



**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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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 9, 2016	2015_417178_0021	035381-15	Resident Quality Inspection

Licensee/Titulaire de permis

341822 ONTARIO INC
28 HALTON STREET TORONTO ON M6J 1R3

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

MAYNARD NURSING HOME
28 HALTON STREET TORONTO ON M6J 1R3

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

SUSAN LUI (178), ARIEL JONES (566), JUDITH HART (513), SARAH KENNEDY (605),
SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): December 21, 22, 23, 24, 29, 30, 31, 2015, January 4, 5, 6, 7, 8, 2016.

The following Complaint intake was inspected concurrently during this Resident Quality Inspection (RQI): 005730-15.

The following Follow Up intakes T-2122-15, T-2123-15, T-2124-15, and T-2125-15 were inspected concurrently during this RQI.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Environmental Services Manager (ESM), Food Services Supervisor (FSS), Life Enrichment Director, registered nursing staff, personal support workers (PSWs), housekeeping staff, dietary aide, activation aide, Administrative Assistant/Human Resources, Resident Assessment Instrument/Minimum Data Set (RAI/MDS) coordinator, residents, and residents' family members.

During the course of this inspection, the inspectors also observed resident care and staff to resident interactions, reviewed resident and home records.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**

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

**4 WN(s)
2 VPC(s)
2 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
O.Reg 79/10 s. 15. (1)	CO #003	2015_269597_0002		605
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #004	2015_269597_0002		605
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2015_269597_0002		605

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 failed to ensure that the home was kept clean and sanitary, as evidenced by observations of resident home areas during the inspection period. The following areas were identified as unclean and not sanitary by inspectors #210, #178, and #605:

On Jan 4, 5, 6, 7, and 8, 2016, in the resident washroom shared by rooms 22 and 23 the following was observed:

- Grout on the bathroom floor near the toilet was stained yellow.
- Caulking around the base of the toilet was stained yellow.
- A brown sticky substance was under and around the metal threshold between the bathroom and room 23.
- A black substance was between the baseboard and the floor tiles inside the entrance of the washroom. The substance was most noticeable at the base of the metal door frame leading to room 23.

On January 7 and 8, 2016, the following was observed:

- In the 2nd floor East tub room, mildew was in the bottom corner of the shower stall and along the base of the back wall of the shower.
- In the 1st floor dining room, build-up of dirt and dust was in the caulking under the cabinets.
- In the resident washroom of room 32-4, the floor grout near the radiator was stained yellow.
- In the resident washroom of room 43-1, the floor grout was stained yellow around the toilet.

During a tour of the above areas on January 8, 2016, the home's Environmental Services Manager (ESM) agreed that these areas of the home were not clean, and required



housekeeping attention.

On December 21, 2015, prior to meal service at 12:20, the following was observed by inspector #605:

-The table tops in the 2nd floor dining room were stained purple. An observation on January 5, 2016, revealed that the table tops remained stained. An interview with staff #119, confirmed that the tables were stained. (605)

The home was previously found to be in non-compliance with this requirement on June 5, 2013, during Complaint Inspection #2013_158101_0029, and a Voluntary Plan of Correction was issued. The home was again found to be in non-compliance with this requirement on February 27, 2015, during Resident Quality Inspection #2015_269597_0002, and Compliance Order CO#002 was issued. The licensee has failed to fully comply with the previous compliance order CO#002 with a compliance date of March 31, 2015, which was subsequently amended to April 30, 2015. CO #002 was issued for failing to ensure that the home, furnishings and equipment were kept clean and sanitary. Improvements in the cleanliness and sanitation of the home were noted since the compliance order was issued in February 2015, however the above listed areas remained outstanding.

Based on the number of areas which remained outstanding, and the home's history with respect to failing to ensure that the home is kept clean and sanitary, a compliance order is warranted. [s. 15. (2) (a)]

2. The licensee failed to ensure that the home was maintained in a good state of repair, as evidenced by observations made during the inspection period by inspectors #605 and #178.

