



**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**

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

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**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>
May 10, 2017	2017_418615_0010	006860-17	Resident Quality Inspection

---

**Licensee/Titulaire de permis**

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

---

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

TILBURY MANOR NURSING HOME  
16 FORT STREET P.O. BOX 160 TILBURY ON N0P 2L0

---

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

HELENE DESABRAIS (615), CAROLEE MILLINER (144), DEBRA CHURCHER (670)

---

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

---



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

**This inspection was conducted on the following date(s): April 3, 4, 5, 6, 7 and 10, 2017.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Resident Care, the Office Manager, the Recreation Manager, the Environmental Services Manager (ESM), the Resident Assessment Instrument (RAI) Coordinator, four Registered Nurses (RN), one Registered Dietician, eight Registered Practical Nurses (RPN), three housekeeping staff, nine Personal Support Workers (PSW), the Resident's Council President, one Family Council representative, residents and families.**

**During the course of the inspection, the inspector(s) toured the resident home areas and common areas, medication rooms, observed resident care provision, resident/staff interactions, dining services, medication administration, medication storage areas, reviewed relevant resident clinical records, posting of required information, relevant policies and procedures and observed general maintenance and cleaning of the home.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Contenance 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  
Nutrition and Hydration  
Personal Support Services  
Residents' Council  
Skin and Wound Care**



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

6 WN(s)  
2 VPC(s)  
2 CO(s)  
0 DR(s)  
0 WAO(s)

### 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 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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

On a specific date, a housekeeping staff was observed cleaning a resident's room with gloves on and then entered another resident's room without changing the gloves or completing hand hygiene. The housekeeping staff stated that the home's expectation was that gloves should be removed and hand hygiene would be completed in between resident rooms.

A review of the home's policy number LTC-ICM-G-10.10 "Hand Hygiene", dated April 2016 stated to use alcohol based hand rub "Before entering a resident's room. Before exiting a resident's room".

During an interview, the DRC stated that the home's expectation related to hand hygiene would be that housekeeping staff would change gloves and perform hand hygiene in between residents room, if not a private room, and when exiting the room. [s. 229. (4)]

2. On a specific date, during the medication pass in the dining room area, it was observed that an RPN was administrating medication to residents without washing hands in between.

Review of the home's policy 3-6 "The Medication Pass" dated February 2017 stated "Procedure: conduct hand hygiene then prepare medications".

During an interview on a specific date, an RPN stated that they forgot to wash hands for the insulin administration of a resident. They later shared that they forgot to wash hands during the medication pass in between residents. The RPN stated that the home's expectation was that hand hygiene should be completed in between resident's



medication administration and care.

During an interview, the Administrator and DRC stated that the home's expectation is that staff washes their hands when giving medication in between residents to prevent infection control.

The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program by not washing their hands in between residents' care.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was determined to be a pattern during the course of this inspection. There was a compliance history of this legislation being issued in the home on June 14, 2015 as a Compliance Order (CO) in a Resident Quality Inspection #2015\_216144\_0035. [s. 229. (4)]

***Additional Required Actions:***

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

---

**WN #2: The Licensee has failed to comply with 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 has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.**



The Bed Listing and Entrapment Evaluation record for June 20, 2016, to June 22, 2016, was reviewed by the ESM and an Inspector. The report stated that the bed mattress for a resident was worn and that a new mattress was needed and ordered. The ESM and Inspector observed the mattress that was currently being used by a resident and observed that the mattress had not been replaced and the blue coloured mattress lining near the foot of the bed had faded to white and had thinned. The ESM stated that they copied the above report for the DRC and that the DRC was responsible for ordering mattresses for the residents.

During an interview, the DRC stated that they had received a copy of the Bed Listing and Entrapment Evaluation record from the ESM on a specific date, that they did not view the bed mattress for a resident after reviewing the report and that a new bed mattress had not been ordered for the resident.

