th day of June, 2017**

**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*

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

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** BERNADETTE SUSNIK (120)

**Inspection No. /**

**No de l'inspection :** 2017\_539120\_0030

**Log No. /**

**Registre no:** 007528-17

**Type of Inspection /**

**Genre**

Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** May 12, 31, 2017

**Licensee /**

**Titulaire de permis :** Schlegel Villages Inc  
325 Max Becker Drive, Suite 201, KITCHENER, ON,  
N2E-4H5

**LTC Home /**

**Foyer de SLD :** HAMILTON CONTINUING CARE  
125 WENTWORTH STREET SOUTH, HAMILTON, ON,  
L8N-2Z1

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Enesia Malapela

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To Schlegel Villages Inc, you are hereby required to comply with the following order(s)  
by the date(s) set out below:



**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**

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

Pursuant to section 153 and/or  
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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*

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**Order # /**

**Ordre no :** 901

**Order Type /**

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

**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 is cleaned and disinfected by professionals with experience and the equipment to manage rodent infestations in institutions, to remove rodent droppings and debris and to decontaminate all surfaces that have been contaminated by rodent droppings and urine. The professionals must demonstrate knowledge and understanding of decontamination methodology required for the type of contamination identified in the home and level of precautions required.

The areas to be de-contaminated include, as a priority, the main kitchen in the basement, followed by resident bedrooms, dining rooms, activity rooms and staff areas. As a minimum, the following shall be included in the decontamination process;

1. For the main kitchen (located in the basement of the home and includes the dried goods storage area), the floors, walls, doors, ceiling, fixtures, equipment (dishwasher unit, stove/ovens, shelving units, steamer, tables, carts, sinks, fridges, freezers) and cabinets shall be cleaned and disinfected.
2. For the resident rooms (including bathrooms), each room shall be deep cleaned and disinfected and shall include furnishings (beds, night tables, wardrobes, chairs, dressers), in and around electrical baseboard heaters, floors, walls, doors and fixtures.
3. For dining rooms, the refrigerators, walls, floors, cabinets and shelving and any furnishings shall be cleaned and disinfected.
4. For the staff area located in basement, all lockers shall have debris and rodent droppings removed and cleaned/disinfected, including the furnishings, floors and walls.
5. For all areas of the home equipped with a hot water radiator, each radiator shall have the cover removed, rodent droppings, dust and debris removed, followed by cleaning and disinfection.
6. Once it has been established by the licensee's pest control contractor that the rodent population in the home has substantially decreased, all ceiling tiles shall be removed, droppings and debris removed and replaced. If damaged or heavily soiled, the ceiling tiles shall be replaced.

**Grounds / Motifs :**

1. The licensee did not ensure that the home was kept clean and sanitary.

On May 10 and 11, 2017, the home was toured, which included the main kitchen, dining rooms, resident rooms and bathing rooms. The following was observed during the tour:

1. Heavy accumulation of debris and rodent droppings in and around both deep freezers in the dried storage room.
2. Heavy accumulation of debris and rodent droppings under the large refrigerator in the dried storage room.
3. Heavy accumulation of debris and dust under the stove in the kitchen.
4. Heavy accumulation of rodent droppings around the perimeter of the kitchen, specifically along the wall length where stove located and around the electrical panel.
5. Rodent droppings evident around the perimeter of each bedroom on the 3rd and 2nd floors, the staff room and locker room. Droppings were evident in certain key locations in first floor bedrooms, dining rooms.
6. Heavy amount of rodent droppings, dust and debris inside of radiator enclosures on each floor where equipped. Those located in some dining rooms also had accumulated food debris inside.
7. Dusty floors in various bedrooms on 1st, 2nd and 3rd floor.
8. Ceiling heavy dust load in main floor dining room.

The cleaning schedule was reviewed with the Housekeeping supervisor who confirmed that the housekeepers were scheduled to deep clean each area, especially resident bedrooms once every 90 days. The cleaning task logs were reviewed for four different bedrooms. Two were deep cleaned twice in the last 6 months and two had not received a deep cleaning in 2017. Deep cleaning included moving furnishings away from walls, a full wall to wall cleaning and furnishings wiped down. Daily cleaning was limited to a quick dust mop, dusting and bathroom cleaning from Monday to Friday and on weekends, bathrooms only and bedrooms only if visibly soiled. The daily task would not have adequately removed rodent droppings from the rooms as the droppings were found under and behind furnishings.

Cleaning of the radiator enclosures was reported to be a maintenance task. The maintenance person reported that the enclosures had not been systematically



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Pursuant to section 153 and/or  
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**Ministère de la Santé et  
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cleaned in over a year. A lack of sufficient time was given as a reason they were not cleaned.

