



**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**

**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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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 22, 2014	2014_189120_0079	H- 000946/947/948/949/95 0-14	Follow up

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### Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM  
56 GOVERNOR'S ROAD DUNDAS ON L9H 5G7

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

ST JOSEPH'S VILLA, DUNDAS  
56 GOVERNOR'S ROAD DUNDAS ON L9H 5G7

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

BERNADETTE SUSNIK (120)

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## 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): December 2,3,4, 2014

This visit relates to the follow up of previously issued Orders #012, 013, 014, 015, 016 and 017. Non-compliance was identified to be on-going. See details below.

During the course of the inspection, the inspector(s) spoke with the Director and Assistant Director of Care, Food Services Supervisor, Housekeeping Supervisor, Recreation Manager, Maintenance Manager, Registered staff and housekeeping staff.

The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Safe and Secure Home

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

- 4 WN(s)
- 1 VPC(s)
- 6 CO(s)
- 0 DR(s)
- 0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 15. (1)	CO #015	2014_188168_0014		120



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 did not ensure that serveries and galley kitchens were kept clean and sanitary.

All 14 serveries and 8 galley kitchens were inspected for general sanitation on December 2, 2014 and again on December 4, 2014. General sanitation was inadequate in the serveries and included black residue (from frequent touching) along edges of cabinets and counters, spill or drip marks on the surfaces of many of the lower cabinets and on decorative wood panels on the dining room side of the service counter, in and around the garbage containers, on doors, on the servery gate doors and on walls (especially under cork boards and beside the servery doors). The white ovens, reported to be used only by recreation staff, were observed to have heavy amounts of baked on spills inside the ovens. The Recreation Manager reported that recreation staff using the ovens were not responsible for cleaning them. The Food Services Supervisor did not have any routines or times scheduled to clean the ovens on their existing forms.

In the galley kitchens located on 1S, 2S, 2N and 4N, the floors were heavily stained with a pink substance, especially along the perimeter of the room. An inappropriate cleaning agent was suspected of being used, namely a pink-coloured sanitizing powder found in each galley kitchen which is normally diluted and used on food contact surfaces. The agent appeared to have been undiluted when applied and not sufficiently removed. Subsequent cleaning efforts were not adequate. A build-up of debris and residue was noted under most of the fixed equipment and along the perimeter of the room in most galleys. The flooring material in high traffic areas of the galley kitchens, which was previously observed to be black from a lack of adequate cleaning, had improved in most of the galley kitchens (except in 4N) due to the introduction of new floor cleaning machines. Walls were visibly soiled in the 2S and 2N galleys and the stainless steel table supports and legs were observed to be heavily soiled in the 2N galley. The front surfaces of some of the ice machines and stainless steel refrigerators had visible matter on them.

According to the Food Services Supervisor, a project cleaner was allocated to deep clean serveries (on rotation) from 2-10 p.m. on Wednesdays. The allocation of this position had not changed since the last inspection and order issued in June 2014. The "Weekly Cleaning Rotation for Dining Room and Servery" schedule and routines was reviewed and was noted to have a minor addition since the last inspection. It identified a requirement for dietary staff to "clean up any spills/food debris on



counters/cupboards/walls \*daily\* before it dried on". Daily cleaning was not evident based on the visible matter noted on Dec. 2, 2014 and again on Dec. 4, 2014. Posted cleaning schedules requiring staff sign off when cleaning tasks had been completed were blank for December 1, 2 and 3rd in the Heritage Trail servery, December 1 and 3rd for the Rose Garden servery, November 30 and December 1 for the Valley Trail servery and November 30 for the Lilac servery. Dietary staff who were interviewed regarding cleaning routines reported that an insufficient amount of time had been allocated for adequate cleaning routines to be completed between meals. Staff reported that they would be even further behind if it wasn't for the volunteer students who assisted with clearing tables in the dining rooms.