During an interview, the DRC stated that a bed mattress for the resident was ordered and scheduled for delivery to the home on a specific date. [s. 15. (2) (c)]

2. During the initial tour of the home, and on two different days, several residents' room and common areas were observed not to be in a good state of repair, the following were observed:

- Lower walls, doors and frames damaged, paint chipped, with black marks, with holes, cracked, plastered and not painted, screws sticking out of the wall.
- Baseboards missing, door knob not fixed properly,
- Ceiling vent trap with no cover/grid and/or dust, ceiling light fixtures broken and/or rusted, ceiling tiles with water stains, ceiling lights with dead insects or no plastic covers, ceiling with holes,
- Radiators cover damaged, rusted and/or with black marks,
- Toilets and sinks water pipe cover plate corroded, caulking at bottom of toilet corroded, toilet safety handles rusted,
- Windows damaged,
- Cable cords hanging, cable outlet not covered exposing wire, metal wires hanging from ceiling,
- Floor tiles chipped, stained, missing and/or damaged.

A review of the home policy #ES-VIII\_175, dated July 2013, stated "All resident rooms must be inspected thoroughly for preventive maintenance annually. Procedure: The environmental services manager/maintenance technician will: Divide the number of



rooms equally over the year and note the month the inspection is to be completed. Use the Resident Room Inspection (Form ES 012) as the preventative maintenance checklist. Prepare action plan for necessary repairs. Log all current year information in Binder C4."

During a tour of the home on a specific date, the Administrator and two Inspectors visited the resident rooms and common areas of the home identified as having maintenance issues. The Administrator acknowledged that common areas and resident rooms were not in a good state of repair. The Administrator stated that the ESM cleaned the ceiling light of insects during the weekend. The Administrator contacted the ESM by telephone on this day and, the ESM stated that resident rooms inspections for preventative maintenance were not completed and repairs were completed when needed.

The licensee failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair in resident rooms and resident common areas of the home.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was determined to be widespread during the course of this inspection. There was a compliance history of this legislation being issued in the home on June 19, 2014 as a Voluntary Plan of Correction (VPC) in a Resident Quality Inspection #2014\_257518\_0031. [s. 15. (2) (c)]

***Additional Required Actions:***

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

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

During the initial tour of the home and two different days, several resident common areas and resident rooms were observed not to be in a good state of repair.

A review of the home's documentation showed that the home had a preventative maintenance program in place.

A review of the home policy #ES-VIII\_175, dated July 2013, stated "All resident rooms must be inspected thoroughly for preventive maintenance annually. Procedure: The environmental services manager/maintenance technician will: Divide the number of rooms equally over the year and note the month the inspection is to be completed. Use the Resident Room Inspection (Form ES 012) as the preventative maintenance checklist. Prepare action plan for necessary repairs. Log all current year information in Binder C4."

During a tour of the home, on a specific date, the Administrator and two Inspectors visited the inspected resident rooms and common areas of the home. The Administrator stated that the inspected resident common areas and resident rooms were not in a good state of repair. The Administrator stated that the home had a preventative maintenance program in place. The Administrator acknowledged that the ESM was not completing resident rooms inspections for preventative maintenance and that the home's expectation would to follow the home's policy.

The severity was determined to be a level 1 as there was minimal harm or potential for actual harm. The scope of this issue was determined to be isolated during the course of this inspection. There was a compliance history of this legislation being issued in the home on June 19, 2014 as a Voluntary Plan of Correction (VPC) in a Resident Quality Inspection #2014\_257518\_0031. [s. 8.]





***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 ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.***

---

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails  
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that where bed rails were used, steps were taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

During stage 1 of the Resident Quality Inspection, bed sides rails triggered as a potential restraint for residents.

The Bed Listing and Entrapment Evaluation record for June 20, 2016, to June 22, 2016, was reviewed by the ESM and an Inspector. The report stated that zone 4 of a resident's bed side rails and the bed side rails of ten other identified resident beds failed the entrapment evaluation and that Kit #71 needed to be installed on the bed rails to prevent potential bed entrapment.

During an interview, the ESM stated that the DRC was responsible for ordering the Kit #71 appliance for resident bed rails and that the kits had been ordered after the resident bed evaluations were completed in June 2016.

During an interview, the ESM stated there had been no alterations completed on a resident's bed rails and the bed rails of ten other identified residents beds to prevent potential bed entrapment.

During an interview, the DRC stated that there had been a communication mishap and that ten Kit #71's were ordered on this date, April 6, 2017, and that they would be delivered to the home the following week.

During an interview, the ESM stated that they were able to locate Kit #71's locally and that the appliance was installed on the bed of the resident and all other identified beds that had failed zone 4 during the Bed Listing and Entrapment Evaluation.

