

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

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

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

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

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
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Bureau régional de services de  
Hamilton  
119, rue King Ouest 11<sup>ième</sup> étage  
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**Amended Public Copy/Copie modifiée du rapport public**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 16, 2020	2020_689586_0003 (A2)	023414-19, 000261-20	Complaint

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**Licensee/Titulaire de permis**

AXR Operating (National) LP, by its general partners  
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON  
L4W 0E4

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

West Oak Village  
2370 Third Line OAKVILLE ON L6M 4E2

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

Amended by STACEY GUTHRIE (750) - (A2)

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

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**See extension of Compliance Due Date for s. 8(3) to October 31, 2020.**

**Issued on this 16th day of June, 2020 (A2)**

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

**Original report signed by the inspector.**

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

Amended by STACEY GUTHRIE (750) - (A2)

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

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

**This inspection was conducted on the following date(s): January 28, 29, 30 and February 5, 6, 7 and 11, 2020.**

**The following Complaint inspections were conducted concurrently:**

**023414-19 - Accommodation Services (Housekeeping, Laundry, Maintenance);  
and,**

**000261-19 - Accommodation Services (Housekeeping, Laundry, Maintenance;  
Sufficient Staffing.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Directors of Care (ADOC), Environmental Services Manager (ESM), Food Service Manager (FSM), Laundry staff, Housekeeping staff, Dietary staff, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.**

**During the course of the inspection, the inspector toured the home, observed resident care and meal service, and reviewed audits, service report and policies and procedures.**

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

**Accommodation Services - Housekeeping**

**Accommodation Services - Laundry**

**Accommodation Services - Maintenance**

**Dining Observation**

**Sufficient Staffing**

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

**5 WN(s)  
1 VPC(s)  
2 CO(s)  
0 DR(s)  
0 WAO(s)**

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

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 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, (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents; O. Reg. 79/10, s. 89 (1).**

**Findings/Faits saillants :**

1. As part of the organized program of laundry services under clause 15 (1) (b) of the Act, the licensee did not ensure that procedures were implemented to ensure that a sufficient supply of clean linen, face cloths and bath towels were always available in the home for use by residents.

The licensee's policy, 'Linen Inventory' (ES D-15-25, last revised December 31, 2017), indicated that a linen count was to be scheduled twice per calendar year, with two employees per unit to carry out the process of counting the linen. The ESM was to complete the Linen Inventory Summary Sheet.

The licensee's policy, 'Linen Distribution Summary' (ES D-15-35, last revised December 1, 2017), directed the ESM to complete random audits of three fully stocked linen carts every two weeks on each shift".

Two complaints were submitted to the Director (log #023414-19 on December 11, 2019, and log #000261-20 on January 6, 2020) regarding the lack of towels available in the home for resident care needs.

Through interviews conducted on two dates during the inspection, registered staff #101, #106, #114, #115 and PSWs #102, #103, #104, #105, #107, #108, #109 and #116 all reported that on most days, staff would run out of towels to use for resident daily hygiene, peri-care, and bathing. Staff indicated that soiled towels (including peri-care and bath towels) were being discarded by laundry staff as per direction, but allegedly not being replaced. Laundry staff #127 confirmed that disposal of linens was not being monitored or tracked.

The ED verified that staff were recently directed to use disposable wipes for peri-care when they ran short of peri-care cloths and that they were aware of the linen shortage issue in the home. They indicated that they had approved the ordering of new linens three times since September 2019; however, there continued to be

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a shortage.

On an identified date during the inspection, around 1030 hours, two linen closets on an identified home area were observed to be completely bare of any linens. PSWs #103, #104 and #105 reported that they had absolutely no peri-care cloths or towels for resident care.

Resident #001 when interviewed and reported that they were not provided with or had access to any towels that morning. The resident also stated that they would often save their towel from the day before as limited access to towels was a repeat occurrence.

The PSWs interviewed indicated that they would have to ask registered staff to go down to the laundry room and get more towels for them, but many times they were not available. The registered staff confirmed this would happen at times.

In an interview with laundry staff #119 and #120, they acknowledged that they did not have any back up linen supply located in the laundry room as all of the available supply was sent up to the home areas. As such, the linen could not be processed until staff returned the linen to the laundry.

In an interview with the ED, they acknowledged that they were aware of the linen shortage issue in the home, and confirmed that as a temporarily solution to the lack of peri-care cloths, disposable cloths were implemented for use by the staff when needed. They indicated that they had approved the ordering of new linens three times since September 2019; however, there continued to be a shortage.

In an interview with the ESM, they acknowledged that there was a shortage of linens and they were well aware of the issue. They confirmed that the linen inventory and the linen distribution policies were not being followed. A copy of the linen inventory counts or home area quota sheets could not be provided to the LTCH Inspector at that time.

