

**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**

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
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Bureau régional de services de
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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Mar 23, 2022	2021_946111_0003 (A2)	003319-21, 009076-21, 014825-21	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

Extendicare Cobourg
130 New Densmore Road Cobourg ON K9A 5W2

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

Amended by LYNDA BROWN (111) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

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**Please note the amended licensee inspection and order report has been updated to reflect the new compliance due date of April 30, 2022 as requested.
Thanks
Lynda Brown, LTC Inspector #111.**

Issued on this 23rd day of March, 2022 (A2)

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

Original report signed by the inspector.

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130 New Densmore Road Cobourg ON K9A 5W2

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

Amended by LYNDA BROWN (111) - (A2)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 28, 29 and October 1, 2021.

The following mandatory, follow-up and complaint inspections were completed concurrently during this inspection:

- Infection, Prevention and Control (IPAC) mandatory inspection.**
- Follow-up inspection related to maintenance.**
- Two complaint inspections related to insufficient staffing, bathing and falls.**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers(PSWs), Housekeepers (HSK), Environmental Services Manager (ESM), Dietary Manager (DM), Dietary Aides (DA), Resident Assistants (RA), residents and family.

During the course of the inspection, the inspector: toured the home, observed meals, reviewed staffing schedules, resident health records, COVID-19 screening and testing records, preventative maintenance records, and the following home's policies (Light Duty and Heavy Duty Cleaner, Preventative Maintenance, High touch disinfectant logs).

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Falls Prevention
Infection Prevention and Control
Safe and Secure Home
Sufficient Staffing

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

5 WN(s)
3 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 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 :

The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

During a tour of the home, the Inspector noted several large stains on the carpet in one of the TV lounges. In the main kitchen, the large ceiling vent and the tiles surrounding the vent directly above the stove was heavily soiled and the areas above the walk-in freezer were heavily soiled. There were no housekeeping cleaning routines for the identified areas. On one of the units, a tub chair had heavy soiling noted underneath the seat. Housekeeper (HSK #105) confirmed they did not clean the tubs, showers, tub chairs or the carpets. HSK #104 indicated they completed the cleaning of carpets but the carpet cleaning machine was not working and had been broken for a number of days. HSK #104 confirmed there was no carpet cleaning schedules in place and aware that the carpets in the TV lounges were unclean. HSK #104 indicated the ceiling vents throughout the home had been cleaned approximately two months ago, there was a cleaning schedule in place for ceiling vents, but they did not follow the cleaning schedule and was unable to provide any cleaning schedules. HSK #104 confirmed they did not clean the ceiling vents in the main kitchen.

Sources: observations, daily cleaning routines for light duty cleaner and heavy duty cleaner, and interview of staff.

Additional Required Actions:

CO # - 001 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# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

The licensee has failed to ensure that as part of the organized program of maintenance services, has the licensee ensured that, there are schedules and procedures in place for routine, preventive and remedial maintenance.

A Compliance Order (CO) was issued on June 8, 2021 for O.Reg. 79/10, s. 90(1) with a compliance due date of August 31, 2021. The CO included the following:

1. The roofing system was to be inspected by a professional roofing company and fully repaired so that it is capable of shedding any moisture away from the interior of the building.

2. Develop and implement a written preventive maintenance procedure and schedule to ensure that the building interior and exterior was maintained in a safe condition and good state of repair that included but was not limited to the following: a) the frequency of visual inspections of all walls, ceilings, flooring materials and other surfaces in the home which include but are not limited to the roof, kitchens, serveries, corridors, bedrooms, washrooms, tub/shower rooms and

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common areas for mould accumulation, moisture damage, cracks, bubbling, peeling paint, stains and other issues indicative of poor maintenance; b) whether the inspection of the buildings interior and exterior would be completed by external contractors or knowledgeable home employees or both; c) how the results of the inspections would be documented; d) who would review the inspection results; e) take actions required when efficiencies are identified; f) Time frame for remedial action.

3. Repair all walls that were damaged by moisture so that they are smooth, tight-fitting and easy to clean.

4. Replace all stained ceiling tiles. When they become wet in future, investigate cause of moisture immediately and ensure tiles are properly dried if they will be re-used.

5. Repair or replace any moisture damaged cabinetry under the servery sinks in two home areas.

The Inspector observed the following maintenance concerns: a number of ceiling tiles throughout the home with black staining, in various dimensions. Outside the main kitchen, behind the ice machine, there was several drywall patched areas, the baseboard was missing and ceiling tiles were missing. One public washroom had several drywall patched areas and the ceiling tiles missing. One unit's whirlpool tubs had the entire protective trim missing from the tub lip edging, exposing sharp edges. The celebration dining room indicated the repair work had not yet been completed as per the compliance order due date. Two of the three servery cabinets had large water damaged areas noted under the sinks of the cabinet and one of the cutlery drawers was broken off the hinge, rendering it unable to close and had not been repaired or replaced as per the compliance order due date. One unit, outside of a resident room, had a large piece of the protective plate missing below the handrail.

