



**Ministry of Health and Long-Term Care**

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

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

**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

Toronto Service Area Office  
5700 Yonge Street, 5th Floor  
TORONTO, ON, M2M-4K5  
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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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 13, 2013	2013_189120_0047	T-000203-13	Follow up

**Licensee/Titulaire de permis**

NORTH YORK GENERAL HOSPITAL  
4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1

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

SENIORS' HEALTH CENTRE  
2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3

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

BERNADETTE SUSNIK (120)

**Inspection Summary/Résumé de l'inspection**



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 17 and 18, 2013

An inspection was previously conducted on February 6, 13 and 14, 2013 at which time non-compliance was identified and Orders #001-007 issued. For this inspection, Orders #002, 003, 004 and 006 have been addressed and have been cleared. Order 005 and 007 have been partially addressed and are therefore being issued under new Orders. Order #001 remains outstanding.

During the course of the inspection, the inspector(s) spoke with the administrator, environmental services supervisor, director of care, infection control designate, maintenance and housekeeping staff.

During the course of the inspection, the inspector(s) toured the home, reviewed maintenance policies and procedures and service reports.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Infection Prevention and Control

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)

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

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 :**



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1. The home was not kept clean and sanitary on July 17, 2013. During an inspection previously conducted on February 6, 13 and 14, 2013, various areas of the home were identified to be inadequately cleaned and non-compliance was issued. During this inspection, most of the previously identified areas remained inadequately cleaned along with a few additional areas.

\* 4th floor lounge with kitchenette - The cabinet surfaces (mostly lower), counter top, dishwasher exterior and interior of the oven were visibly soiled.

\* 3rd floor Dining Room/lounge - Both sets of double doors that connect the corridor to the dining and lounge areas were both heavily soiled with dried food/liquid matter.

\* 3rd floor dining room/lounge - The white laminate cabinet above the hand sink had a visibly stained interior. The white laminate cabinet under the sink was heavily stained inside with a black substance (mould) along the back area. Walls were noted to be soiled under the servery window and under the nurse call pull station near the servery. Debris behind the fish tank on the floor.

\* G1 Dining Room - Visibly soiled walls noted throughout the room (more prominent beside tables 5, 9 and 10) and along baseboards. Soiling noted on both the interior and exterior cabinet surfaces(above and below hand sink).

\* G1 lounge - cabinet surfaces visibly soiled, sink stained, wall visibly soiled around perimeter of room and surface of mini fridge.

\* Some 4th floor resident washroom floors observed to be black with a heavy layer of dirt ground into the material.

\* Many resident rooms and the corridor walls located on G1 had visibly soiled walls.

\* G1 Soiled utility room had a clogged floor drain cover, soiled walls (behind the hopper and around the room) and soiled cabinet surfaces. Both soiled utility rooms on the 2nd floor had visibly soiled walls.

\* The main kitchen was observed to have accumulated debris in and behind the various stainless steel tables. [s.15(2)(a)]



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2. The home has not ensured that furnishings are maintained in a safe condition and in a good state of repair.

Order #001 was previously issued for an inspection conducted on February 6, 13 & 14, 2013 for night tables in a poor state of repair, thus potentially causing splinters should a person run their hand along the surface. Since that time, approximately 20 night tables have been replaced. However, additional night tables in poor repair remain in the home that have not been addressed in any way. Night tables were observed (i.e. 318) with cracked or splintered surfaces on the top surface. The home did not have any additional night tables in stock to replace the damaged ones and/or there were no plans in place to address, in the short term, what could be done to the night tables so that they are smooth, easy to clean and will not cause any potential injury. The environmental services supervisor confirmed that additional night tables have been requested but they have not been ordered. [s. 15(2)(c)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

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**Findings/Faits saillants :**

Hazardous substances, specifically liquid disinfectant (Germicide 1492) was not kept inaccessible to residents on July 17, 2013.