An Environmental Scan completed by Marquise Hospitality, the licensee's contracted service for environmental services, identified that quota sheets, linen discards and inventory sheets were not used and need to be used and updated monthly.

The licensee failed to ensure that procedures were implemented to ensure that a

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sufficient supply of clean linen, face cloths and bath towels were always available in the home for use by residents. [s. 89. (1) (b)]

***Additional Required Actions:***

**CO # - 001 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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services**

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

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

**Findings/Faits saillants :**



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1. The licensee has failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

A complaint was submitted to the Director, log #000261-20, regarding the lack of an RN on duty in the home at all times.

Upon review of the registered staffing schedules for November 2019 to January 2020, it was identified that there was no RN present in the home on four dates within that time frame.

In an interview with the ED and DOC, they confirmed there was no RN who was a member of the regular nursing staff of the home on duty on the above shifts. [s. 8. (3)]

***Additional Required Actions:***

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

**(A2)**

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002**

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

**Findings/Faits saillants :**

1. The licensee has failed to ensure that procedures were implemented for cleaning of the home, including resident bedrooms including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and, common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces.

The licensee's policy, 'Contract Specs - Main Kitchen and Servery (General)' (ES G-05-05, last revised November 22, 2019), indicated that dining room table tops, bases and chairs were to be spot cleaned by dietary staff daily or as required, all food preparation areas to be cleaned by dietary staff daily and/or as required, and all servery and kitchen flooring was to be washed by dietary staff daily and/or as required.

The licensee's policy, 'Daily Cleaning Sequence' (ES C-10-05, last revised December 1, 2017), directed housekeeping staff to spot wipe resident room walls, doors and furniture, including tops of wardrobes, window ledges, furniture backs, bed edges, chairs and legs, and to vacuum carpets, along with other duties. This was to be done daily.

The licensee's policy, 'Carpet Stain Removal' (ES C-15-55, last revised December 1, 2017), indicated the carpets would be maintained in a good, stain-free condition, and directed staff on how to most effectively clean the carpet based on the type of stain. Further, policy 'Carpet Shampooing' (ES C-15-65, last revised December 1, 2017), included instruction for how to clean more embedded stains, and this was to be done as required.

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The licensee's policy, 'Quality Management - General Policy' (ES C-25-05, last revised December 1, 2017) indicated that each month, the ESM would conduct one daily unit cleaning audit for each employee.

Two complaints were submitted to the Director (log #023414-19 and log #000261-20) regarding the cleanliness of the home.

A tour of the home was conducted by the LTCH Inspector. The following was observed on two consecutive dates during the inspection:

A. Stains were observed on the carpets in certain areas of the home.

B. In an identified home area, the dining room had liquid splashes and food stains along the wall below the servery counter, around the fire place and on the wall above the scrape cart. There were stains on the resident couch in the lounge.

C. In an identified home are, the dining room had liquid splashes along the walls. There were crumbs on the floor around the resident refrigerator. The dining room chairs (cushions and legs) were soiled with food stains. The servery floor was covered in food debris and crumbs.

D. In an identified home are, the dining room had liquid splashes along the walls, including in front of the servery. The dining room chairs and tables had food stains and debris. The servery floors were covered in food debris and dried liquid. There was food debris around the servery toaster and coffee machine. The snack cart was covered in liquid stains and food debris. Two 'clean' bowls used to serve oatmeal and soup had dried food stains on the outside prior to lunch service.

E. In an identified home are, the dining room chairs were stained, the walls under the servery had liquid splashes, the servery floor had food debris, and the snack cart was covered in liquid stains and food debris. The resident refrigerator was filthy on the outside and there were food stains on the inside of the freezer.

F. In an identified home are, the dining room chairs were stained and the walls were covered in liquid splashes.

G. For resident-specific rooms, the following was identified:

-There was significant debris on the carpet under and around the resident's recliner chair;

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- A plastic cap was found behind the bed;
- The base of the resident's recliner chair was very dusty;
- A large liquid stain, appearing to be coffee, was across the wall underneath the window;
- A cotton pad and dust was on the carpet between the side of the resident's bed and the wall;
- Debris was behind the bedroom door;
- The crash mat beside the bed was stained and had debris; and,
- Small items appearing to be garbage were under the bed.

Resident #001 was interviewed by the LTCH Inspector during the tour and they indicated that their room was cleaned daily but it was not cleaned thoroughly, indicating it was, "no good".

In addition, on an identified date during the inspection, during lunch meal service in a particular dining room, PSW #121 had to request that dietary aide #122 wash more noney cups as they did not have enough clean cups for use for all the residents who required them. The remaining standard cups that were on the serving cart were inspected and three cups appeared to be worn out with foggy stains. The PSW indicated this was a common occurrence.

