



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

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

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

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 4, 2014	2014_347197_0025	O-001063-14	Resident Quality Inspection

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST UNIT 12 PETERBOROUGH ON K9K 2M9

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

WEST LAKE TERRACE
1673 COUNTY ROAD, 12 R. R. #1 PICTON ON K0K 2T0

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

JESSICA PATTISON (197), BARBARA ROBINSON (572), SUSAN DONNAN (531),
WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection



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

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Loi de 2007 sur les foyers de
soins de longue durée**

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

This inspection was conducted on the following date(s): October 20-24 and 27-30, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the RAI Coordinator, Registered Nurses, Registered Practical Nurses, Personal Support Workers, the Nutritional Care Manager, Housekeeping, Maintenance and Laundry staff, the Life Enrichment Coordinator, the Residents' Council President, residents and family members of residents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**

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

**7 WN(s)
2 VPC(s)
1 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>Legendé</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 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 comply with LTCHA 2007, s. 15(2)(c) in that they did not ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The following observations were made by inspectors during the course of the Resident Quality Inspection (October 20-30, 2014) and constitute potential risk related to infection control and resident safety:

Room 101

- clothes wardrobe in disrepair, finish peeling along the outside door
- bathroom door frame is scarred, chipped and exposing metal
- wooden bathroom and bedroom doors are heavily scarred and chipped
- hole in bathroom wall by towel rack

Room 102

- clothes wardrobe scarred and damaged, piece missing
- bathroom door frame scarred, wood chipped out of door
- circulation fan in bathroom noisy and rattles
- wooden bedroom door scarred

Room 103

- bathroom door frame chipped scarred exposing steel frame material
- 3 patched drywall areas on the bathroom wall, unfinished
- hand rails have some rust at the base.
- cracks in silicone seal above the sink
- bathroom door scarred and chipped edge of the bedroom door is chipped, paint



splattered

- ceiling fan is semi detached from the base leaving a gap in the ceiling
- the noise from the ceiling fan causes a loud propelling type noise, residents that occupy this room leave the fan on as there is a strong offensive, musty odour in the bathroom

Room 104

- bathroom and bedroom doors scarred and chipped
- bathroom door frame damaged exposing metal
- baseboard paint chipped
- rust in the sink around the outlet drain

Room 105

- paint chipped on door and door frame, scuff marks

Room 106

- paint chipped and marks on doors and door frames

Room 108

- chipped paint on walls
- chipped paint and scarring on doors and door frames

Room 109

- paint chipped on wall above sink
- paint chipped and scarring on doors and door frames

Room 111

- scarring on bathroom door and door frame
- marks on tile behind toilet
- paint chipped on resident's bedside dresser

Room 112

- paint chipped on walls
- scarring on doors and door frames
- marks on floor tiles

Room 114

- marks on bathroom floor, dark debris around sink faucet
- chipped paint on doors and door frames



Room 115

- dark debris around sink faucet

Room 116

- dark debris around sink faucet
- rusty grab bar across from toilet in bathroom

Room 117

- scarring around bathroom door frame and on door
- drywall damage on corner just outside bathroom door
- corner of resident's wardrobe very worn, finish chipped off

Room 118

- dark debris around bathroom faucet

Room 119

- scarring on bathroom door

Tub/Shower room:

- a white scale build-up on the walk in tub control panel and electronic temperature gauges
- temperature gauge is not operational and semi-detached from the electronic board
- build up of white scale along the back of the tub and along the side grab bars
- water pooling underneath both the whirlpool and walk in tub
- a manual blue thermometer hangs behind the walk in tub covered with white scale
- rust on the floor surrounding the legs of the walk in tub and along the back wall below the whirlpool tub
- floor drain underneath the whirlpool also has white scale build-up and appears to have been repaired with duct tape surrounding the drain pipe that attaches into the floor
- rust and corrosion on the steel base of the whirlpool tub
- constant drip from the tap in the whirlpool and a 12 inch rust mark on the interior of the tub just below the control panel under the tap
- hard water scale on the outlet drain on the floor
- walk in shower stall has rust six inches from the left hand bottom corner, bottom left wall at the base and on the tub room floor in front of the shower
- the black shelf that contains individual boxed resident nail clippers is covered in hard water scale on the outside of the shelf and on the inside box sliding shelves



-the entrance door frame into the tub room is scarred, paint chipped on both sides