Order #016 regarding the sanitation of the serveries and galleys was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014 and required that a plan be established and implemented to ensure that galleys and serveries are kept clean and sanitary. The conditions laid out in the previous Order were not met. [s. 15(2)(a)]

2. The licensee did not ensure that the furnishings were kept in a good state of repair.

Cabinet doors located on the lower cabinet frames located in 5 of the 7 south tower serveries were observed to be worn down to raw wood and were not adequately sealed to prevent moisture penetration and damage. The Food Services Supervisor reported that 2 out of the 5 serveries were scheduled for re-surfacing on December 9, 2014. A date to resurface the remaining cabinets had not been established.

Compliance Order #012 was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014 and required that all lower cabinets be resurfaced by September 28, 2014. The conditions laid out in the previous Order were not met during this inspection.

Over bed tables were found in the dining rooms of Trillium, Lilac, Valley Trail and in rooms S447 and N220 with peeling and rusty bases. The same non-compliance was identified during the previous inspection conducted between May 21 and June 3, 2014. The licensee was required to review the findings and ensure compliance at that time. The Maintenance Services Supervisor was aware of the issue and identified a short term plan. [s. 15(2)(c)]



***Additional Required Actions:***

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

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

**Findings/Faits saillants :**

1. The licensee did not ensure that hazardous substances were kept inaccessible to residents at all times.

Disinfectant cleaner and/or skin antiseptics (Iodine), both considered a hazardous substance, were observed to be accessible to residents on December 2, 2014 in two identified resident rooms (one with disinfectant on toilet tank and the other with Iodine on the window sill of the other), Cherry lane shower room, Rose Garden tub and shower rooms, Oak Grove tub room and Primrose tub room. The bathing room doors were left propped open with disinfectant inside unsecured drawers or out on shelving between December 2 and 4, 2014. Housekeeping staff were previously identified to be leaving the spa room doors wide open after mopping floors. The same issue was identified during this inspection on the Rose Garden home area, with both the shower and tub room doors wide open and a wet floor sign in the door ways. The Rose Garden tub room door, when found closed and apparently locked on December 4, 2014, could be pushed open due to faulty hardware. In other cases, doors were closed but unlocked.

Order #017 regarding hazardous substances was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014. The conditions laid out in the previous Order were not fully met. [s.91]

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails  
Specifically failed to comply with the following:**

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

**Findings/Faits saillants :**

1. The licensee did not ensure that residents who used bed rails were assessed in accordance with prevailing practices to minimize risk to the resident or took steps to prevent resident entrapment, taking into consideration all potential zones of entrapment.

At the time of inspection, according to the home's own records, 109 bed systems failed one or more entrapment zones. Bed measurements were completed by designated in house staff between November 26, 2013 and continued into 2014. Notations were made on a bed safety spread sheet as to the changes made (bed replaced, rails removed, mattress keepers added, mattress replaced or no rail used), however the information was not clear in all cases as to the status of a particular bed. For those bed systems that were identified on the spread sheet and remained non-compliant or unsafe in the four zones of entrapment, residents were observed during the inspection to continue to use the bed rails with no interventions to mitigate the risks.

Once the particular zone was identified and documented by designated in house staff, nursing staff were required to assess each resident to determine if bed rails were necessary to eliminate potential entrapment risk and to document the risk and intervention in the resident's care plan. If one or more bed rails were deemed to be required by the resident for a particular reason after completing a comprehensive assessment, the resident's bed system was required to be augmented with an accessory to reduce the entrapment risk.



Nine beds were observed to be equipped with soft air surfaces which are unsafe if used with bed rails due to their soft compressible nature. Two of the beds were occupied by a resident with one or more bed rails elevated on December 2, 2014. Neither were observed to be equipped with any type of mitigating entrapment zone accessory either on the rail or between the mattress and elevated bed rail. The Active Care Plans Report for these two residents was reviewed and neither report contained any information about the bed rail risks, why they were being used or that the resident required an air surface and associated risks and required interventions. Confirmation was made that both air surfaces had been in place since 2013.