The following observations were made by inspectors #605 and #178 on January 7, 2016:

- Shower room, 1st floor East, 3 ceiling tiles were stained, and 1 was bulging.
- Shower room, 1st floor South, the wall above the door has been patched, but requires painting. The drywall in the upper corner of the room is damaged and requires repair.
- 2nd floor hallway in the area of the TV lounge, the baseboards are scraped and the wood on the doorway leading into the TV lounge is gouged and scraped.
- Shower room, 2nd floor South, a small hole is present in the ceiling, and the wall above the door has been patched but requires painting.
- 1st floor dining room, a floor tile in the back north-west corner of the room is damaged.



- Resident room 29, the flooring beside bed 4 is cracked and uneven.
- Resident washroom shared by rooms 22 and 23, a floor tile near the door frame is cracked.

During a tour of the above areas on January 8, 2016, the home's Environmental Services Manager (ESM) agreed that these areas of the home were not in a good state of repair and required maintenance attention.

The home was previously found to be in non-compliance with this requirement on June 5, 2013, during Complaint Inspection #2013_158101_0029, and a Voluntary Plan of Correction was issued. The home was again found to be in non-compliance with this requirement on February 27, 2015, during Resident Quality Inspection #2015_269597_0002, and Compliance Order CO#002 was issued. The licensee has failed to fully comply with the previous compliance order CO#002 with a compliance date of March 31, 2015, which was subsequently amended to April 30, 2015. CO #002 was issued for failing to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. Improvements to the maintenance of the home were noted since the compliance order was issued in February 2015, however the above listed areas remained outstanding.

Based on the number of areas which remained outstanding, and the home's history with respect to failing to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, a compliance order is warranted. [s. 15. (2) (c)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



Specifically failed to comply with the following:

- s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,**
- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).**
- (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

Findings/Faits saillants :

1. The licensee has failed to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other.

A review of resident #05's written plan of care indicated that the resident is to receive a shower on identified days, assisted by two staff members using the mechanical lift for transfer.

A review of resident #05's personal care flow sheets indicated that the resident received a shower four times, and a bed bath three times during the past 30 days.

The resident's substitute decision maker (SDM) confirmed that the resident prefers to shower, but for reasons unknown to him/her, sometimes the staff provides a bed bath instead.

Interview with PSW #104 indicated that he/she has been bathing the resident in bed for the past few months because it is safer for the resident.

An interview with registered nursing staff #119 indicated that when the bath is documented in the flow sheets, this means the resident was given a bed bath. The registered staff #119 was unaware of how the resident was being bathed as the resident is not bathed on his/her shift, but confirmed that a bed bath would be a safer alternative for this resident because of the resident's physical condition.

An interview with evening registered nursing staff #103 indicated that resident #05's plan of care states that the resident should receive a shower, and staff #103 was unaware



that PSWs were providing bed baths for safety reasons. Staff #103 stated that the expectation is if PSW staff noted that the shower was no longer a safe method for the resident, then they should report to registered nursing staff to ensure that a proper assessment is performed and the plan of care is updated.

Review of the resident's plan of care and Interviews with registered nursing staff #119, #103 and with PSWs confirmed that when the preferred choice for personal care (shower) was no longer safe for resident #05, staff did not collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other. [s. 6. (4) (a)]

2. A review of resident #02's written plan of care indicated the resident wears an incontinent product, and is also to be toileted during specified times, before and after meals, in between and as needed.

An interview with PSW #117 indicated the resident is no longer toileted because it is not safe for the resident to sit on the toilet, but the resident wears an incontinent product which is changed before breakfast, after lunch and as needed during day shift.

An interview with evening PSW #114 indicated that the resident has not been toileted in the last four months because of safety reasons, and the resident wears an incontinent product which is changed when the resident is in bed.

An interview with registered nursing staff #103 indicated he/she was not aware that the resident was not toileted for safety reasons, and that it was not communicated with registered staff that the incontinent product is being changed while the resident is in bed. Registered staff #103 confirmed that the PSWs are expected to inform the registered nursing staff of changes in the resident's condition, so the registered nursing staff can assess the resident and revise the care plan as needed.