C&D wing:

- ceiling tiles at both ends surrounding the HVAC ceiling inlet vents are covered in a thick black dust like matter
- there is a wooden stick in between the slats of the east vent to keep it open
- the HVAC fan is not in operation at the time of observation (October 28, 2014)
- there are two water stained ceiling tiles at the far end of the wing

Dining room

- small back dining area left wooden wall is heavily scarred on the left wall, wood is badly chipped and gouged
- on the floor there are black scuff and cut marks in the tile
- the vinyl floor trim is detached from the floor leaving a crack between the floor and the trim, which is filled with a black debris
- entrance to the main dining room from the small back dining room - the corner drywall is damaged exposing metal bead
- front main dining room entrance the left side of the entrance corners scarred and paint chipped
- 6" base board wood trim is chipped
- recent water damaged area approximately 12x6 of the ceiling above the nurses station, it remains wet, open and detached from ceiling

In an interview on October 28, 2014, staff member #S104 confirmed and acknowledged the following:

- that the build up of hard water scale has damaged the tub electronic boards,
- that the drain outlet has been "McGivared" with duct/plumber tape,
- water inlet taps drip constantly causing scale on the front interior of the whirlpool tub,
- half the roof surrounding the nurses station requires replacing and that the ceiling tiles in C/D wing need replacing
- the HVAC system is currently not functioning

Staff member #S104 also confirms that currently the preventive maintenance consists of routine checklists and repairing the items in the maintenance communication book. Staff member #S104 stated that he is in the home 39 hours every two weeks and that there is no time or funding in the budget for preventative maintenance.

On October 27, 2014, housekeeping staff member #S101 stated that the tub room is deep cleaned every 7 weeks and the Administrator stated that maintenance descales the



tub room every 6 months.

Maintenance staff member #S104 stated on October 28, 2014 that he does not have anything to do with cleaning the tubs and/or descaling every 6 months

On October 28th, 2014, the Administrator confirmed knowledge of the areas of disrepair and that they are documented and forwarded annually to corporate office for approval and implementation. The Administrator confirms that corporate office is aware of the areas requiring repair. [s. 15. (2) (c)]

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 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,

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

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 87(2)(d) in that incidents of lingering offensive odours were not addressed.

During the course of the inspection on October 20, 21, 22, 23, 24, 27, 28, and 29 inspectors identified lingering offensive odours in the following resident shared bathrooms in the morning after cleaning, and again in the afternoon.

Room #104: strong, lingering offensive urine odour in shared bathroom

Room #119: strong, lingering offensive urine odour in shared bathroom

Room #121: lingering urine odor in shared bathroom

Room #102: lingering strong musty sour odour in shared bathroom

Room #101: lingering musty sour odour in shared bathroom

Room #103: lingering musty odour

Room #111: lingering urine odour in shared bathroom

Room #117: lingering urine odour in shared bathroom

During an interview on October 27th, 2014, staff member #S101 confirmed that the bathrooms are cleaned daily and a diversity aerosol spray is used for lingering odours. Staff member #S101 confirmed that the home is on well water and the odour could be from the water.

On October 28th, staff member #S104 confirmed that the musty odour in some shared bathrooms is the result of a broken kitchen pipe from the steam table that drained organic waste into a crawl space beneath the floor of the residents room seven weeks ago that requires removal of the drainage and replacement with new gravel.

On October 28th, 2014, the Administrator was interviewed and confirmed he has been aware of the odour in the basement beneath the floor for the past 7 weeks caused by the drainage in the crawl space. He indicated that asbestos in the crawl space is complicating the removal process. The Administrator confirms that sections of the pipe have been repaired on two occasions and referral was submitted to corporate office on October 21, 2014 for removal implementation. [s. 87. (2) (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 to ensure that procedures are developed and implemented for addressing incidents of lingering offensive odours, to be implemented voluntarily.

WN #3: 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).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that, (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

s. 90. (3) The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator. O. Reg. 79/10, s. 90 (3).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 90(1)(b) in that there are no schedules and procedures in place for preventative maintenance.

Staff member #S104 stated that currently the preventive maintenance consists of routine checklists and repairing the items in the maintenance communication book. Staff member #S104 also indicated being in the home 39 hours every two weeks and that there is no time or funding in the budget for preventative maintenance.