Two resident beds were equipped with foam mattresses and were occupied by a resident with one bed rail elevated on December 2, 2014. Neither had any accessories in place to reduce possible entrapment. Confirmation was made with the home's bed safety spread sheet that both beds had failed one zone of entrapment and notations were made to "remove the rail" or that the "rail was removed". The Active Care Plans Report for each of these residents revealed that neither had any information about bed rail use, reason for use, risks and interventions.

A common practice of leaving at least one bed rail in the raised position was being employed by the health care workers during the inspection. Numerous beds, those that both passed or failed entrapment zone testing, were seen with at least one rail elevated while residents were out of bed. The potential risk regarding this situation is for those residents who independently return to a failed bed where the bed rail is elevated and exposed to a risk of entrapment. No bed accessories were noted to be employed on any of the elevated bed rails on failed beds within the home to minimize entrapment gaps.

According to several registered staff, only restraint or personal assistance services device assessments had been completed on residents who used bed rails. These assessments did not incorporate any of the guidelines found in the prevailing literature from Health Canada for bed rail safety titled "Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Homes, and Home Care Settings, April 2003". The assessments did not identify the alternatives trialed, reason for the use of the bed rail, sleeping habits of the resident or safety risks associated with bed rail use and possible interventions to minimize any risks.

Compliance Order #014 was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014 and required that the bed systems be evaluated and that residents be assessed to minimize risks to the resident where bed





rails are used. The conditions laid out in the previous Order were not fully met during this inspection. [s. 15(1)(a)]

***Additional Required Actions:***

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

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 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).**

**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).**

**s. 87. (3) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home. O. Reg. 79/10, s. 87 (3).**

**Findings/Faits saillants :**

1. The licensee did not ensure that procedures were developed and implemented for cleaning of the home including carpets and upholstered furnishings. A review of the housekeeping program manual did not include any information for housekeeping staff as to how carpeting and upholstered furnishings would be cleaned and maintained.

A procedure titled "Floor Care" dated March 1988 and revised on February 2013 specified that "carpeted areas will be extracted when necessary by Housekeeping project

staff or by an outside contractor, as requisitioned by the Housekeeping Department". The procedure did not include what equipment could be used, how often the outside contractor would clean the carpets and which project staff would clean the carpets. According to the Housekeeping Supervisor, 11 of the 14 home areas were cleaned 3 times and 3 home areas were cleaned 6 times up to the end of November 2014. Housekeeping staff reported that they had not "extracted" any carpets due to a lack of adequate equipment.

A tour of the home areas revealed stained carpets in the common and high use areas of Pine Grove, Primrose, Trillium Lane, Maple Grove and the activation room in the Birch home area. All of these areas were reported to have been steam cleaned in November 2014.

Upholstered furnishings were observed to be stained or dirty in the Rose Garden home area (blue wing back chairs, cushion on high back chair), Birch (green chair), Primrose (red wing back chair x2), Maple Grove (stained red couch). The home's procedure regarding furniture cleaning did not address what equipment was available to clean upholstered furnishings when the furnishings could not be cleaned by wiping. [s. 87(2) (a)]

2. The licensee did not ensure that a procedure was developed to address incidents of lingering offensive odours.

A review of the housekeeping program manual did not include any information for housekeeping, nursing or health care staff as to how to address various types of offensive odours that lingered. In particular, urine odours, which have been on-going in 3 home areas (Birch, Pine Grove and Willow Grove) for several years and were identified on previous inspection reports.

Housekeeping, nursing and health care staff who were interviewed identified that when residents urinated on carpet, they did not use any specialized products or equipment to remove the urine. Instead, they soaked up the urine by using a towel or paper towel. No cleaning or extraction followed. Housekeeping staff were not always notified as to the exact location of the urine in order to clean the area with available products, especially after they left for the day. The areas were therefore left to seep into the drywall or concrete below the carpet and to dry out over night.

