

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Amended Public Copy/Copie modifiée du rapport public

| Report Date(s)/ Date(s) du Rapport | Inspection No/ No de l'inspection | Log #/ No de registre | Type of Inspection / Genre d'inspection |
|---|--|------------------------------------|--|
| Feb 27, 2020 | 2019_549107_0018 (A2) | 021814-19, 022441-19, 023440-19 | Complaint |

Licensee/Titulaire de permis

Park Lane Terrace Limited
284 Central Avenue LONDON ON N6B 2C8

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

Park Lane Terrace
295 Grand River Street North PARIS ON N3L 2N9

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

Amended by LESLEY EDWARDS (506) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

Incorrect non compliance was removed from the report.

Issued on this 27th day of February, 2020 (A2)

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

Original report signed by the inspector.

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Amended by LESLEY EDWARDS (506) - (A2)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): Dec 11, 12, 13, 16, 17, 18, 19, 20, 30, 2019, January 3, 7, 8, 9, 10, 2020

The following intakes were completed during this Complaint Inspection:

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Log #021814-19, IL-71996-HA related to dietary services processes, dietary staffing shortages, staffing qualifications, food shortages

Log #022441-19, IL-72298-HA related to dietary services processes, dietary staffing shortages, food shortages, home evacuation, environmental concerns.

Log #023440-19, IL-72801-HA related to pest management, lack of supplies

PLEASE NOTE: A written notification and Compliance Order related to O.Reg.79/10, s. 8 (1) (b) was identified in this inspection and has been issued in Inspection Report 2019_549107_0017, dated January 28, 2020, which was conducted concurrently with this complaint inspection.

During the course of the inspection, the inspector(s) spoke with residents, the Executive Director, Director of Clinical Services, Associate Directors of Clinical Services, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Resident Assessment Instrument - Minimum Data Set (RAI-MDS) Co-ordinator, Behavioural Support Ontario (BSO) staff, Restorative Care staff, Director of Programs and Support Services, Food Services Supervisor, Registered Dietitian, Food Service Workers, Director of Business Services, Director of Environmental Services, Housekeepers, Laundry staff, Maintenance staff, and contracted service providers

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Food Quality**

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

**7 WN(s)
6 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 70. Dietary services

Every licensee of a long-term care home shall ensure that the dietary services component of the nutrition care and dietary services program includes,

- (a) menu planning;**
- (b) food production;**
- (c) dining and snack service; and**
- (d) availability of supplies and equipment for food production and dining and snack service. O. Reg. 79/10, s. 70.**

Findings/Faits saillants :

1. The licensee failed to ensure that the dietary services component of the nutrition care and dietary services program included availability of supplies and equipment for food production and dining and snack services.

A. On an identified date, soap for the dishwasher in the kitchen was unavailable. Dietary staff used paper plates and bowls for meal service until additional dishwasher soap could be obtained the next day. The Executive Director (#100) confirmed that the dish washing soap had not been ordered as required, resulting in the shortage.

Concerns about the use of paper plates at meals were identified through the meeting minutes from the Family Council meeting and the home's complaint reporting system.

B. Not all supplies required for food production were ordered and available as required, resulting in multiple menu substitutions. Some examples:

On an identified date, the menu was changed from blueberry cheesecake to blueberry poundcake. The Food Services Supervisor (FSS) #137 identified that there was not enough cheesecake so the menu was changed.

On a specified date, staff identified the following items were not available for food production, as recorded in the communication book:

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- a) Syrup was not available for the Belgian waffle served the next morning. Staff wrote a note indicating that honey was substituted. The Food Services Supervisor #137 confirmed to Inspector #107 that syrup had not been ordered.
- b) Strawberries were not available for the strawberry compote the next morning. Staff substituted a cherry pie filling. The Food Services Supervisor stated that a prepared product was required for the strawberry compote but frozen strawberries had been ordered.
- c) Fresh tomatoes were not available for the tomato salad at an identified meal. The FSS #137 confirmed that there were sufficient tomatoes for the regular texture, however, insufficient tomatoes for the texture modified meal so substitutions were used for the modified texture menus. The FSS stated that tomatoes were out of stock at the supplier.
- d) Watermelon was not available for the next day supper meal. The FSS was unable to confirm to Inspector #107 the reason for the shortage or what was substituted.
- e) No Chef blend vegetables were available for the a texture modified menu. Cook #136 made substitutions and confirmed to Inspector #107 that the vegetables were unavailable.
- f) Spinach and Paradiso vegetables were not available for a specified meal. Dietary Aide #138 confirmed that the vegetables were unavailable for food production and that they substituted a green vegetable and thought it was green beans or broccoli.