During a tour of soiled utility rooms in the home (2 on 1st floor, 2 on 2nd floor and 1 on 3rd floor), liquid disinfectant (considered hazardous when ingested) in a spray bottle was observed stored in the rooms inside of unlocked cabinets. The rooms were all found either ajar or unlocked and therefore residents had direct access to the disinfectant. [s.91]



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***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87.**

**Housekeeping**

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

**s. 87. (2) 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,**

**(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:**

**(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,**

**(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and**

**(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).**

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**Findings/Faits saillants :**



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1. Written procedures have not been developed for cleaning and disinfecting the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant and in accordance with prevailing practices;

- i) all resident care equipment such as bathing tubs, shower chairs, commode chairs, tub lift chairs and,
- ii) devices such as bed pans, urinals, wash basins and urine measures

Prevailing best practices for cleaning and disinfecting resident care equipment can be found in a document titled "Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013". Equipment that is communally shared is required to be cleaned and disinfected after each use and a minimum contact time of the disinfectant on all surfaces be allowed based on manufacturer's instructions. Procedures were not developed at the time of inspection for communally shared equipment.

The home had established some written directions (see below) for staff to clean and or disinfect devices such as bed pans and wash basins, however the directions lacked specific details to ensure that the devices were cleaned and/or disinfected as per both manufacturer's instructions and current recognized standards for the intended use of the device.

The infection control designate for the home developed a schedule for staff to collect devices from each floor once per month. The home has four floors and each floor would have a designated week for collection. The devices would be collected and sent to the hospital near the long term care home for cleaning and disinfection using mechanical equipment. In between these collections, the infection control designate developed two job routines or procedures for cleaning and disinfecting resident care devices such as basins, urinals and bed pans.

The first routine titled "Job Routine For Cleaning, Disinfecting and Sanitizing Basins, Bed Pans and Urinals" required that personal care workers wash the device after each use with soap and water and then spray disinfectant (Germicide 1492) on the surface and to leave it on for 7 minutes, rinse and return the device to the resident's room. The routine did not describe where the devices were to be washed (soiled utility sink, mechanical washer) and how the devices would be rinsed, dried and stored to prevent re-contamination.



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The second job routine titled "Job Routine For Cleaning Resident Care Articles Between Daily Care" did not clearly describe how and where the devices or articles would be cleaned (hopper, sink) and how disinfectant would be applied (sprayed, immersed). It identified that the devices were to be washed if visibly soiled (does not describe where and how) and did not describe how to process the devices if used for resident care but not visibly soiled.

Current best practices requires that all articles/devices used for daily care be thoroughly cleaned between use (if returned to the same resident) and cleaned and disinfected between use if the devices are not returned to the same resident. The manufacturer's specifications for Germicide 1492 requires that immersible items be submerged when washed for at least 10 minutes or submerged for disinfection for at least 10 minutes. The product use instructions for the above product did not identify that spraying was not an option for immersible items (small items such as wash basins). The instructions were very limited and the infection control designate would be required to contact the manufacturer for further directions. [s.87(2)(b)]

***Additional Required Actions:***

***CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #4: 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).**

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**Findings/Faits saillants :**





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Immediate action to deal with pests, specifically Phorid flies, has not been taken.

During the tour of the home on both July 17 and 18, 2013, Phorid flies were observed to be flying around in resident rooms, lounges and dining rooms on each of the four floors. When the main kitchen was toured, numerous Phorid flies were observed in the kitchen, in and around areas where water is consistently present such as dishwashers and sinks. Flooring was observed to be very wet under the equipment from small leaks and staff activity. Phorid flies breed in wet areas. Floor drains in the vicinity of these water sources were inspected and drain covers removed. Gelatinous colonies were observed on the interior surfaces of at least two of the floor drains inspected. Phorid flies generate gelatinous coatings to protect their eggs. Failure to adequately scrub the interior of the floor drains and to ensure they are kept free of eggs will create an adult fly problem, which was evident in the kitchen.