Housekeeping staff and the Housekeeping Supervisor confirmed that no extraction or



shampooing was performed by in-house staff to remove the odours and that carpeting was steam cleaned by an external contractor. In the Birch and Pine Grove home areas, the carpet was steam cleaned 6-7 times in 2014, however urination took place more frequently than 6 or 7 times in 2014.

Compliance Order #013 was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014. The licensee was required to implement a plan to manage urine odours, specifically in Pine Grove and Willow Grove. During this review, urine odours in both Pine Grove and Willow Grove were milder and less offensive in the common areas. However, urine odours in the Birch home area were strong and offensive upon entry to the home area. The odour was of urine and certain corners of the sitting area were identified as frequently used by certain residents. The management of the home reported in May 2014 that hard flooring would replace the carpeting in the home areas most affected by urine odours, however to date no plans have been submitted to the Ministry of Health and Long Term Care for such a project. [s. 87(2)(d)]

3. The licensee did not ensure that there was a sufficient supply of housekeeping equipment readily available to all staff at the home.

The home, comprised of 14 home areas, all of which had corridors covered in low pile carpeting did not sufficiently equip staff with the necessary equipment to maintain the carpets. The home did not have any steam cleaning equipment for use on large areas of the carpet. Two steam cleaners, with an attached furniture wand were the only two cleaners available in the home. No attachments were available for carpet cleaning. According to housekeeping staff, the steam cleaners could only be used for furnishings or small carpet spots. Another type of machine recently purchased by the home called an orbitor, was reported to be insufficient for the type of cleaning required on carpets. According to the manufacturer, the machine "dry cleans" carpet only and required the application of a powder followed by vacuuming. Housekeeping staff stated that they did not have the powder and that the machine was ineffective at removing urine. [s. 87(3)]



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

***Additional Required Actions:***

***CO # - 005, 006 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

***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 with respect to the cleaning of carpeting and upholstered furnishings, to be implemented voluntarily.***

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**Issued on this 5th day of January, 2015**

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

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

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

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

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

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

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

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

**Inspection No. /**

**No de l'inspection :** 2014\_189120\_0079

**Log No. /**

**Registre no:** H-000946/947/948/949/950-14

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Dec 22, 2014

**Licensee /**

**Titulaire de permis :** ST. JOSEPH'S HEALTH SYSTEM  
56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7

**LTC Home /**

**Foyer de SLD :** ST JOSEPH'S VILLA, DUNDAS  
56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** David Bakker

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To ST. JOSEPH'S HEALTH SYSTEM, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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des Soins de longue durée**

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

**Linked to Existing Order /**  
**Lien vers ordre**      2014\_188168\_0014, CO #016;  
**existant:**

**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 :**

**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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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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1. The licensee shall develop and implement a daily cleaning schedule that incorporates adequate time to clean all touch point surfaces and all other surfaces as they become soiled such as walls, appliances, floors, doors and cabinet surfaces of all serveries and galleys on a daily basis. The cleaning schedule shall be fully implemented by January 30, 2015.
2. The licensee shall develop and implement a deep cleaning schedule that incorporates adequate time to clean surfaces such as walls, appliances (ice machine, domestic stove, convection oven, juice machine, fridges, steam tables), floors, doors and cabinet surfaces in all 14 serveries and galleys on a weekly basis. The cleaning schedule shall be fully implemented by January 30, 2015.
3. The licensee shall immediately deep clean all galley floors so that pink and black residues are removed and all build-up removed from under fixed equipment. All galley and servery floors shall be deep cleaned using appropriate floor cleaners and chemicals for the floor type provided.
4. The licensee shall immediately clean soiled surfaces of walls, doors, cabinets and appliances in the serveries and galley kitchens.
5. The licensee shall immediately deep clean each white domestic oven in each servery.