On a specified date, staff identified the following items were not available for food production, as recorded in the communication book:

- a) Honeydew melon was served for the regular textured menu (as per the planned menu), however, canned pears were served to residents requiring texture modified menus due to insufficient Honeydew melon. The FSS #137 confirmed that there was insufficient quantity of honeydew melon due to supply issues.
- b) Mayonnaise was not available to prepare the turkey or cranberry mayonnaise sauce for an identified meal. Cook #135 confirmed that they used butter instead of the mayonnaise. FSS #137 confirmed they had not purchased mayonnaise. Cook #135 stated that the mayonnaise came in the next day but they were not aware that it had been delivered.

On a specified date, staff identified the following items were not available for food production, as recorded in the communication book:

- a) Only one box of Danish was available for breakfast so the menu was changed to blueberry scones.

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On a specified date, staff identified the following items were not available for food production, as recorded in the communication book:

a) Sweet hickory baked beans were not available for a supper meal. Cook #138 was unable to identify to Inspector #107 what was substituted.

On a specified date, staff identified the following items were not available for food production, as recorded in the communication book:

a) Horseradish for the roast beef at supper. Cook #135 confirmed to Inspector #107 that horseradish was unavailable for the roast beef dinner.

On a specified date, both Inspector #107 and staff identified through the communication book and observation that the following items were not available for food production:

a) There were no fresh green peppers available for preparation of the ham and cheese chef salad at the supper meal the same day. Frozen green peppers were substituted. The FSS (#137) confirmed that fresh green peppers had not been ordered as the last menu cycle there had been too much waste.

b) There were not enough green beans for the supper meal. Mixed vegetables were added to the green beans as there were not enough. The FSS (#137) confirmed that they had ordered the green beans but they had been used as a substitution for something else earlier in the week. [s. 70. (d)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with O.Reg. 79/10, s. 70. Every licensee of a long-term care home shall ensure that the dietary services component of the nutrition care and dietary services program includes, (d) availability of supplies and equipment for food production and dining and snack service, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

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1. The licensee failed to ensure planned menu items were offered and available at each meal.

At an identified meal in a specified dining room, only regular texture and pureed texture perogies were available for service to residents. The therapeutic extension menu and production menu identified minced perogies would be served to residents requiring a minced textured menu. Dietary Aide #139 stated that minced perogies were not sent to the servery and stated that residents that required minced texture menus were served regular perogies.

At a specified meal in a specified dining area, an alternative texture modified vegetable was not offered or available. The therapeutic extension menu stated that "texture modified vegetable for salad" would be served for both menu choices. Dietary Aide #146 confirmed that only one texture modified vegetable was available for both menu choices. Cook #138 stated that two texture modified vegetables had been prepared, however, the item was not available in the servery for the Dietary Aide to serve to residents.

At a specified meal the therapeutic extension menu identified that buttered noodles would be served. Residents requiring a texture modified menu were to be offered pasta. The texture modified pasta was not offered and available as per the planned menu, resulting in altered nutritional value of the meal. Mashed potatoes were substituted for the pasta at the meal and the substitution was not of comparable nutritional value (different food group).

At a specified meal the therapeutic extension menu identified that a ham salad sandwich would be served for a texture modified menu. A ham and cheese Chef salad was prepared for the texture modified menu and the ham salad sandwich was not offered and available for service as per the planned menu. [s. 71. (4)]

Additional Required Actions:

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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 with O. Reg. 79/10, s. 71 (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the food production system provided for documentation on the production sheet of any menu substitutions.

Cooks preparing foods stated they were documenting menu changes on different forms and confirmed they were not always documenting what was substituted. Cook #136 stated they sometimes wrote menu changes on the production menu, and Cook #135 stated they sometimes wrote menu changes on the Production Temperature Records. The Food Services Supervisor #137 confirmed that previous copies of production menus and Production Temperature Records on file did not include a record of menu substitutions. The Food Services Supervisor #137 stated that they did not consistently include the dates on previous production menus so tracking menu changes from production sheets was unclear.

On a specified date, the Executive Director (#100) and Food Service Supervisor (#137) directed staff to begin recording menu changes in a communication book

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located in the kitchen. The menu changes recorded in the communication book did not always include a record of what was substituted when the menu was changed.

The Food Services Supervisor #137 confirmed that not all menu changes and substitutions had been recorded on the forms provided to Inspector #107. Some examples included:

On a specified date, documentation indicated that watermelon was not available and that spinach and Paradiso vegetables were not available, however, staff did not indicate what was substituted for the items. Cook #138 stated they could not recall exactly what the substitutions were, although they believed that green beans and broccoli may have been served for the vegetables.