An Environmental Scan was completed by Marquise Hospitality, the licensee's contracted service for environmental services, on October 24, 2019 in the home. The report included, but was not limited to, the following observations:

- Two resident rooms had dirty floors, three had dirty walls and six had dirty bedframes and rails;
- Corridor carpets had stains;
- Lounge walls had food/drink splatter; and,
- Dining room walls had food/drink splatter, as well as dirty edges and baseboards.

The licensee failed to ensure that procedures were implemented for cleaning of the home. [s. 87. (2) (a)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that procedures are implemented for cleaning of the home, including resident bedrooms including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and, common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces, to be implemented voluntarily.***

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**WN #4: 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 licensee has failed to ensure that the home was maintained in a safe condition and in a good state of repair.

A. According to PSW #116, one of two shower rooms in an identified home area had been out of service since approximately August 2019. According to the ESM, mould and water damage was identified on one wall and the wall materials had to be removed. The ESM stated that they made a request for the wall to be repaired and that quotes for the repair were submitted to the ED. The ED confirmed that they provided approval for the work to be completed in September 2019, and subsequently received the quotes in December 2019. No date had been confirmed for the work to be completed at the time of inspection. Upon inspection by the LTCH Inspector, the shower wall remained in a state of disrepair and as a result, staff had to provide showers to residents on the other side of the home area.

B. A complaint was submitted to the Director, log#023414-19, including the concern that water was leaking down from the ceiling in an identified resident room. Upon observation of the room during the inspection, a missing ceiling tile was observed near the entrance of the room, where the venting system was visible above. No water leakage was observed as it was not raining at that time. The ESM was aware of the issue and reported that the source of the leak was from the roof area above. They stated that they had a roofing company explore the roof to determine the point of entry in July 2019; however, no source could be identified. A service report from the roofing company could not be provided for review. The ED was not aware of the visit by the roofing company and stated that the source of the leak was suspected to be from a heater tank and boiler located on the roof, which was above the identified resident room. An exploratory inspection was recently conducted in December 2019, but no date was provided for follow up action.

The licensee failed to ensure that the home was maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 92. Designated lead — housekeeping, laundry, maintenance**

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

**s. 92. (2) The designated lead must have,**

**(a) a post-secondary degree or diploma; O. Reg. 79/10, s. 92 (2).**

**(b) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and O. Reg. 79/10, s. 92 (2).**

**(c) a minimum of two years experience in a managerial or supervisory capacity. O. Reg. 79/10, s. 92 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the designated lead for the housekeeping, laundry services and maintenance services programs had a post-secondary degree or diploma.

In an interview with the ESM, the designated lead for housekeeping, laundry and maintenance services, they said that they had obtained a certificate in facility management through an online course, but had not completed a post-secondary degree or diploma. Upon review of the certificate, verification was made that the course completed was through an association and not a registered educational facility. [s. 92. (2)]

**Issued on this 16th day of June, 2020 (A2)**

  


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

**Original report signed by the inspector.**



**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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Inspection de soins de longue durée

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by STACEY GUTHRIE (750) - (A2)

**Inspection No. /  
No de l'inspection :** 2020\_689586\_0003 (A2)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 023414-19, 000261-20 (A2)

**Type of Inspection /  
Genre d'inspection :** Complaint

**Report Date(s) /  
Date(s) du Rapport :** Jun 16, 2020(A2)

**Licensee /  
Titulaire de permis :** AXR Operating (National) LP, by its general partners  
c/o Revera Long Term Care Inc., 5015 Spectrum  
Way, Suite 600, MISSISSAUGA, ON, L4W-0E4

**LTC Home /  
Foyer de SLD :** West Oak Village  
2370 Third Line, OAKVILLE, ON, L6M-4E2

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Mide Seyi-Ajayi

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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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

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l'article 154 de la *Loi de 2007 sur les  
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2007, chap. 8

To AXR Operating (National) LP, by its general partners, 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**

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l'article 154 de la *Loi de 2007 sur les  
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2007, chap. 8

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**Order # /****No d'ordre:** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Pursuant to / Aux termes de :**

O.Reg 79/10, 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;

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and

(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

**Order / Ordre :**

**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

The licensee shall ensure compliance with r. 89 (1) of the Ontario Regulations 79/10.

Specifically, the licensee shall develop and implement a plan to ensure that a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents.

Please submit the written plan for achieving compliance for 2020\_689586\_0003 to Jessica Paladino, LTC Homes Inspector, MLTC, by e-mail to HamiltonSAO.moh@ontario.ca by March 3, 2020. Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds / Motifs :**

1. As part of the organized program of laundry services under clause 15 (1) (b) of the Act, the licensee did not ensure that procedures were implemented to ensure that a sufficient supply of clean linen, face cloths and bath towels were always available in the home for use by residents.