According to the food services supervisor, clouds of Phorid flies were seen on July 16, 2013 in and around a two door stainless steel fridge and both dish washers and a sink area. According to the maintenance person, drains have been cleaned monthly by the pest control contractor for at least the last few months. A pesticide foam was also injected into the drains once per month. However these efforts have not been evaluated to determine if actions are effective in curtailing the propagation of the flies which have spread throughout the building. The drains require cleaning as often as necessary to prevent flies from laying their eggs, which has not been done.

Pesticides are not effective if drain and kitchen sanitation is not adequate. Often times when an infestation is ongoing as it has been in this case, the infrastructure of the pipes under the kitchen need to be evaluated to determine if any cracks or leaks are occurring or if there is a cracked or broken sewer line. In many cases the floor must be removed and the pipe repaired and the soil around the break has to be removed. [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 to ensure that immediate action to deal with pests is taken, to be implemented voluntarily.***



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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,**

**(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

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**Findings/Faits saillants :**



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The maintenance services program does not have schedules and procedures in place for routine and preventive maintenance for elevators, bathing tubs, window blinds, baseboard heaters, furnishings and plumbing fixtures.

The home's maintenance staff are required to follow daily, monthly and annual check lists which are designed to manage building operational systems (such as heating, air conditioning, hot water, etc.). Specific furnishings, equipment and building surfaces are covered under the Physical Plant Audit checklist.

The home's policy #XVII-E-60 dated February 2006 titled "Physical Plant Audit" requires that the Environmental Services Manager or designate "complete the Physical Plant Audit checklist monthly, noting any areas of concern and develop an action plan for repair". The checklist does not include the various surfaces, equipment, plumbing and furnishings that are found in lounges, dining rooms, utility rooms, corridors and other areas of the home that require monitoring to ensure that the home is maintained in good condition.

- A) The home's monthly, daily and yearly logs did not include the monitoring of the elevators. No procedure was available in the home at the time of inspection with respect to what elevator components or systems will be monitored, who will monitor them and how often.
- B) The home's monthly log requires that the bathing tubs be checked, but no procedure was available to determine what needs to be inspected and how. The physical plant audit form that was available was not developed for the type of tubs found in the home. The home had all of their tubs inspected in June and July 2013 by an external contracted service, however the inspection is only conducted annually.
- C) The home's monthly physical plant audit form does not address electric baseboard heaters and no procedure was available to determine what components need to be monitored for condition and safety.
- D) The home's monthly physical plant audit form required that night tables "shut properly" and that "handles are intact" but did not address condition issues such as cracks, chips, flaking, peeling, water damage etc. No procedure was available to ensure night tables are maintained in good condition.
- E) The home's monthly physical plant audit form did not address the condition of window coverings and no procedure was available to determine how to determine if blinds are in poor repair.
- F) The home's monthly physical plant audit form required that sinks in kitchenettes,



utility rooms, staff bathrooms, and resident bathrooms are working and not leaking, but did not address the condition of plumbing fixtures (taps, faucets, spigots, hoppers, sinks) such as pitting, flaking or scale accumulation. No procedure was available to determine how plumbing fixtures will be managed to keep them free of scale and in good condition.

G) The home's monthly physical plant audit form identifies surfaces such as walls, floors and ceilings in resident rooms and washrooms, but not in soiled utility rooms, lounges and dining rooms. No procedure was available to determine what conditions need to be evaluated when determining whether these surfaces need to be addressed in any way. [s. 90(1)(b)]

**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 procedures for routine, preventive and remedial maintenance is established for the elevators, bathing tubs, window blinds, furnishings, electric baseboard heaters, plumbing fixtures and wall and flooring surfaces., to be implemented voluntarily.***

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

<b>COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:</b>			
<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #003	2013_189120_0013	120
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #004	2013_189120_0013	120
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #005	2013_189120_0013	120



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LTCHA, 2007 S.O. 2007, c.8 s. 86. (2)	CO #007	2013_189120_0013	120
O.Reg 79/10 s. 90. (1)	CO #002	2013_189120_0013	120
O.Reg 79/10 s. 90. (1)	CO #006	2013_189120_0013	120