On a specified date, mayonnaise was not available for the turkey sandwich. Documentation did not reflect what was substituted. Cook #135 confirmed they substituted butter instead of mayonnaise for the sandwiches and butter and milk for the texture modified sandwiches, however, this was not documented.

On a specified date, sweet hickory barbeque baked beans were not available, however, staff did not identify what was substituted. The Cook was unable to recall what was substituted.

On a specified date, the menu identified texture modified pasta would be served at the dinner meal, however, mashed potatoes were substituted. The menu substitution was not recorded. [s. 72. (2) (g)]

2. The licensee failed to ensure that all foods and fluids were prepared, stored, and served using methods that preserved taste, nutritive value, appearance, and food quality.

A. i) The planned portion size was not consistently followed by staff portioning food at a specified lunch meal, resulting in altered nutritive value of the meal.

In a specified dining area the following was identified:

Carrot raisin salad – planned portion #8 scoop, staff used a #12 scoop (smaller)
Minced sausage – planned portion #12 scoop, staff used a #10 scoop (bigger)
Pureed sausage – planned portion 2 x #12 scoop, staff used a #8 scoop (smaller)
Minced vegetables – planned portion #10 scoop, staff used #12 scoop (smaller)

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Pureed vegetables – planned portion #10 scoop, staff used #12 scoop (smaller) During interview with Inspector #107, Dietary Aide #138 confirmed that staff were to use the portion size listed on the therapeutic extension menus, however, the Dietary Aide stated they must have gotten the scoops mixed up in the servery.

ii) Direction related to portion size of some menu items was not always provided to staff portioning meals, resulting in differing nutritional value of the meals served in different dining locations.

At a specified meal, direction related to portion size was not provided to staff portioning the texture modified tomato, onion and swiss cheese sandwich. Therapeutic extension menus directed staff to provide “one each” for the texture modified sandwich, however, staff were using scoops. In one dining room Dietary Aide #138 used a #12 scoop (3oz) and in another dining room Dietary Aide #139 used a #16 scoop (2 oz). Nutritional value of the meal differed in the different dining locations within the home. Dietary Aide #138 confirmed that there was no direction on the therapeutic extension menu for portioning the texture modified sandwich.

At an identified meal, direction related to portion size was not provided to staff portioning the texture modified ham and cheese Chef salad plate. Therapeutic extension menus on the computer and printed copies in the servery directed staff to provide “one each” for the minced salad plate, and directed staff to provide a pureed ham salad sandwich. Staff served a minced and pureed version of the salad and not a pureed ham sandwich and direction was not provided related to portion size of each texture modified item on the salad plate.

B. Menu/recipe items were substituted with foods that did not preserve taste, appearance and food quality.

At an identified meal frozen green peppers were substituted for fresh green peppers in the preparation of ham and cheese Chef salad plate, affecting the visual appeal and quality of the salad plate. The Food Services Supervisor (FSS) #137 confirmed that frozen green peppers were substituted for fresh green peppers.

At a specified meal syrup was not available for the Belgian waffle and staff substituted honey, resulting in altered taste and quality of the meal. The FSS #137 confirmed that syrup had not been ordered.

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At a specified lunch meal mayonnaise was not available for the preparation of the turkey and cranberry sandwich. Butter was substituted for the mayonnaise, resulting in altered taste and quality of the meal.

C. Food was not served to resident #022 using methods that preserved taste and appearance at an observed meal service.

PSW #121, who was assisting resident #022 with eating, mixed/stirred the resident's texture modified foods together (hot vegetable, mashed potatoes, meat). The PSW stated that the resident had not requested the food be mixed together and confirmed that mixing the resident's food together was not included as part of the resident's plan of care. The resident was unable to tell Inspector #107 if they preferred their food that way.

The visual appearance of the meal was not preserved, and when the items were mixed together, each menu item could not be tasted separately. If one item was disliked the food was now mixed together into the whole meal. During interview with Inspector #107, PSW #121 indicated that was their usual practice when assisting some residents with texture modified meals. [s. 72. (3) (a)]

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 with O. Reg. 79/10, s. 72 (2) The food production system must, at a minimum, provide for, (g) documentation on the production sheet of any menu substitutions, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home had a dining service that included at a minimum, communication of the seven day and daily menus to residents.

A. Information posted on the electronic menu boards outside of the dining rooms, the paper menu posted outside of the dining room and what was served to residents was not always consistent.