An interview with the RAI/MDS Coordinator confirmed that the expectation is that when the intervention in the written plan of care for managing the resident's continence is not considered safe anymore by some of the staff, it must be communicated with registered nursing staff to ensure that the resident is assessed by the multidisciplinary team members so the written plan of care may be updated as needed. [s. 6. (4) (a)]



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Soins de longue durée

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

Rapport d'inspection sous la
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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 to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control (IPAC) program.

On January 5, 2016, during lunch meal service in the 2nd floor dining room, staff member #124 was observed clearing dirty dishes and then serving dessert to residents, without performing hand hygiene and changing his/her gloves in between.

An interview with staff #124 confirmed that he/she did not remove gloves and clean his/her hands after clearing dirty dishes and prior to serving food.

Interview with both the FSS and IPAC lead confirmed that the expectation is for staff members to remove their gloves and clean their hands prior to handling food. [s. 229. (4)]

2. The licensee has failed to ensure that residents are offered immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

Review of the Long Term Care Home (LTCH) Licensee Confirmation Checklist-Infection Prevention and Control (IPAC), completed by the licensee's representative, revealed that residents are not offered immunization against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. An interview with the home's DOC who serves as the lead for the IPAC program, confirmed that residents in the home are not offered immunization against tetanus and diphtheria. [s. 229. (10) 3.]

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 to ensure that staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council



Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the licensee responds in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

An interview with the Residents' Council president revealed that the home is not responding in writing within 10 days of receiving concerns or recommendations from the Residents' Council.

Review of the Residents' Council meeting minutes revealed that the licensee does not respond in writing within 10 days of receiving a concern or recommendation from the Residents' Council.

An interview with the assistant to the Residents' Council revealed that the meeting minutes from each Residents' Council meeting are forwarded to each department and then the responses from each department are reviewed at the following monthly Residents' Council meeting. Residents do not receive a response in writing within 10 days of the council submitting a concern/recommendation to the home.

An interview with the Administrator confirmed that the expectation is for the licensee to respond in writing within 10 days of receiving Residents' Council concerns or recommendations. [s. 57. (2)]



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Issued on this 12th day of February, 2016

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*

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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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SUSAN LUI (178), ARIEL JONES (566), JUDITH HART (513), SARAH KENNEDY (605), SLAVICA VUCKO (210)

Inspection No. /

No de l'inspection : 2015_417178_0021

Log No. /

Registre no: 035381-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Feb 9, 2016

Licensee /

Titulaire de permis : 341822 ONTARIO INC
28 HALTON STREET, TORONTO, ON, M6J-1R3

LTC Home /

Foyer de SLD : MAYNARD NURSING HOME
28 HALTON STREET, TORONTO, ON, M6J-1R3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Leean Bowman

To 341822 ONTARIO 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

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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

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

Linked to Existing Order /
Lien vers ordre 2015_269597_0002, 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 is kept clean and sanitary. This includes, but is not limited to ensuring that cleaning routines, systems and procedures are monitored to ensure that all areas of the home, including those listed below, are maintained clean and sanitary.

Grounds / Motifs :

1. The licensee failed to ensure that the home was kept clean and sanitary, as evidenced by observations of resident home areas during the inspection period. The following areas were identified as unclean and not sanitary by inspectors #210, #178, and #605:

On Jan 4, 5, 6, 7, and 8, 2016, in the resident washroom shared by rooms 22 and 23 the following was observed:

- Grout on the bathroom floor near the toilet was stained yellow.
- Caulking around the base of the toilet was stained yellow.
- A brown sticky substance was under and around the metal threshold between the bathroom and room 23.
- A black substance was between the baseboard and the floor tiles inside the entrance of the washroom. The substance was most noticeable at the base of the metal door frame leading to room 23.