Both the ESM and DRC stated that the home's expectation was that where bed rails were used, steps were taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was determined to be widespread during the course of this inspection. There was a compliance history of this legislation being issued in the home on June 19, 2014 as a Voluntary Plan of Correction (VPC) in a Resident Quality Inspection #2014\_257518\_0031. [s. 15. (1) (b)]



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

***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 where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, to be implemented voluntarily.***

---

**WN #5: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the plan of care was based on an assessment of the resident and the resident's needs and preferences.

A review of a resident's continence assessment stated the specific resident's current bladder continence status.

A review of the resident's Minimum Data Set (MDS) and the resident's care plan stated two different things related to the resident's bladder continence.

During observation and an interview with the resident they stated their bladder continence status and needs.

During an interview, two PSWs stated the resident's current bladder status and interventions.

During an interview, the RAI Coordinator stated that the Minimum Data Systems (MDS) assessment and the continence assessment completed for the resident, both stated the resident's bladder status and needs, which differed from the care plan. The RAI Coordinator acknowledged that the plan of care of the resident should be reflective of an assessment of the resident and the resident's need and preferences.

During an interview, the Administrator shared that it was the home's expectation that the plan of care of the resident should be reflective of an assessment of the resident and the resident's need and preferences.

The severity was determined to be a level 1 as there was minimum risk. The scope of this issue was determined to be isolated during the course of this inspection. There was no compliance history of this legislation being issued in the home. [s. 6. (2)]

---

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.  
Satisfaction survey**



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

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home had sought the advice of the Family Council in developing and carrying out the satisfaction survey.

During an interview, the Family Council representative stated that the Family Council did not participate in developing the resident satisfaction survey.

A record review of the Family Council minutes did not reflect the participation of the council in developing the resident satisfaction survey.

During an interview, the Administrator and the Recreation Manager, acknowledged that the home did not seek advice from the Family Council in the development of the 2016 resident satisfaction survey. [s. 85. (3)]

---

**Issued on this 24th day of May, 2017**

**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*

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du public**

---

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

**Nom de l'inspecteur (No) :** HELENE DESABRAIS (615), CAROLEE MILLINER  
(144), DEBRA CHURCHER (670)

**Inspection No. /**

**No de l'inspection :** 2017\_418615\_0010

**Log No. /**

**Registre no:** 006860-17

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** May 10, 2017

**Licensee /**

**Titulaire de permis :** DIVERSICARE CANADA MANAGEMENT SERVICES  
CO., INC  
2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA,  
ON, L5N-2X4

**LTC Home /**

**Foyer de SLD :** TILBURY MANOR NURSING HOME  
16 FORT STREET, P.O. BOX 160, TILBURY, ON,  
N0P-2L0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Jennifer Middleton



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

To DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC, you are hereby  
required to comply with the following order(s) by the date(s) set out below:



**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 :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee must take action to achieve compliance by:

a) a plan submitted to the Ministry related to staff education on hand hygiene and infection control practices by May 17, 2017, and;

b) the education on hand hygiene and infection control practices sessions with the attendance record of all staff.

**Grounds / Motifs :**

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

On a specific date, a housekeeping staff was observed cleaning a resident's room with gloves on and then entered another resident's room without changing the gloves or completing hand hygiene. The housekeeping staff stated that the home's expectation was that gloves should be removed and hand hygiene would be completed in between resident rooms.

A review of the home's policy number LTC-ICM-G-10.10 "Hand Hygiene", dated April 2016 stated to use alcohol based hand rub "Before entering a resident's room. Before exiting a resident's room".

During an interview, the DRC stated that the home's expectation related to hand hygiene would be that housekeeping staff would change gloves and perform hand hygiene in between residents room, if not a private room, and when exiting the room. [s. 229. (4)]

(615)





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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

2. On a specific date, during the medication pass in the dining room area, it was observed that an RPN was administrating medication to residents without washing hands in between.

Review of the home's policy 3-6 "The Medication Pass" dated February 2017 stated "Procedure: conduct hand hygiene then prepare medications".