During interview with the Food Services Supervisor (FSS) #137 they confirmed they were not aware that the computerized menu was not consistent with and did not reflect the menu items being served to residents. Family Council meeting minutes identified that the printed menus and the electronic menu were conflicting, resulting in concerns for residents at meal times. Concerns that the electronic menu and food served to residents did not match were also reported to the Ministry of Long -Term Care through complaint #021814-19.

Electronic menu boards were not routinely updated to reflect menu changes during this inspection and the following discrepancies were identified (not all days were inspected):

At an identified meal the electronic menu board and weekly paper menu reflected that peppers and onions would be served, however residents were served mixed vegetables (broccoli, beans, carrots, and peppers). The electronic menu identified a ham and swiss cheese sandwich on rye bread, however, residents were served a cheese, onion, and tomato sandwich on whole wheat bread.

At an identified meal the electronic menu board reflected that a tomato, onion & Swiss sandwich on whole wheat would be served, however, residents were served a ham & Swiss sandwich on rye bread. According to FSS #137, the two menu days had been switched previously and the computerized menu board had

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not been updated.

At an identified meal the electronic menu board reflected mixed vegetables, strawberry Napoleon, and cold rainbow veggie pizza, however, residents were served a Caesar salad, strawberry shortcake, and a peanut butter and jam sandwich. Food Services Supervisor #137 confirmed that the menu had been revised and the electronic menu had not been updated with the changes.

At an identified meal the electronic menu board reflected turkey with gravy, stuffing, mashed potatoes, mixed green beans and baby carrots, and pumpkin pie, however, residents were served turkey meatballs in yogurt sauce, buttered egg noodles, green beans/mixed vegetables, and tiramisu cake. Food Services Supervisor #137 confirmed that the electronic menu was previously updated with a special menu and had not been changed back to reflect the usual menu.

At an identified meal the electronic menu board reflected chicken balls, brandied peaches, and hot fruit compote, however, residents were served chicken strips, diced peaches, and a chocolate fudge ice cream bar. Food Services Supervisor #137 confirmed that the electronic menu had not been revised to reflect the menu changes.

At an identified meal the electronic menu board reflected cake sangria, however, carrot cake was served to residents. The FSS #137 confirmed that the menu had been revised, however, had not been changed on the electronic menu board.

During interview with Inspector #107, the Food Services Supervisor #137 confirmed that the electronic menu board was not consistently updated to reflect menu changes. The menu was not accurately communicated to residents through the electronic menu board.

B. Not all weekly menus were posted or communicated to residents. Residents requiring a specific texture modified meal received different menu items than on the regular texture menu. These changes were not consistently communicated to residents receiving the items.

Fresh vegetables (salads, cucumbers) on the menu were substituted with cooked vegetables that were cooled and mixed with salad dressing for the texture modified menu. The therapeutic extension menu did not consistently identify what vegetables staff were to use (stated "vegetable for salad") and the type of

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vegetables was not communicated to residents at point of service when it differed from the regular texture menu.

The planned menu included salad with Balsamic salad dressing for the regular texture meal, however, included “vegetable for salad” for the texture modified meal. The vegetable was not specified nor communicated to residents through the posted daily or seven day menus.

The planned menu included a choice of cucumbers or Caesar salad for the regular texture meal, however, included “vegetables for salad” for both choices of the texture modified meal. The vegetable was not specified on production menus and was not communicated to residents through the posted menu or at point of service. [s. 73. (1) 1.]

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 with O.Reg. 79/10, s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 77. Food service workers, minimums

Specifically failed to comply with the following:

s. 77. (1) Every licensee of a long-term care home shall ensure that there are sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2) for,

(a) the preparation of resident meals and snacks; O. Reg. 79/10, s. 77 (1).

(b) the distribution and service of resident meals; O. Reg. 79/10, s. 77 (1).

(c) the receiving, storing and managing of the inventory of resident food and food service supplies; and O. Reg. 79/10, s. 77 (1).

(d) the daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service. O. Reg. 79/10, s. 77 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that there were sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2).

Based on a census of 132 residents (more than 97% occupancy), the home was required to provide 415.8 hours per week of Food Service Worker time. Due to multiple staff call ins and unfilled shifts the minimum number of Food Service Worker hours was not consistently being provided by the home.

The Food Services Supervisor (FSS) #137 confirmed there were significant staffing shortages and stated they had been working in the role of both Food Services Supervisor and Dietary Aide to fill many of the unfilled shifts. It is not clear from documentation that the minimum number of hours for the Food Service Supervisor role were also being completed as required. Shift hours worked in each role were not being recorded so Inspector #107 was unable to verify how many hours were being completed in each role.

