



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

**Rapport d'inspection  
prevue le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
Hamilton, ON L8P 4Y7

**Ministère de la Santé et des Soins de  
longue durée**

Telephone: 905-546-8294  
Facsimilie: 905-546-8255

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
August 13, 2010	2010-176-2853-13Aug133907	Complaint

**Licensee/Titulaire**

Liuna Local 837 Nursing Home (Hamilton) Corporation, 44 Hughson Street South, Hamilton, ON, L8N 2A7

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

Queen's Garden, 80 Queen St. N., Hamilton, ON, L8R 3P6

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

Bernadette Susnik, Environmental Inspector

**Inspection Summary/Sommaire d'inspection**

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

During the course of the inspection, the inspector spoke with the administrator, food services supervisor, environmental services supervisor, dietary aides and 1 resident.

During the course of the inspection, the inspector conducted an inspection of the kitchen, all 4 serveries and all 6 dining rooms.

The following Inspection Protocols were used in part or in whole during this inspection: Accommodation Services – Housekeeping.

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN



Ministry of Health and  
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des Soins de longue durée

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

Rapport  
d'inspection prévue  
le *Loi de 2007 les  
foyers de soins de  
longue durée*

**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with O.Reg. 79/10, s.87(2)(ii).

As part of the organized program of housekeeping under clause 15(1)(a) of the Act, the licensee shall ensure that procedures are developed and implemented for common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces.

**Findings:**

1. Appliances such as stoves and refrigerators had visible matter both on the inside and outside surfaces. One microwave in the 1<sup>st</sup> floor servery had a lot of visible matter stuck to the ceiling.
2. Floor surfaces in and around as well as under appliances and/or fixed equipment in all serveries and in the main kitchen noted to have accumulated matter or debris.
3. Wall and cabinet surfaces observed to have visible matter on them in serveries. Some dining rooms noted to have visible matter on the walls.

Required Compliance Date: August 27, 2010

Inspector ID #: 120

Signature of Licensee of Designated Representative  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

Aug 17/10 *B. Susnik*

Title: Date:

Date of Report (if different from date(s) of inspection).

**FAXED**  
Pg \_\_\_\_\_ Date Aug 17/10