



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

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

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

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

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

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

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

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 27, 2014	2014_178102_0003	000987-13 AND 000277 -13	Follow up

**Licensee/Titulaire de permis**

MARYCREST HOME FOR THE AGED  
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING  
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

WENDY BERRY (102)

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



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

**This inspection was conducted on the following date(s): January 15, 16, 17, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator/CEO, the Environmental Services Manager, the Director of Resident Care, registered and non registered nursing staff, various program staff, residents and visitors.**

**During the course of the inspection, the inspector(s) conducted a follow up inspection related to 2 previously identified compliance orders which involved infection prevention and control practices and cleaning and maintenance of floor surfaces throughout the home. All resident home areas were toured over a 3 day period. Documentation related to the hand hygiene program was reviewed.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Infection Prevention and Control**

**Findings of Non-Compliance were found during this inspection.**



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. Floor surfaces and coverings in many areas of the home remain damaged and/or not level. The condition of the flooring has been an ongoing issue which has been previously identified in compliance order, CO # 002, inspection # 2013 178102 0014. A plan of action was prepared and submitted in response to the CO. The plan has not been implemented.
2. In many resident areas, duct tape has been used in an attempt to temporarily repair floor surfaces that have lifted or separated. Several areas were observed where the tape was damaged.
3. Management of the home has identified that defects exist with the sub floor materials and are proceeding with project planning. At the time of the inspection on January 15, 16 and 17, 2014, it was identified that start and finish dates, project scope and an operational plan have not been developed.

Potential risks associated with uneven and lifting flooring include: pooling of floor cleaning agents and spills where the floor is not level presenting potential slipping hazards; uneven floor surfaces place residents at increased risk for falls and increased difficulties when ambulating; the use of the duct tape on the floor surfaces presents ongoing challenges to maintain a clean and safe environment.

Flooring in the home is not being maintained in a safe condition and a good state of repair. [s. 15. (2) (c)]

***Additional Required Actions:***

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

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

**COMPLIED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 229.	WN	2013_196157_0015	102
O.Reg 79/10 s. 229.	WN	2013_031194_0019	102
O.Reg 79/10 s. 229.	WN	2013_031194_0039	102
O.Reg 79/10 s. 229. (4)	CO #002	2013_031194_0039	102

**Issued on this 27th day of January, 2014**

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



**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**

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** WENDY BERRY (102)

**Inspection No. /**

**No de l'inspection :** 2014\_178102\_0003

**Log No. /**

**Registre no:** 000987-13 AND 000277-13

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Jan 27, 2014

**Licensee /**

**Titulaire de permis :** MARYCREST HOME FOR THE AGED  
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

**LTC Home /**

**Foyer de SLD :** ST JOSEPH'S AT FLEMING  
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Paul O'Krafka

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To MARYCREST HOME FOR THE AGED, 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*

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Linked to Existing Order /**

**Lien vers ordre  
existant:** 2013\_178102\_0014, CO #002;

**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 will ensure that the floor coverings in the home are maintained in safe condition and in a good state of repair. Damaged and uneven floor coverings and sub floor materials throughout the home are to be repaired and /or replaced.

A written plan for achieving compliance is to be prepared and submitted by March 14, 2014. At a minimum, the plan must identify:

1. the scope of the project
2. the anticipated or known date for the submission of plans or specifications and a work plan to the Director for approval as per the requirements of O.reg. 79/10, s. 305
3. time frames for the project, which includes start and finish dates.

The plan is to be submitted by fax to the attention of:  
Wendy Berry (102), Long Term Care Homes Inspector  
Ottawa Service Area Office  
Fax # 613 569 9670

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
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1. Floor surfaces and coverings in many areas of the home remain damaged and/or not level. The condition of the flooring has been an ongoing issue which has been previously identified in compliance order, CO # 002, inspection # 2013 178102 0014. A plan of action was prepared and submitted in response to the CO. The plan has not been implemented.
2. In many resident areas, duct tape has been used in an attempt to temporarily repair floor surfaces that have lifted or separated. Several areas were observed where the tape was damaged.
3. Management of the home has identified that defects exist with the sub floor materials and are proceeding with project planning. At the time of the inspection on January 15, 16 and 17, 2014, it was identified that start and finish dates, project scope and an operational plan have not been developed.

Potential risks associated with uneven and lifting flooring include: pooling of floor cleaning agents and spills where the floor is not level presenting potential slipping hazards; uneven floor surfaces place residents at increased risk for falls and increased difficulties when ambulating; the use of the duct tape on the floor surfaces presents ongoing challenges to maintain a clean and safe environment.

Flooring in the home is not being maintained in a safe condition and a good state of repair. (102)

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

**Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2015**





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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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

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

Health Services Appeal and Review Board and the Director

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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

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



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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  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 27th day of January, 2014**

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

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

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