On October 28th, 2014 the Administrator confirmed the areas of disrepair and that the areas are documented and forwarded annually to corporate office for approval and implementation. The Administrator confirms that there is no schedule or procedure for preventative maintenance. [s. 90. (1) (b)]

2. The licensee has failed to comply with O. Reg. 79/10, s. 90(2)(k) in that the hot water temperature in the tub/shower room is not being monitored once per shift.

During the course of the inspection inspector # 531 observed that the electronic panel which included the hot water temperature gauge was corroded with white hard water scale and non functioning.

On October 28th, 2014 during an interview with staff members #S105 and #S115, they confirmed that the hot water temperature is monitored by the midnight shift and recorded in a book at the front desk.

During an interview on October 29th, 2014, staff member #S111 confirmed that staff are to record the hot water temperature prior to bathing using the manual thermometer but most monitor by placing their wrist in the water. Staff member #S101 confirmed that she monitors the temperature from the source every morning in the basement and if greater than 51 degrees to notify staff.

On October 29, 2014, an interview with the Administrator and review of the daily water temperature records showed that the hot water was monitored on October 2, 16, 21 and 22, 2014. [s. 90. (2) (k)]

3. The licensee has failed to comply with O. Reg. 79/10, s. 90(3) in that the HVAC system was not functioning at all times.

On October 28th, 2014, staff member #S104 stated that there have been three or four times where the HVAC system in the C/D wing of the home was not functioning and the service company was called. Staff member #S104 confirmed that the HVAC system is currently not functioning and that service men have been to repair the system but they have not yet completed the repairs.

Staff member #S104 confirms that the wooden stick propping the vent slats open has been there for the past four years and that he believes it to be preventing a noisy



vibration caused by the system on the roof.

On October 28, 2014, the Administrator was interviewed and confirmed that the HVAC system has presented difficulties 3-4 times this year and is currently not functioning. The home is currently awaiting the service technician's return. [s. 90. (3)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there are schedules and procedures in place for preventative maintenance, that hot water temperatures in the tub/shower room are monitored at least once per shift and to ensure that the HVAC system is functioning at all times, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10 s. 50 (2)(b)(iv) whereby a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds was not reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

On a particular date, Resident #13 had a Stage 4 pressure ulcer identified and assessed. A review of the resident's health care record revealed that there were no wound reassessments documented over a 29 day period. The home's policy "Pressure Ulcer and Wound Management- HLHS-SW-3.6 from January, 2012 directs staff to reassess Stage 4 pressure ulcers weekly and to document stage, location, size, odour, sinus tracts, exudates, and condition of base and surrounding skin.

On September 28, 2014, the Administrator confirmed that weekly wound reassessments were not completed as required for Resident #13. The issue of the requirement to document wound reassessments weekly has been raised with the home's Nursing Practice Council. [s. 50. (2) (b) (iv)]

**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59.
Family Council**

Specifically failed to comply with the following:

s. 59. (7) If there is no Family Council, the licensee shall,

(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).

(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

Findings/Faits saillants :



1. The licensee has failed to comply with the LTCHA 2007, s. 59(7)(a) whereby the licensee does not on an ongoing basis advise families and persons of importance to residents of their right to establish a Family Council.

On October 20, 2014, staff member #S100 stated that families are not made aware of their right to form a Family Council on admission or during the year. To date the only attempt that has been made to notify families has been through the newly established newsletter, July 2014 edition.

Staff member #S100 plans to develop and include information in the admission package. [s. 59. (7) (a)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service
Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 89(1)(a)(iv) in that there is no process to report and locate residents' lost clothing and personal items.

During the course of the inspection Residents #27, 17, 30, 26 and 29 reported that they had clothing missing.

On October 29th, 2014, staff member #S115 confirms reporting missing items to staff member #S116.

On October 29th, 2014, staff member #S105 was interviewed and stated that missing items would be reported in the communication book and the expectation is that all staff would read the communication book prior to the beginning of the shift to be aware of the missing item.

October 29th, 2014, staff member #S116 stated that there is no formal process for missing laundry because of the size of the home. Staff report it to her to be aware of the item.

October 29th, 2014, the Administrator was interviewed and confirms that the home does not have a formal process to locate missing clothing and personal items and is not aware that the corporate office has a procedure for this purpose. [s. 89. (1) (a) (iv)]

WN #7: 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 comply with O. Reg. 79/10, s. 229(4) in that not all staff participate in the implementation of the infection prevention and control program.