**Issued on this 13th day of August, 2013**

<b>Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs</b>
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Ministry of Health and  
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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

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

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

**Inspection No. /**

**No de l'inspection :** 2013\_189120\_0047

**Log No. /**

**Registre no:** T-000203-13

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Aug 13, 2013

**Licensee /**

**Titulaire de permis :** NORTH YORK GENERAL HOSPITAL  
4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1

**LTC Home /**

**Foyer de SLD :** SENIORS' HEALTH CENTRE  
2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Sara Rooney

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To NORTH YORK GENERAL HOSPITAL, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2013\_189120\_0013, CO #001;

**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 that summarizes at a minimum the following;

1. Short term actions to address all night tables that are splintered or cracked.
2. Long term actions to ensure that all night tables are maintained in good condition.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or email to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by August 30, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before expiration of the original compliance date.

**Grounds / Motifs :**





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**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

1. The home has not ensured that furnishings are maintained in a safe condition and in a good state of repair.

Order #001 was previously issued for an inspection conducted on February 6, 13 & 14, 2013 for night tables in a poor state of repair, thus potentially causing splinters should a person run their hand along the surface. Since that time, approximately 20 night tables have been replaced. However, additional night tables in poor repair remain in the home that have not been addressed in any way. Night tables were observed (i.e. 318) with cracked or splintered surfaces on the top surface. The home did not have any additional night tables in stock to replace the damaged ones and/or there were no plans in place to address, in the short term, what could be done to the night tables so that they are smooth, easy to clean and will not cause any potential injury. The environmental services supervisor confirmed that additional night tables have been requested but they have not been ordered. (120)

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

**Vous devez vous conformer à cet ordre d'ici le : Aug 30, 2013**



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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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**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 that summarizes how they intend to ensure that all identified areas are being monitored for cleanliness and that areas identified are cleaned in a timely manner.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or email to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by August 30, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before expiration of the original compliance date.

**Grounds / Motifs :**

1. The home was not kept clean and sanitary on July 17, 2013. During an inspection previously conducted on February 6, 13 and 14, 2013, various areas of the home were identified to be inadequately cleaned and non-compliance was issued. During this inspection, most of the previously identified areas remained inadequately cleaned along with a few additional areas.

\* 4th floor lounge with kitchenette - The cabinet surfaces (mostly lower), counter top, dishwasher exterior and interior of the oven were visibly soiled.

\* 3rd floor Dining Room/lounge - Both sets of double doors that connect the



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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*

corridor to the dining and lounge areas were both heavily soiled with dried food/liquid matter.

- \* 3rd floor dining room/lounge - The white laminate cabinet above the hand sink had a visibly stained interior. The white laminate cabinet under the sink was heavily stained inside with a black substance (mould) along the back area. Walls were noted to be soiled under the servery window and under the nurse call pull station near the servery. Debris behind the fish tank on the floor.
- \* G1 Dining Room - Visibly soiled walls noted throughout the room (more prominent beside tables 5, 9 and 10) and along baseboards. Soiling noted on both the interior and exterior cabinet surfaces(above and below hand sink).
- \* G1 lounge - cabinet surfaces visibly soiled, sink stained, wall visibly soiled around perimeter of room and surface of mini fridge.
- \* Some 4th floor resident washroom floors observed to be black with a heavy layer of dirt ground into the material.
- \* Many resident rooms and the corridor walls located on G1 had visibly soiled walls.
- \* G1 Soiled utility room had a clogged floor drain cover, soiled walls (behind the hopper and around the room) and soiled cabinet surfaces. Both soiled utility rooms on the 2nd floor had visibly soiled walls.
- \* The main kitchen was observed to have accumulated debris in and behind the various stainless steel tables. (120)

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

**Vous devez vous conformer à cet ordre d'ici le :** Aug 30, 2013



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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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**Order # /**  
**Ordre no :** 003      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan that summarizes how they will ensure that all hazardous substances are kept inaccessible to residents.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or email to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by August 30, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before expiration of the original compliance date.