**Grounds / Motifs :**

1. The licensee did not ensure that serveries and galley kitchens were kept clean and sanitary.

All 14 serveries and 8 galley kitchens were inspected for general sanitation on December 2, 2014 and again on December 4, 2014. General sanitation was inadequate in the serveries and included black residue (from frequent touching) along edges of cabinets and counters, spill or drip marks on the surfaces of many of the lower cabinets and on decorative wood panels on the dining room side of the service counter, in and around the garbage containers, on doors, on the servery gate doors and on walls (especially under cork boards and beside the servery doors). The white ovens, reported to be used only by recreation staff, were observed to have heavy amounts of baked on spills inside the ovens. The Recreation Manager reported that recreation staff using the ovens were not responsible for cleaning them. The Food Services Supervisor did not have any

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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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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*

routines or times scheduled to clean the ovens on their existing forms.

In the galley kitchens located on 1S, 2S, 2N and 4N, the floors were heavily stained with a pink substance, especially along the perimeter of the room. An inappropriate cleaning agent was suspected of being used, namely a pink-coloured sanitizing powder found in each galley kitchen which is normally diluted and used on food contact surfaces. The agent appeared to have been undiluted when applied and not sufficiently removed. Subsequent cleaning efforts were not adequate. A build-up of debris and residue was noted under most of the fixed equipment and along the perimeter of the room in most galleys. The flooring material in high traffic areas of the galley kitchens, which was previously observed to be black from a lack of adequate cleaning, had improved in most of the galley kitchens (except in 4N) due to the introduction of new floor cleaning machines. Walls were visibly soiled in the 2S and 2N galleys and the stainless steel table supports and legs were observed to be heavily soiled in the 2N galley. The front surfaces of some of the ice machines and stainless steel refrigerators had visible matter on them.

According to the Food Services Supervisor, a project cleaner was allocated to deep clean serveries (on rotation) from 2-10 p.m. on Wednesdays. The allocation of this position had not changed since the last inspection and order issued in June 2014. The "Weekly Cleaning Rotation for Dining Room and Servery" schedule and routines was reviewed and was noted to have a minor addition since the last inspection. It identified a requirement for dietary staff to "clean up any spills/food debris on counters/cupboards/walls \*daily\* before it dried on". Daily cleaning was not evident based on the visible matter noted on Dec. 2, 2014 and again on Dec. 4, 2014. Posted cleaning schedules requiring staff sign off when cleaning tasks had been completed were blank for December 1, 2 and 3rd in the Heritage Trail servery, December 1 and 3rd for the Rose Garden servery, November 30 and December 1 for the Valley Trail servery and November 30 for the Lilac servery. Dietary staff who were interviewed regarding cleaning routines reported that an insufficient amount of time had been allocated for adequate cleaning routines to be completed between meals. Staff reported that they would be even further behind if it wasn't for the volunteer students who assisted with clearing tables in the dining rooms.

Order #016 regarding the sanitation of the serveries and galleys was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014 and required that a plan be established and implemented to





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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

ensure that galleys and serveries are kept clean and sanitary. The conditions laid out in the previous Order were not met. (120)

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

**Vous devez vous conformer à cet ordre d'ici le : Jan 30, 2015**

**Order(s) of the Inspector**

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

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

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

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

**Linked to Existing Order /**  
**Lien vers ordre**      2014\_188168\_0014, CO #012;  
**existant:**

**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 re-surface all wood surfaces located within the serveries identified as Oak Grove, Cherry Lane and Pine Grove where the surfaces have lost their original seal of varnish. The surfaces shall be smooth, impervious to moisture and easy to clean.

The licensee shall complete an audit of all of the over bed tables in the home and determine which tables require re-surfacing, beginning with the tables identified in the grounds below. The licensee shall keep documentation as to which tables were re-surfaced and when.