On October 21, 2014, the following observations were made in residents' bathrooms:

- Room 114 - open package of disposable washcloths stored on top of toilet tank
- Room 115 - clean, folded pillow case stored on top of toilet tank
- Room 116 - bed pan stored on top of toilet tank
- Room 119 - open package of disposable washcloths stored on top of toilet tank
- Room 121 - clean cloth and open package of disposable washcloths stored on top of toilet tank

On October 30, 2014, Inspector #531 made the following observations:

- Rooms 101, 102, 103 and 104 all had open packages of disposable washcloths stored on top of the toilet tanks

During an interview with the Director of Care and lead for Infection Control on October 30, 2014, she agreed that items such as bedpans, washcloths and pillow cases should not be stored on top of toilet tanks. She stated that in the past she has instructed staff not to store bedpans in this manner and that she was unaware of staff storing pillow cases and disposable washcloths on toilet tanks. [s. 229. (4)]

Issued on this 5th day of December, 2014

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

Original report signed by the inspector.



**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) : JESSICA PATTISON (197), BARBARA ROBINSON
(572), SUSAN DONNAN (531), WENDY BROWN (602)

Inspection No. /

No de l'inspection : 2014_347197_0025

Log No. /

Registre no: O-001063-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Nov 4, 2014

Licensee /

Titulaire de permis : OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12,
PETERBOROUGH, ON, K9K-2M9

LTC Home /

Foyer de SLD : WEST LAKE TERRACE
1673 COUNTY ROAD, 12, R. R. #1, PICTON, ON,
K0K-2T0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MARY LYNN LESTER



**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 OMNI HEALTH CARE LIMITED PARTNERSHIP, 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 :

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 corrective action plan to ensure that the home, furnishings and equipment are maintained in safe condition and in a good state of repair including:

- repairing, refinishing and/or replacing, as appropriate, all damaged floor surfaces with cracks, crevices, rips and open seams; all damaged wall, door frame, door, and ceiling surfaces that are gouged, scraped, rough and broken; all ceiling tiles that are broken, missing or have stains resulting from moisture damage; all sinks/faucets with worn surfaces; all clothing wardrobes with chipped, worn, non-intact surfaces; all rusted grab bars; all non-functioning HVAC and plumbing fixtures;
- roof leaks are to be repaired as soon as weather and exterior conditions allow;
- damaged water temperature thermometers are to be discontinued from use and replaced, as needed

The home shall also develop and implement a monitoring system to ensure ongoing compliance.

The corrective action plan is to be submitted in writing by November 18, 2014 to the MOHLTC, Attention: Susan Donnan, Fax (613)569-9670.

Grounds / Motifs :

1. The licensee has failed to comply with LTCHA 2007, s. 15(2)(c) in that they did not ensure that the home, furnishings and equipment are maintained in a

safe condition and in a good state of repair.

The following observations were made by inspectors during the course of the Resident Quality Inspection (October 20-30, 2014) and constitute potential risk related to infection control and resident safety:

Room 101

- clothes wardrobe in disrepair, finish peeling along the outside door
- bathroom door frame is scarred, chipped and exposing metal
- wooden bathroom and bedroom doors are heavily scarred and chipped
- hole in bathroom wall by towel rack

Room 102

- clothes wardrobe scarred and damaged, piece missing
- bathroom door frame scarred, wood chipped out of door
- circulation fan in bathroom noisy and rattles
- wooden bedroom door scarred

Room 103

- bathroom door frame chipped scarred exposing steel frame material
- 3 patched drywall areas on the bathroom wall, unfinished
- hand rails have some rust at the base.
- cracks in silicone seal above the sink
- bathroom door scarred and chipped edge of the bedroom door is chipped, paint splattered
- ceiling fan is semi detached from the base leaving a gap in the ceiling
- the noise from the ceiling fan causes a loud propelling type noise, residents that occupy this room leave the fan on as there is a strong offensive, musty odour in the bathroom

Room 104

- bathroom and bedroom doors scarred and chipped
- bathroom door frame damaged exposing metal
- baseboard paint chipped
- rust in the sink around the outlet drain

Room 105

- paint chipped on door and door frame, scuff marks



**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*

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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*