Based on staffing schedules and shift hours provided to Inspector #107 for the period of August 1-December 31, 2019, the Inspector calculated the following shortages:

Week of August 19-25, 2019:

Total Food Service Worker hours provided = 402 hours

Short = 13.8 hours / week

Week of September 2-8, 2019:

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Total Food Service Worker hours provided = 370.24 hours
Short = 45.56 hours / week

Week of September 9-15, 2019:
Total Food Service Worker hours provided = 397 hours
Short = 18.8 hours / week

Week of September 16-22, 2019:
Total Food Service Worker hours provided = 400 hours
Short = 15.8 hours / week

Week of November 18-24, 2019:
Total Food Service Worker hours provided = 370 hours
Short = 45.8 hours / week

Week of November 25-December 1, 2019:
Total Food Service Worker hours provided = 384.25 hours
Short = 31.55 hours / week

Week of December 23-29, 2019:
Total Food Service Worker hours provided = 383 hours
Short = 32.8 hours / week.

During interview with Dietary Aides #136, #138, #135, #158, and #159, concerns were voiced about a shortage of Food Service Worker (FSW) hours resulting in difficulties completing advance preparation/preparation of menu items leading to menu changes, significant increases to daily duties to cover for staff shortages, and cleaning duties not being completed. All the above staff interviewed identified that the staffing shortages had been going on for a significant amount of time (months).

Documentation on the menu change forms reflected menu changes due to short staffing on three identified dates. The Food Services Supervisor #137 confirmed that not all menu changes had been recorded on the forms provided to Inspector #107.

Concerns were voiced through a Client Service Response form about the use of paper plates at meals. The Director of Culinary Services (#157) responded to the concern and documentation confirmed that paper plates were used when the

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home was short staffed. The Family Council meeting minutes also identified concerns with Food Service Worker staffing shortages resulting in meal substitutions and use of paper plates at meals.

The licensee failed to ensure that there were sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2), resulting in menu substitutions, serving meals on paper plates, and duties not being completed. [s. 77. (1)]

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 with O.Reg. 79/10, s. 77. (1) Every licensee of a long-term care home shall ensure that there are sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2), to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control
Specifically failed to comply with the following:**

**s. 88. (2) The licensee shall ensure that immediate action is taken to deal with
pests. O. Reg. 79/10, s. 88 (2).**

Findings/Faits saillants :

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(A2)

1. The licensee failed to ensure that immediate action was taken to deal with pests.

A complaint was made to the Director on a specified date, log #023440-19, regarding the licensee not taking appropriate action regarding pests.

A complaint was received that there were rats identified outside the facility by the garbage bins. The DES #110 provided a work order that was on the home's maintenance care log, which was where staff documented maintenance concerns. In an interview with the DES they confirmed that their service provider for pest control had set traps out which was approximately five days after the rats were identified.

In an interview with staff #131, #132 and #134, they confirmed that they had seen rats at times by the garbage bins within the past month and had reported this to the DES. In an interview with the DES they confirmed that they had been informed that there were sightings, but staff were not sure if they were rats, and since it was not in the maintenance care log, it was not immediately acted on.

The licensee failed to ensure that immediate action was taken to deal with pests.
[s. 88. (2)]

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 with O. Reg. 79/10, s. 88 (2) The licensee shall ensure that immediate action is taken to deal with pests, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 92. Designated lead — housekeeping, laundry, maintenance

Specifically failed to comply with the following:

- s. 92. (2) The designated lead must have,**
- (a) a post-secondary degree or diploma; O. Reg. 79/10, s. 92 (2).**
 - (b) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and O. Reg. 79/10, s. 92 (2).**
 - (c) a minimum of two years experience in a managerial or supervisory capacity. O. Reg. 79/10, s. 92 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the designated lead for an identified program had, (a) a post-secondary degree or diploma and a minimum of two years experience in a managerial or supervisory capacity.

During Ministry of Long-Term Care complaint inspection Log# 021814-19, Inspector #107 reviewed the qualifications of the person leading the identified program. The staff member in the position confirmed they did not have a post-secondary degree or diploma and the Executive Director confirmed that the person did not have a minimum of two years experience in a managerial or supervisory capacity at the time of hire.

The licensee failed to ensure that the lead for an identified program had, (a) a post-secondary degree or diploma and a minimum of two years experience in a managerial or supervisory capacity. [s. 92. (2)]

Issued on this 27th day of February, 2020 (A2)



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durée**

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

Original report signed by the inspector.