The above work shall be completed in full by March 31, 2015.

**Grounds / Motifs :**



**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*

1. The licensee did not ensure that the furnishings were kept in a good state of repair.

Cabinet doors located on the lower cabinet frames located in 5 of the 7 south tower serveries were observed to be worn down to raw wood and were not adequately sealed to prevent moisture penetration and damage. The Food Services Supervisor reported that 2 out of the 5 serveries were scheduled for resurfacing on December 9, 2014. A date to resurface the remaining cabinets had not been established.

Compliance Order #012 was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014 and required that all lower cabinets be resurfaced by September 28, 2014. The conditions laid out in the previous Order were not met during this inspection.

Over bed tables were found in the dining rooms of Trillium, Lilac, Valley Trail and in rooms S447 and N220 with peeling and rusty bases. The same non-compliance was identified during the previous inspection conducted between May 21 and June 3, 2014. The licensee was required to review the findings and ensure compliance at that time. The Maintenance Services Supervisor was aware of the issue and identified a short term plan. (120)

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

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

**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 : 003

**Order Type /**

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

**Linked to Existing Order /**

Lien vers ordre existant: 2014\_188168\_0014, CO #017;

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee shall;

1. Develop and implement a policy and procedure for staff that describes their duty to ensure that hazardous substances are to be kept inaccessible to residents (this includes but is not limited to disinfectants, skin antiseptics such as iodine, hydrogen peroxide, liquid rubbing alcohol and concentrated detergents). The policy at a minimum shall outline what hazardous substances are, how they can injure a person, how they are to be managed (whether substance is purchased by the licensee or brought in by family/resident), who will monitor resident accessible spaces for such substances and how often.
2. Educate all workers who work with residents and have access to resident accessible areas about the hazards of hazardous substances and ensure that all staff receive a copy of the above policy.

**Grounds / Motifs :**



**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*

1. The licensee did not ensure that hazardous substances were kept inaccessible to residents at all times.

Disinfectant cleaner and/or skin antiseptics (Iodine), both considered a hazardous substance, were observed to be accessible to residents on December 2, 2014 in two identified rooms (one with disinfectant on toilet tank and Iodine on the window sill of the other), Cherry lane shower room, Rose Garden tub and shower rooms, Oak Grove tub room and Primrose tub room. The bathing room doors were left propped open with disinfectant inside unsecured drawers or out on shelving between December 2 and 4, 2014. Housekeeping staff were previously identified to be leaving the spa room doors wide open after mopping floors. The same issue was identified during this inspection on the Rose Garden home area, with both the shower and tub room doors wide open and a wet floor sign in the door ways. The Rose Garden tub room door, when found closed and apparently locked on December 4, 2014, could be pushed open due to faulty hardware. In other cases, doors were closed but unlocked.

Order #017 regarding hazardous substances was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014. The conditions laid out in the previous Order were not fully met. (120)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jan 30, 2015



**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 :** 004      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2013\_188168\_0016, CO #011;  
**existant:**              2014\_188168\_0014, CO #014;

**Pursuant to / Aux termes de :**

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

**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 complete the following:

1. Interventions to mitigate entrapment risk shall be implemented for those residents who use one or more bed rails where one or more entrapment zone(s) failed on their bed system and the interventions shall be specifically documented in their plan of care.
2. All residents who use one or more bed rails shall be assessed using a interdisciplinary team approach which at a minimum shall include a Physiotherapist or Occupational Therapist, a personal support worker and a registered nurse.
3. All residents who use a bed rail shall be assessed for bed rail use by employing the guidelines identified in the FDA document titled "Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Homes, and Home Care Settings, April 2003".
4. The result of the assessment shall be documented in the resident's plan of care and the information regarding the resident's bed rail use (which side of bed, size of rail, how many rails and why) shall be clearly identified so that health care staff have clear direction.
5. All health care workers shall receive education on the hazards of bed rail use.
6. Update the existing bed safety and rail use policy to incorporate the information found in the "Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Homes, and Home Care Settings, April 2003".