During an interview on a specific date, an RPN stated that they forgot to wash hands for the insulin administration of a resident. They later shared that they forgot to wash hands during the medication pass in between residents. The RPN stated that the home's expectation was that hand hygiene should be completed in between resident's medication administration and care.

During an interview, the Administrator and DRC stated that the home's expectation is that staff washes their hands when giving medication in between residents to prevent infection control.

The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program by not washing their hands in between residents' care.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was determined to be a pattern during the course of this inspection. There was a compliance history of this legislation being issued in the home on June 14, 2015 as a Compliance Order (CO) in a Resident Quality Inspection #2015\_216144\_0035. (670)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jun 06, 2017



---

**Order # /**  
**Ordre no :** 002      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;  
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

**Order / Ordre :**

The licensee must take action to achieve compliance by:

- a) Implementing their Preventative Maintenance program to ensure schedules are in place for routine, preventative and remedial maintenance, and;
- b) Ensuring that maintenance inspections are completed and documented in accordance with the home's policy, and;
- c) Ensuring an action plan based on the identifies deficiencies is documented, monitored and evaluated for completion.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

The Bed Listing and Entrapment Evaluation record for June 20, 2016, to June 22, 2016, was reviewed by the ESM and an Inspector. The report stated that the bed mattress for a resident was worn and that a new mattress was needed and ordered. The ESM and Inspector observed the mattress that was currently being used by a resident and observed that the mattress had not been replaced and the blue coloured mattress lining near the foot of the bed had faded to white and had thinned. The ESM stated that they copied the above report for the DRC and that the DRC was responsible for ordering mattresses for the residents.

During an interview, the DRC stated that they had received a copy of the Bed Listing and Entrapment Evaluation record from the ESM on a specific date, that they did not view the bed mattress for a resident after reviewing the report and that a new bed mattress had not been ordered for the resident.

During an interview, the DRC stated that a bed mattress for the resident was ordered and scheduled for delivery to the home on a specific date. [s. 15. (2) (c)]

(615)

2. During the initial tour of the home, and on two different days, several residents' room and common areas were observed not to be in a good state of repair, the following were observed:

- Lower walls, doors and frames damaged, paint chipped, with black marks, with holes, cracked, plastered and not painted, screws sticking out of the wall.
- Baseboards missing, door knob not fixed properly,
- Ceiling vent trap with no cover/grid and/or dust, ceiling light fixtures broken and/or rusted, ceiling tiles with water stains, ceiling lights with dead insects or no plastic covers, ceiling with holes,
- Radiators cover damaged, rusted and/or with black marks,
- Toilets and sinks water pipe cover plate corroded, caulking at bottom of toilet corroded, toilet safety handles rusted,
- Windows damaged,
- Cable cords hanging, cable outlet not covered exposing wire, metal wires hanging from ceiling,
- Floor tiles chipped, stained, missing and/or damaged.

A review of the home policy #ES-VIII\_175, dated July 2013, stated "All resident rooms must be inspected thoroughly for preventive maintenance annually. Procedure: The environmental services manager/maintenance technician will: Divide the number of rooms equally over the year and note the month the inspection is to be completed. Use the Resident Room Inspection (Form ES 012) as the preventative maintenance checklist. Prepare action plan for necessary repairs. Log all current year information in Binder C4."

During a tour of the home on a specific date, the Administrator and two Inspectors visited the resident rooms and common areas of the home identified



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

as having maintenance issues. The Administrator acknowledged that common areas and resident rooms were not in a good state of repair. The Administrator stated that the ESM cleaned the ceiling light of insects during the weekend. The Administrator contacted the ESM by telephone on this day and, the ESM stated that resident rooms inspections for preventative maintenance were not completed and repairs were completed when needed.

The licensee failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair in resident rooms and resident common areas of the home.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was determined to be widespread during the course of this inspection. There was a compliance history of this legislation being issued in the home on June 19, 2014 as a Voluntary Plan of Correction (VPC) in a Resident Quality Inspection #2014\_257518\_0031. [s. 15. (2) (c)] (144)

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

**Vous devez vous conformer à cet ordre d'ici le : May 23, 2017**



**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  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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  
Long-Term Care Inspections 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).



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

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

## **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  
Inspection de soins de longue durée  
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.



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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  
Inspection de soins de longue durée  
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 10th day of May, 2017**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Helene Desabrais

**Service Area Office /**

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