The licensee's policy, 'Linen Inventory' (ES D-15-25, last revised December 31, 2017), indicated that a linen count was to be scheduled twice per calendar year, with two employees per unit to carry out the process of counting the linen. The ESM was to complete the Linen Inventory Summary Sheet.

The licensee's policy, 'Linen Distribution Summary' (ES D-15-35, last revised December 1, 2017), directed the ESM to complete random audits of three fully stocked linen carts every two weeks on each shift".

Two complaints were submitted to the Director (log #023414-19 on December 11, 2019, and log #000261-20 on January 6, 2020) regarding the lack of towels available in the home for resident care needs.

Through interviews conducted on two dates during the inspection, registered staff #101, #106, #114, #115 and PSWs #102, #103, #104, #105, #107, #108, #109 and #116 all reported that on most days, staff would run out of towels to use for resident daily hygiene, peri-care, and bathing. Staff indicated that soiled towels (including peri-care and bath towels) were being discarded by laundry staff as per direction, but allegedly not being replaced. Laundry staff #127 confirmed that disposal of linens

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was not being monitored or tracked.

The ED verified that staff were recently directed to use disposable wipes for peri-care when they ran short of peri-care cloths and that they were aware of the linen shortage issue in the home. They indicated that they had approved the ordering of new linens three times since September 2019; however, there continued to be a shortage.

On an identified date during the inspection, around 1030 hours, two linen closets on an identified home area were observed to be completely bare of any linens. PSWs #103, #104 and #105 reported that they had absolutely no peri-care cloths or towels for resident care.

Resident #001 when interviewed and reported that they were not provided with or had access to any towels that morning. The resident also stated that they would often save their towel from the day before as limited access to towels was a repeat occurrence.

The PSWs interviewed indicated that they would have to ask registered staff to go down to the laundry room and get more towels for them, but many times they were not available. The registered staff confirmed this would happen at times.

In an interview with laundry staff #119 and #120, they acknowledged that they did not have any back up linen supply located in the laundry room as all of the available supply was sent up to the home areas. As such, the linen could not be processed until staff returned the linen to the laundry.

In an interview with the ED, they acknowledged that they were aware of the linen shortage issue in the home, and confirmed that as a temporarily solution to the lack of peri-care cloths, disposable cloths were implemented for use by the staff when needed. They indicated that they had approved the ordering of new linens three times since September 2019; however, there continued to be a shortage.

In an interview with the ESM, they acknowledged that there was a shortage of linens and they were well aware of the issue. They confirmed that the linen inventory and the linen distribution policies were not being followed. A copy of the linen inventory counts or home area quota sheets could not be provided to the LTCH Inspector at

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that time.

An Environmental Scan completed by Marquise Hospitality, the licensee's contracted service for environmental services, identified that quota sheets, linen discards and inventory sheets were not used and need to be used and updated monthly.

The licensee failed to ensure that procedures were implemented to ensure that a sufficient supply of clean linen, face cloths and bath towels were always available in the home for use by residents.

The severity of this issue was determined to be a level 2 as there was potential for minimal harm or risk to the residents. The scope of the issue was a level 3 as it was widespread throughout the home and occurred on a regular basis. The home had a level 2 compliance history as they had not had non-compliance in this section of the Ontario Regulations in the past. (586)

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

**Vous devez vous conformer à cet ordre d'ici le :**

Mar 19, 2020

**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**

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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 # /****No d'ordre:** 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. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.  
2007, c. 8, s. 8 (3).

**Order / Ordre :**

The licensee shall be in compliance with s. 8 (3) of the LTCHA.

Specifically, the licensee shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

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**Grounds / Motifs :**

1. The licensee has failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

A complaint was submitted to the Director, log #000261-20, regarding the lack of an RN on duty in the home at all times.

Upon review of the registered staffing schedules for November 2019 to January 2020, it was identified that there was no RN present in the home on four dates within that time frame.

In an interview with the ED and DOC, they confirmed there was no RN who was a member of the regular nursing staff of the home on duty on the above shifts.

The severity of this issue was determined to be a level 2 as there was potential for minimal harm or risk to the residents. The scope of the issue was a level 3 as it was widespread throughout the home as it affected all residents. The home had a level 2 compliance history as they had not had non-compliance in this section of the Ontario Regulations in the past. (586)

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

**Vous devez vous conformer à cet ordre d'ici le :**

Oct 31, 2020(A2)



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

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foyers de soins de longue durée*, L.O.  
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Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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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foyers de soins de longue durée*, L.O.  
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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 16th day of June, 2020 (A2)**

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

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

Amended by STACEY GUTHRIE (750) - (A2)

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foyers de soins de longue durée*, L.O.  
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**Service Area Office /  
Bureau régional de services :**

Hamilton Service Area Office