**Grounds / Motifs :**

1. The licensee did not ensure that residents who used bed rails were assessed in accordance with prevailing practices to minimize risk to the resident or took steps to prevent resident entrapment, taking into consideration all potential zones of entrapment.

At the time of inspection, according to the home's own records, 109 bed systems failed one or more entrapment zones. Bed measurements were completed by designated in house staff between November 26, 2013 and continued into 2014. Notations were made on a bed safety spread sheet as to the changes made (bed replaced, rails removed, mattress keepers added, mattress replaced or no rail used), however the information was not clear in all cases as to the status of a particular bed. For those bed systems that were identified on the spread sheet and remained non-compliant or unsafe in the four zones of entrapment, residents were observed during the inspection to continue to use the bed rails

with no interventions to mitigate the risks.

Once the particular zone was identified and documented by designated in house staff, nursing staff were required to assess each resident to determine if bed rails were necessary to eliminate potential entrapment risk and to document the risk and intervention in the resident's care plan. If one or more bed rails were deemed to be required by the resident for a particular reason after completing a comprehensive assessment, the resident's bed system was required to be augmented with an accessory to reduce the entrapment risk.

Nine beds were observed to be equipped with soft air surfaces which are unsafe if used with bed rails due to their soft compressible nature. Two of the beds were occupied by a resident with one or more bed rails elevated on December 2, 2014. Neither were observed to be equipped with any type of mitigating entrapment zone accessory either on the rail or between the mattress and elevated bed rail. The Active Care Plans Report for these two residents was reviewed and neither report contained any information about the bed rail risks, why they were being used or that the resident required an air surface and associated risks and required interventions. Confirmation was made that both air surfaces had been in place since 2013.

Two resident beds were equipped with foam mattresses and were occupied by a resident with one bed rail elevated on December 2, 2014. Neither had any accessories in place to reduce possible entrapment. Confirmation was made with the home's bed safety spread sheet that both beds had failed one zone of entrapment and notations were made to "remove the rail" or that the "rail was removed". The Active Care Plans Report for each of these residents revealed that neither had any information about bed rail use, reason for use, risks and interventions.

A common practice of leaving at least one bed rail in the raised position was being employed by the health care workers during the inspection. Numerous beds, those that both passed or failed entrapment zone testing, were seen with at least one rail elevated while residents were out of bed. The potential risk regarding this situation is for those residents who independently return to a failed bed where the bed rail is elevated and exposed to a risk of entrapment. No bed accessories were noted to be employed on any of the elevated bed rails on failed beds within the home to minimize entrapment gaps.





**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*

According to several registered staff, only restraint or personal assistance services device assessments had been completed on residents who used bed rails. These assessments did not incorporate any of the guidelines found in the prevailing literature from Health Canada for bed rail safety titled "Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Homes, and Home Care Settings, April 2003". The assessments did not identify the alternatives trialed, reason for the use of the bed rail, sleeping habits of the resident or safety risks associated with bed rail use and possible interventions to minimize any risks.

Compliance Order #014 was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014 and required that the bed systems be evaluated and that residents be assessed to minimize risks to the resident where bed rails are used. The conditions laid out in the previous Order were not fully met during this inspection. (120)

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

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

**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 :** 005**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre  
existant:** 2014\_188168\_0014, CO #013;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

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

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

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

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

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

(iii) contact surfaces;

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

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

**Order / Ordre :**



**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*

The licensee shall complete the following:

1. Develop a policy and procedure that identifies at a minimum the types of odours that may affect the home (bodily fluids), how to manage those odours, who will manage them and what options are available should the home not be able to manage them in-house or independently.
2. Share the policy with all housekeeping and health care staff.
3. Ensure health care staff follow procedures for the removal of odour causing bodily fluids at the time of the incident, document where and when residents have deposited odourous bodily fluids on the floor or carpet and report it to housekeeping staff for follow-up with the appropriate extraction equipment.
4. Fully and thoroughly steam clean the carpet in and around the common areas of the Birch home area, especially in corners.