Order(s) of the Inspector

Pursuant to section 153 and/or
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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
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On January 7 and 8, 2016, the following was observed:

- In the 2nd floor East tub room, mildew was in the bottom corner of the shower stall and along the base of the back wall of the shower.
- In the 1st floor dining room, build-up of dirt and dust was in the caulking under the cabinets.
- In the resident washroom of room 32-4, the floor grout near the radiator was stained yellow.
- In the resident washroom of room 43-1, the floor grout was stained yellow around the toilet.

During a tour of the above areas on January 8, 2016, the home's Environmental Services Manager (ESM) agreed that these areas of the home were not clean, and required housekeeping attention.

On December 21, 2015, prior to meal service at 12:20, the following was observed by inspector #605:

- The table tops in the 2nd floor dining room were stained purple. An observation on January 5, 2016, revealed that the table tops remained stained. An interview with staff #119, confirmed that the tables were stained. (605)

The home was previously found to be in non-compliance with this requirement on June 5, 2013, during Complaint Inspection #2013_158101_0029, and a Voluntary Plan of Correction was issued. The home was again found to be in non-compliance with this requirement on February 27, 2015, during Resident Quality Inspection #2015_269597_0002, and Compliance Order CO#002 was issued. The licensee has failed to fully comply with the previous compliance order CO#002 with a compliance date of March 31, 2015, which was subsequently amended to April 30, 2015. CO #002 was issued for failing to ensure that the home, furnishings and equipment were kept clean and sanitary. Improvements in the cleanliness and sanitation of the home were noted since the compliance order was issued in February 2015, however the above listed areas remained outstanding.

Based on the number of areas which remained outstanding, and the home's history with respect to failing to ensure that the home is kept clean and sanitary, a compliance order is warranted. (178)



**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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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 : Mar 31, 2016



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 : 002

Order Type /

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

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 prepare, submit and implement a plan to ensure that the home is maintained in a good state of repair. This includes but is not limited to the areas listed below.

The plan shall be submitted via email to susan.lui@ontario.ca by February 29, 2016.

Grounds / Motifs :

1. The licensee failed to ensure that the home was maintained in a good state of repair, as evidenced by observations made during the inspection period by inspectors #605 and #178.

The following observations were made by inspectors #605 and #178 on January 7, 2016:

- Shower room, 1st floor East, 3 ceiling tiles were stained, and 1 was bulging.
- Shower room, 1st floor South, the wall above the door has been patched, but requires painting. The drywall in the upper corner of the room is damaged and requires repair.
- 2nd floor hallway in the area of the TV lounge, the baseboards are scraped and the wood on the doorway leading into the TV lounge is gouged and scraped.
- Shower room, 2nd floor South, a small hole is present in the ceiling, and the wall above the door has been patched but requires painting.
- 1st floor dining room, a floor tile in the back north-west corner of the room is



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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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damaged.

- Resident room 29, the flooring beside bed 4 is cracked and uneven.
- Resident washroom shared by rooms 22 and 23, a floor tile near the door frame is cracked.

During a tour of the above areas on January 8, 2016, the home's Environmental Services Manager (ESM) agreed that these areas of the home were not in a good state of repair and required maintenance attention.

The home was previously found to be in non-compliance with this requirement on June 5, 2013, during Complaint Inspection #2013_158101_0029, and a Voluntary Plan of Correction was issued. The home was again found to be in non-compliance with this requirement on February 27, 2015, during Resident Quality Inspection #2015_269597_0002, and Compliance Order CO#002 was issued. The licensee has failed to fully comply with the previous compliance order CO#002 with a compliance date of March 31, 2015, which was subsequently amended to April 30, 2015. CO #002 was issued for failing to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. Improvements to the maintenance of the home were noted since the compliance order was issued in February 2015, however the above listed areas remained outstanding.

Based on the number of areas which remained outstanding, and the home's history with respect to failing to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, a compliance order is warranted. (178)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 13, 2016



**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

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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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

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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.



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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*

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^e 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.



**Ministry of Health and
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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*

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*

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.

Issued on this 9th day of February, 2016

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

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

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