The Food Services Supervisor provided a copy of the kitchen staff cleaning routines, which did not include any deep cleaning tasks, specifically under and behind equipment. Housekeeping staff were not allocated to clean the kitchen and the maintenance person did not have a routine to deep clean the floor in the kitchen. The last time the deep freezers were moved and cleaned was over 2 months prior and the stove over one year ago.

An immediate order was served on May 12, 2017, to initiate cleaning of the home to decontaminate the home of mice droppings and urine. On May 29, 2017, a return visit was made to determine the extent of cleaning. The kitchen, dining rooms, staff lunch room and resident rooms were verified to have been cleaned. The ceiling tiles remain to be cleaned once the rodent population is under control.

This order is based upon three factors where there has been a finding of noncompliance in keeping with s.299(1) of Ontario Regulation 79/10. The factors include scope, severity and history of non-compliance. In relation to s.15(2)(c) of the Long Term Care Homes Act, the scope of the non-compliance is pattern, as areas of disrepair have been found in more than one area of the home, the severity of the non-compliance has the potential to cause harm to residents and the history of non-compliance is on-going, as an order was previously issued on June 9, 2016 in the same area.

(120)

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

**Vous devez vous conformer à cet ordre d'ici le : May 17, 2017**



**Ministry of Health and  
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**Ministère de la Santé et  
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**Order # /**

**Ordre no :** 001

**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  
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The licensee shall ensure that a pest control operator will bait, trap, remove and monitor the population of mice in the home so that it includes;

- a) as many visits as necessary until the rodent population is significantly reduced and under control; and
- b) that additional bait stations and mechanical traps are added throughout the home; and
- c) that a full inspection of all areas of the building is conducted to locate mice burrowing sites, nesting and entrance points; and
- d) that the technician(s) or a 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 rodent population.

2. Ensure that general information about mice, their feeding and breeding habits, the health risks associated with their droppings and urine, contact information for the Hamilton Public Health Unit, how the licensee plans to eradicate (as much as possible) the mice in the building and how the home will ensure that mice droppings and urine will not cause any ill health effects to it's occupants is made available for staff, residents and families, if requested.

3. Ensure that all staff, especially housekeeping and dietary staff, are given instruction on how to identify rodent droppings and participate by recording rodent droppings and sightings, when and where they were observed and if any rodents were disposed of. Any sightings shall be conveyed to the pest control operator in a timely manner.

4. The licensee's policy titled "Pest Control" (07-11) shall be amended to include what measures or steps need to be taken by the licensee that is in addition to the involvement of a licensed pest control operator. As a minimum, the policy shall include but not be limited to monitoring activities conducted by in home staff, the definition of "unusual pest activity" or "infestation", the inclusion of sanitation and maintenance measures and any other information relevant to the control and management of any particular pest that can potentially invade the long term care home.

**Grounds / Motifs :**

1. The licensee did not ensure that an organized preventive pest control program using the services of a licensed pest controller was in place at the

home.

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.

A complaint was received by the Ministry of Health and Long Term Care in early April 2017, that mice were seen running across the floor in dining rooms and resident rooms, could be heard running along false ceiling tiles and moving around inside walls and were leaving behind droppings throughout the home. A visit to the home on May 10 and 11, 2017, confirmed the infestation.

The licensee had a contract with a licensed pest control operator throughout 2017, and records were kept indicating the dates of the visits. The records dated once per month, indicated that mechanical traps and bait stations were implemented in certain areas of the home. The records did not identify that an infestation was present or that an increase of rodent activity was being seen by staff working in the home. Very little detail was noted on the technicians service reports between January and the end of April 2017.

According to the licensee's pest control operator, the licensee had a contract that included minimal and basic rodent services. In order to deal with an increase in the rodent population, the licensee would have needed to pay an additional fee and upgrade the contract. The administrator reported that she was not given approval to upgrade the contract from the previous owner of the home. As such, the various staff members in the home implemented their own measures to try and control the mice in the home. The measures included the use of steel wool to plug small holes, caulking, foam insulation, sealing an external door, patching some holes, snap traps and glue boards.

The measures proved to be inadequate to control the infestation of mice that was observed during the inspection. A tour of the building confirmed mouse droppings in every resident room, dining room, kitchen and various resident washrooms. Very few bait stations and very few mechanical traps were seen within the building. No additional cleaning or maintenance hours were added to the existing staffing schedules to manage the sanitation and disrepair issues that were identified in the home during the inspection. Staff in the home did not document when and where they saw the mice, even though the forms were made available at the nurse's station on each floor. Housekeeping staff found



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

dead mice on glue boards or in traps, but did not identify where, how many and when. It was difficult to determine the extent of the rodent population and the locations they frequented without any monitoring data.