**Grounds / Motifs :**

1. The licensee did not ensure that a procedure was developed to address incidents of lingering offensive odours.

A review of the housekeeping program manual did not include any information for housekeeping, nursing or health care staff as to how to address various types of offensive odours that lingered. In particular, urine odours, which have been on-going in 3 home areas (Birch, Pine Grove and Willow Grove) for several years and were identified on previous inspection reports.

Housekeeping, nursing and health care staff who were interviewed identified that when residents urinated on carpet, they did not use any specialized products or equipment to remove the urine. Instead, they soaked up the urine by using a towel or paper towel. No cleaning or extraction followed. Housekeeping staff were not always notified as to the exact location of the urine in order to clean the area with available products, especially after they left for the day. The areas were therefore left to seep into the drywall or concrete below the carpet and to dry out over night.

Housekeeping staff and the Housekeeping Supervisor confirmed that no extraction or shampooing was performed by in-house staff to remove the odours and that carpeting was steam cleaned by an external contractor. In the Birch and Pine Grove home areas, the carpet was steam cleaned 6-7 times in 2014, however urination took place more frequently than 6 or 7 times in 2014.

Compliance Order #013 was previously issued for an inspection (2014-188168-0014) conducted between May 21 and June 3, 2014. The licensee was required to implement a plan to manage urine odours, specifically in Pine Grove and Willow Grove. During this review, urine odours in both Pine Grove and Willow Grove were milder and less offensive in the common areas. However, urine odours in the Birch home area were strong and offensive upon entry to the home area. The odour was of urine and certain corners of the sitting area were identified as frequently used by certain residents. The management of the home reported in May 2014 that hard flooring would replace the carpeting in the home areas most affected by urine odours, however to date no plans have been submitted to the Ministry of Health and Long Term Care for such a project. (120)



**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

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

Jan 30, 2015



**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 :** 006

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 87. (3) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home. O. Reg. 79/10, s. 87 (3).

**Order / Ordre :**

The licensee shall ensure that steam cleaning and extraction equipment capable of cleaning large areas of carpeting is readily available to any staff member at the home.

**Grounds / Motifs :**

1. The licensee did not ensure that there was a sufficient supply of housekeeping equipment readily available to all staff at the home.

The home, comprised of 14 home areas, all of which had corridors covered in low pile carpeting did not sufficiently equip staff with the necessary equipment to maintain the carpets. The home did not have any steam cleaning equipment for use on large areas of the carpet. Two steam cleaners, with an attached furniture wand were the only two cleaners available in the home. No attachments were available for carpet cleaning. According to housekeeping staff, the steam cleaners could only be used for furnishings or small carpet spots. Another type of machine recently purchased by the home called an orbitor, was reported to be insufficient for the type of cleaning required on carpets. According to the manufacturer, the machine "dry cleans" carpet only and required the application of a powder followed by vacuuming. Housekeeping staff stated that they did not have the powder and that the machine was ineffective at removing urine. (120)

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

**Vous devez vous conformer à cet ordre d'ici le :** Feb 27, 2015



**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**

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

**Ministère de la Santé et  
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**Order(s) of the Inspector**

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

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

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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





**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  
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de soins de longue durée, L.O. 2007, chap. 8*

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

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

Health Services Appeal and Review Board and the Director

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

Director  
c/o Appeals Coordinator  
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).



**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  
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de soins de longue durée, L.O. 2007, chap. 8*

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

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur  
a/s Coordinateur des appels  
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.



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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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*

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 22nd day of December, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** BERNADETTE SUSNIK

**Service Area Office /**

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