**Grounds / Motifs :**

1. Hazardous substances, specifically liquid disinfectant was not kept inaccessible to residents on July 17, 2013.

During a tour of soiled utility rooms in the home (2 on 1st floor, 2 on 2nd floor and 1 on 3rd floor), liquid disinfectant in a spray bottle was observed stored in the rooms inside of unlocked cabinets. The rooms were all found either ajar or unlocked and therefore residents had direct access to the disinfectant.

(120)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Aug 30, 2013



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**Order # /**

**Ordre no :** 004

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 87. (2) 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,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

**Order / Ordre :**



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The licensee shall develop, submit and implement;

1. Procedures for the cleaning and disinfection of personal care articles and communal equipment in accordance with prevailing best practices.
2. A summary of when all staff involved in using personal care articles and communal equipment will have received training and orientation regarding the cleaning and disinfection procedures.
3. A summary of how the cleaning and disinfection program will be monitored to ensure that the procedures are being implemented.

The plan and any cleaning and disinfection procedures shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or email to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by August 30, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before expiration of the original compliance date.

**Grounds / Motifs :**

1. Written procedures have not been developed for cleaning and disinfecting the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant and in accordance with prevailing practices;

- i) all resident care equipment such as bathing tubs, shower chairs, commode chairs, tub lift chairs and,
- ii) devices such as bed pans, urinals, wash basins and urine measures

Prevailing best practices for cleaning and disinfecting resident care equipment can be found in a document titled "Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013". Equipment that is communally shared is required to be cleaned and disinfected after each use and a minimum contact time of the disinfectant on all surfaces be allowed based on manufacturer's instructions. Procedures were not developed at the time of inspection for communally shared equipment.

The home had established some written directions (see below) for staff to clean and or disinfect devices such as bed pans and wash basins, however the directions lacked specific details to ensure that the devices were cleaned and



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disinfected as per both manufacturer's instructions and current recognized standards for the intended use of the device.

The infection control designate for the home developed a schedule for staff to collect devices from each floor once per month. The home has four floors and each floor would have a designated week. The devices would be collected and sent to the hospital near the long term care home for cleaning and disinfection using mechanical equipment. In between these collections, the infection control designate developed two job routines or procedures for cleaning and disinfecting resident care devices such as basins, urinals and bed pans.

The first routine titled "Job Routine For Cleaning, Disinfecting and Sanitizing Basins, Bed Pans and Urinals" required that personal care workers wash the device after each use with soap and water and then spray disinfectant (Germicide 1492) on the surface, rinse and return the device to the resident's room. The routine did not describe where the devices were to be washed (soiled utility sink, mechanical washer etc), how the disinfectant was to be applied (sprayed, submerged) and how the devices would be rinsed (if necessary), dried and stored to prevent re-contamination.

The second job routine titled "Job Routine For Cleaning Resident Care Articles Between Daily Care" did not clearly describe how and where the devices or articles would be cleaned (hopper, sink) and how disinfectant would be applied (sprayed, immersed). It identified that the devices were to be washed if visibly soiled (does not describe where and how) and did not describe how to process the devices if used for resident care but not visibly soiled.

Best practices requires that all articles/devices used for daily care be cleaned and disinfected between use, whether visibly soiled or not and that specific procedures are followed based on manufacturer's instructions and best practices.

The manufacturer's specifications for Germicide 1492 requires that immersible items be submerged when washed for at least 10 minutes or submerged for disinfection for at least 10 minutes. The product use instructions for the above product did not identify that spraying was not an option for immersible items (small items such as wash basins). The instructions were very limited and the infection control designate would be required to contact the manufacture to



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determine if the product is suitable for the devices used in the home. (120)

**This order must be complied with by /  
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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  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
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](http://www.hsarb.on.ca).



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
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<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
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](http://www.hsarb.on.ca).

**Issued on this 13th day of August, 2013**

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

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

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