The licensee changed ownership on May 1, 2017. The licensee's pest control policy (HL-07-01-01) used prior to May 1, 2017, included enhanced cleaning and maintenance measures, documenting sightings and timely reporting. The policy was not fully followed. The policy available to the home and used after May 1, 2017, titled "Pest Control" (07-11) included that staff will report pest sightings and that the Environmental Services Supervisor will contact a licensed pest control operator immediately when unusual pest activity or infestation is suspected. No additional information was included, such as the need to ensure frequent monitoring by staff in the home, the definition of "unusual pest activity" or "infestation", the inclusion of sanitation and maintenance measures and any other information relevant to the control and management of a particular pest potentially encountered in a long term care home.

This order is based upon three factors where there has been a finding of noncompliance in keeping with s.299(1) of Ontario Regulation 79/10. The factors include scope, severity and history of non-compliance. In relation to s. 88(1) of Ontario Regulation 79/10, the scope of the non-compliance is wide spread, as the entire home is affected by rodents, the severity of the non-compliance has the potential to cause harm to residents related to exposure to rodents and the history of non-compliance (WN) was previously issued on August 10, 2014.

(120)

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

**Vous devez vous conformer à cet ordre d'ici le : Jun 09, 2017**

**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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**Order # /**

Ordre no : 002

**Order Type /**

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

**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 complete the following:

1. Conduct an audit of all areas of the building to determine the condition of interior and exterior walls, ceilings, exterior and interior doors, furnishings, window sills, window and door trim, baseboards and flooring material. Document the results. The audit is to be completed no later than June 15, 2017.
2. Establish a schedule to repair, replace or re-paint the surfaces that were identified during the inspection (as identified in the grounds below) and during the audit. A priority shall be given to sealing any exterior holes or entrance points into the building against rodents such as mice. The repairs shall be completed no later than July 31, 2017.
3. A copy of the results of the audit and the planned schedule for repair, replacement or painting shall be forwarded to the inspector for review. The plan shall be submitted to [Bernadette.susnik@ontario.ca](mailto:Bernadette.susnik@ontario.ca) by June 30, 2017.

**Grounds / Motifs :**

1. The licensee did not ensure that the home was maintained in a safe condition and in a good state of repair.

During a tour of the home on May 10 and 11, 2017, the following conditions were observed:

1. A wall located to the right of the hand sink in the kitchen, was not tight fitting

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and had an opening near the floor where it was suspected mice were entering the kitchen.

2. Burrowing activity was evident in a resident room on the second floor, near the corner of the room between two electric baseboard heaters. A pile of plaster bits had accumulated on the floor. The wall in this area and near the window is suspected of being in poor condition.

3. Large openings were noted around drainage pipes under the dishwasher in the kitchen.

4. A hole was evident in the corner of a resident room on the third floor and debris and droppings were noted in this area.

5. A hole was evident at the end of a baseboard on the right side of the sink in a resident bathroom on the third floor. Droppings and debris were evident in this area.

6. The wall at the ceiling was bubbled in a resident bathroom on the second floor from a previous water leak.

7. The top edge of a night table had exposed particle board in a resident room on the second floor.

8. The bathroom door surface in a resident bedroom on second floor had a strip of veneer missing, creating a rough surface that could not be easily cleaned.

9. The plaster wall surface under window in dining room #102 and in an identified resident room on the second floor was not in good condition and was observed to be eroding. The plaster wall behind a radiator in the staff room had a large hole.

10. The flooring material in the second floor shower area had uneven spots (divots) and was cracked. The flooring material in the third floor shower area had a two inch length split.

11. The lower cabinet doors in a resident bathroom on the third floor were in poor condition. The doors were peeled and had exposed particle board.

12. The paint was peeling quite heavily from the walls in one identified resident room and from bathroom doors in various resident rooms.

The maintenance person did not have any schedules in place to conduct repairs or painting for the various issues identified above. He stated that any identified disrepair issues identified by nursing and housekeeping staff were addressed as needed. Audits of the walls, doors, floors and furnishings in resident rooms were completed by housekeeping staff during their deep cleaning routines. If any disrepair issues were identified, they were to be brought to the maintenance person's attention. The maintenance person was aware that many bedrooms required patching and painting, but did not have the time or resources allocated



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to be able to complete the tasks in a timely manner.

This order is based upon three factors where there has been a finding of noncompliance in keeping with s.299(1) of Ontario Regulation 79/10. The factors include scope, severity and history of non-compliance. In relation to s.15(2)(c) of the Long Term Care Homes Act, the scope of the non-compliance is pattern, as areas of disrepair have been found in more than one area of the home, the severity of the non-compliance has the potential to cause harm to residents and the history of non-compliance is on-going, as an order was previously issued on June 9, 2016 in the same area.

(120)

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

**Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2017**



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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  
Long-Term Care Inspections 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  
Long-Term Care Inspections 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  
Inspection de soins de longue durée  
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  
Inspection de soins de longue durée  
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 May, 2017**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** BERNADETTE SUSNIK

**Service Area Office /**

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