



**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
prévus le Loi de 2007 les
foyers de soins de longue**

**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**

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
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Téléphone: (905) 546-8294
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 21, 22, 27, Nov 9, 21, 2011	2011_027192_0040	Complaint

Licensee/Titulaire de permis

DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC
2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA, ON, L5N-2X4

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

HARDY TERRACE
612 Mount Pleasant Road, R. R. #2, BRANTFORD, ON, N3T-5L5

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

DEBORA SAVILLE (192)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered Nurses, Personal Support Workers and Food Service Supervisor, related to H-001805-11

During the course of the inspection, the inspector(s) reviewed staffing schedules, staffing patterns, observed meal service noon and supper meals, toured the kitchen and servery.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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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 subsections:

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).

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.

It was observed during a tour with the Food Services Supervisor (FSS) that:

a) The wall under the sink in the dessert preparation area has not been repaired as required in the Brant County Public Health Inspection conducted June 7, 2011. A large open area remains in the wall under the sink, drywall is not intact with a smooth surface that would promote cleaning.

b) Cupboards in the servery have raw wood showing that would prevent adequate cleaning and there is damage related to heat from the toaster on the cupboard on the specialty area side of the servery.

c) Water damage is noted on the wall near the kitchen. Ceiling tiles are soiled with water stains and there is drywall damage in the corner where there has been a leak. The drywall feels moist, paint is peeling and bubbled in the corner near the window and along the ceiling near the kitchen door.

d) There is a hole in the floor approximately 6 inches in length by 1 1/2 inches in width behind the 2nd column in the dining room. A large amount of dirt and debris has gathered in this area. In addition to the hole, one of the two tiles affected has multiple cracks and crazing.

e) It is noted that the tap in the dish washing area is running continuously. Interview with the FSS confirms that the fixture needs to be replaced and has not been working for some time.

f) The fold down stainless steel counter top on the general side of the dining room is noted to be moist with condensation with rust where welds once held a support that provides stability for the shelf. The shelf is used to provide protection for the steam table below and plates are placed on the counter top during preparation for service. The FSS confirms that the support strap fell off some time ago and has not been replaced. As a result the shelf is not as stable as it should be and rust is developing at the previous weld spots.

g) The area between the counter top and back-splash of the steam table on the general side of the servery is noted to be heavily soiled with some black mildew in the caulking that is present.

2. The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

It was observed during a tour with the Food Services Supervisor (FSS) that:

a) the folding stainless counter on the general side of the servery is moist from the steam table, the FSS indicates that staff are to wipe the underside of the counter, but this was not completed. The moisture has the potential to facilitate the growth of bacteria.

b) cob webs are evident above the kitchen door from the general dining room.

c) there is a buildup of dirt on the floor along the walls in the dining room, the baseboards are soiled and there is loose debris around the columns even though the floor has just been washed.

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production



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Specifically failed to comply with the following subsections:

s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service;
(b) a cleaning schedule for all the equipment; and
(c) a cleaning schedule for the food production, servery and dishwashing areas. O. Reg. 79/10, s. 72 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that cleaning and preventive maintenance is conducted on the ice machine kept in the servery. It was identified during inspection by the Brant County Health Unit on June 7, 2011 that the ice machine required cleaning with a target date of June 17, 2011. Cleaning of the ice machine was conducted on June 14, 2011. No cleaning has been conducted since. The Food Service Supervisor (FSS) indicates that the ice machine should be cleaned routinely (monthly), but according to the FSS and documentation, this is not presently occurring.

Additional Required Actions:

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

Issued on this 23rd day of November, 2011

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



**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

**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**

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	DEBORA SAVILLE (192)
Inspection No. / No de l'inspection :	2011_027192_0040
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Sep 21, 22, 27, Nov 9, 21, 2011
Licensee / Titulaire de permis :	DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC 2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA, ON, L5N-2X4
LTC Home / Foyer de SLD :	HARDY TERRACE 612 Mount Pleasant Road, R. R. #2, BRANTFORD, ON, N3T-5L5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	PAUL ROOYAKKERS

To DIVERSICARE CANADA MANAGEMENT SERVICES CO., 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**

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

A The licensee shall ensure the following maintenance is completed by November 25, 2011:

- a) dry wall under sink in dessert prep area is repaired
- b) cupboards in the servery are to be repaired so that surfaces are intact and washable
- c) water damaged drywall in the dining room is to be repaired/replaced

B The licensee shall prepare and submit a plan for repair of the following:

- a) repair of the hole in the floor in the dining room to ensure that the surface can be cleaned
- b) repair/replacement of the tap in the dish washing area
- c) the fold down stainless counter top on the general side of the servery will be repaired to ensure its stability.

The plan shall be implemented.

The plan shall be submitted electronically to Nursing Inspector Debora Saville, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, Hamilton Service Area Office at debora.saville@ontario.ca by November 25, 2011.

Grounds / Motifs :



**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
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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

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.

It was observed during a tour with the Food Services Supervisor (FSS) that:

a) The wall under the sink in the dessert preparation area has not been repaired as required in the Brant County Public Health Inspection conducted June 7, 2011. A large open area remains in the wall under the sink, drywall is not intact with a smooth surface that would promote cleaning.

b) Cupboards in the servery have raw wood showing that would prevent adequate cleaning and there is damage related to heat from the toaster on the cupboard on the specialty area side of the servery.

c) Water damage is noted on the wall near the kitchen. Ceiling tiles are soiled with water stains and there is drywall damage in the corner where there has been a leak. The drywall feels moist, paint is peeling and bubbled in the corner near the window and along the ceiling near the kitchen door.

d) There is a hole in the floor approximately 6 inches in length by 1 1/2 inches in width behind the 2nd column in the dining room. A large amount of dirt and debris has gathered in this area. In addition to the hole, one of the two tiles affected has multiple cracks and crazing.

e) It is noted that the tap in the dish washing area is running continuously. Interview with the FSS confirms that the fixture needs to be replaced and has not been working for some time.

f) The fold down stainless steel counter top on the general side of the dining room is noted to be moist with condensation with rust where welds once held a support that provides stability for the shelf. The FSS confirms that the support strap fell off some time ago and has not been replaced. The shelf is used to place prepared plates, prior to service. As a result the shelf is not as stable as it should be and rust is developing at the previous weld spots. (192)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 23, 2011



**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
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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

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service;
(b) a cleaning schedule for all the equipment; and
(c) a cleaning schedule for the food production, server and dishwashing areas. O. Reg. 79/10, s. 72 (7).

Order / Ordre :

The licensee shall prepare and submit a plan to ensure that a cleaning schedule for the routine cleaning of the ice machine is established and complied with. This plan will be implemented.

The plan is to be submitted electronically to Nursing Inspector, Debora Saville, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, Performance Improvement and Compliance Branch, Hamilton Service Area Office at debora.saville@ontario.ca by November 25, 2011.

Grounds / Motifs :

1. The licensee has failed to ensure that cleaning and preventive maintenance is conducted on the ice machine kept in the server. It was identified during inspection by the Brant County Health Unit on June 7, 2011 that the ice machine required cleaning with a target date of June 17, 2011. Cleaning of the ice machine was conducted on June 14, 2011. No cleaning has been conducted since. The Food Service Supervisor (FSS) indicates that the ice machine should be cleaned routinely (monthly), but according to the FSS and documentation, this is not presently occurring. (192)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 25, 2011



**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
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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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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.



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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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.hsrarb.on.ca.

Issued on this 21st day of November, 2011

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

DEBORA SAVILLE

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

Hamilton Service Area Office