Room 106

- paint chipped and marks on doors and door frames

Room 108

- chipped paint on walls
- chipped paint and scarring on doors and door frames

Room 109

-paint chipped on wall above sink
-paint chipped and scarring on doors and door frames

Room 111

-scarring on bathroom door and door frame
-marks on tile behind toilet
-paint chipped on resident's bedside dresser

Room 112

-paint chipped on walls
-scarring on doors and door frames
-marks on floor tiles

Room 114

-marks on bathroom floor, dark debris around sink faucet
-chipped paint on doors and door frames

Room 115

-dark debris around sink faucet

Room 116

-dark debris around sink faucet
-rusty grab bar across from toilet in bathroom

Room 117

-scarring around bathroom door frame and on door
-drywall damage on corner just outside bathroom door
-corner of resident's wardrobe very worn, finish chipped off

Room 118

-dark debris around bathroom faucet

Order(s) of the Inspector

Pursuant to section 153 and/or
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Homes Act, 2007, S.O. 2007, c.8*

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Room 119

- scarring on bathroom door

Tub/Shower room:

- a white scale build-up on the walk in tub control panel and electronic temperature gauges
- temperature gauge is not operational and semi-detached from the electronic board
- build up of white scale along the back of the tub and along the side grab bars
- water pooling underneath both the whirlpool and walk in tub
- a manual blue thermometer hangs behind the walk in tub covered with white scale
- rust on the floor surrounding the legs of the walk in tub and along the back wall below the whirlpool tub
- floor drain underneath the whirlpool also has white scale build-up and appears to have been repaired with duct tape surrounding the drain pipe that attaches into the floor
- rust and corrosion on the steel base of the whirlpool tub
- constant drip from the tap in the whirlpool and a 12 inch rust mark on the interior of the tub just below the control panel under the tap
- hard water scale on the outlet drain on the floor
- walk in shower stall has rust six inches from the left hand bottom corner, bottom left wall at the base and on the tub room floor in front of the shower
- the black shelf that contains individual boxed resident nail clippers is covered in hard water scale on the outside of the shelf and on the inside box sliding shelves
- the entrance door frame into the tub room is scarred, paint chipped on both sides

C&D wing:

- ceiling tiles at both ends surrounding the HVAC ceiling inlet vents are covered in a thick black dust like matter
- there is a wooden stick in between the slats of the east vent to keep it open
- the HVAC fan is not in operation at the time of observation (October 28, 2014)
- there are two water stained ceiling tiles at the far end of the wing

Dining room

- small back dining area left wooden wall is heavily scarred on the left wall, wood is badly chipped and gouged

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- on the floor there are black scuff and cut marks in the tile
- the vinyl floor trim is detached from the floor leaving a crack between the floor and the trim, which is filled with a black debris
- entrance to the main dining room from the small back dining room - the corner drywall is damaged exposing metal bead
- front main dining room entrance the left side of the entrance corners scarred and paint chipped
- 6" base board wood trim is chipped
- recent water damaged area approximately 12x6 of the ceiling above the nurses station, it remains wet, open and detached from ceiling

In an interview on October 28, 2014, staff member #S104 confirmed and acknowledged the following:

- that the build up of hard water scale has damaged the tub electronic boards,
- that the drain outlet has been "McGivared" with duct/plumber tape,
- water inlet taps drip constantly causing scale on the front interior of the whirlpool tub,
- half the roof surrounding the nurses station requires replacing and that the ceiling tiles in C/D wing need replacing
- the HVAC system is currently not functioning

Staff member #S104 also confirms that currently the preventive maintenance consists of routine checklists and repairing the items in the maintenance communication book. Staff member #S104 stated that he is in the home 39 hours every two weeks and that there is no time for preventative maintenance or funding in the budget.

On October 27, 2014, housekeeping staff member #S101 stated that the tub room is deep cleaned every 7 weeks and the Administrator stated that maintenance descales the tub room every 6 months.

Maintenance staff member #S104 stated on October 28, 2014 that he does not have anything to do with cleaning the tubs and/or descaling every 6 months.

On October 28th, 2014, the Administrator confirmed knowledge of the areas of disrepair and that they are documented and forwarded annually to corporate office for approval and implementation. The Administrator confirms that corporate office is aware of the areas requiring repair. (531)



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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 07, 2015



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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.



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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^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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



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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.

Issued on this 4th day of November, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Jessica Pattison

Service Area Office /

Bureau régional de services : Ottawa Service Area Office