The Environmental Services Manager (ESM) confirmed that the home's current preventative maintenance policies and procedures had not been updated as required by the previous compliance order. The ESM indicated although the current policy included inspection and preventative repair checklist of walls, ceilings and cabinets, the checklists had not been completed. The ESM was unaware of the above identified areas in disrepair. The ESM indicated the celebration dining room, areas surrounding the ice machine and the servery cabinets were being completed by an outside contractor and were still ongoing, despite the compliance due date. The ESM indicated the celebration dining room remedial maintenance was to be completed the following week. The ESM was not

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aware that two out the three server cabinet repairs had not yet been completed. The ESM indicated the roof had also been inspected by an outside contractor but was unable to provide any documented evidence of the inspection, or for any of the other work orders completed by outside contractors. The ESM confirmed the maintenance log books located on each unit which should have identified the maintenance concerns, did not contain any of the identified damaged ceiling tiles, walls or tub damage in need of repair.

Sources: observations, Extendicare Preventative maintenance policy, painting/repair preventative maintenance summary, email correspondence, annual and monthly maintenance calendar and interview of staff.

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**

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

The licensee has failed to ensure that all doors leading to non-residential areas, specifically serveries, that were equipped with locks to restrict unsupervised access to those areas by residents, were kept locked when unsupervised by staff.

Each of the resident dining rooms in the home contained their own kitchen servery that had two door entries, a gate from the dining room and a door from the hallway. Both door entries had locking devices available. Each servery had access to a hot water machine and an electrical panel room. There were signs posted on each of the entry doors to remind staff to ensure the doors were kept closed and locked when not in use. The Inspector observed one servery that had the door to the servery left wide open and the key for the gated entry left sitting on the counter, beside the gate. The electrical panel room door and the panel itself were both left unlocked. Another servery had both the door and gate entry left unlocked and the key for the gate had been left on the counter, beside the gate. Another servery had the door unlocked and the electrical panel door unlocked. The Dietary Manager (DM) confirmed the servery doors were to be kept locked when not in use and was the responsibility of the PSWs. The Director of Care (DOC) indicated it was the responsibility of both the dietary staff and PSWs to ensure the servery doors and gates were kept locked when not in use or unsupervised.

Sources: observations and interviews of staff.

Additional Required Actions:

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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 all doors leading to non-residential areas, specifically serveries, that were equipped with locks to restrict unsupervised access to those areas by residents, were kept locked when unsupervised by staff., to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

The licensee has failed to ensure that the home carried out every operational or policy directive that applies to the long-term care home.

The COVID-19 active screening and testing Triage Logs and the Panbio Testing records indicated on a specified date, there were a number of visitors identified as not being fully vaccinated and did not have a rapid test completed. There was also no indication which type of visitor they were. On another date, there was a support worker identified with no indication of vaccination status or whether a rapid test had been completed. The ADOC confirmed that the visitors were agency staff and confirmed that all support staff should have either indicated fully vaccinated or have a rapid test completed as per the Minister's Directive: COVID-19: Long-term care home surveillance testing. Failing to ensure all support staff entering the home are correctly screened and tested, may lead to the spread of COVID-19 in the home.

Sources: COVID-19 active screening and testing Triage Logs, Panbio Testing records, Minister's Directive: COVID-19: Long-term care home surveillance testing and access to homes, pursuant to s. 174.1 of the Long-Term Care Homes Act, 2007 (Act), updated September 13, 2021, and interview with staff.

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 the home carries out every operational or policy directive that applies to the long-term care home, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

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

Findings/Faits saillants :

The licensee failed to ensure that staff were participating in implementation of infection control program related to staff offering residents hand hygiene before and after meals.

During a lunch service observation on a specified unit, the Inspector noted that residents were not offered hand hygiene prior to or after their meals, as per best practise. The DOC confirmed that residents should have hand hygiene offered before and after meals. Failing to offer residents hand hygiene before and after meals may increase the risk of transmission of infections.

Sources: Observations, Public Health Ontario (PHO)– PIDAC “Best Practices for Hand Hygiene in All Health Care Settings. 4th Edition, April 2014” and Just Clean Your hand-LTCH Implementation Guide and interview with staff.

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 staff participate in implementation of
infection, prevention and control program, to be implemented voluntarily.***

Issued on this 23rd day of March, 2022 (A2)

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.
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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :**

Amended by LYNDA BROWN (111) - (A2)

**Inspection No. /
No de l'inspection :**

2021_946111_0003 (A2)

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

**Log No. /
No de registre :**

003319-21, 009076-21, 014825-21 (A2)

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

Complaint

**Report Date(s) /
Date(s) du Rapport :**

Mar 23, 2022(A2)

**Licensee /
Titulaire de permis :**

Extendicare (Canada) Inc.
3000 Steeles Avenue East, Suite 103, Markham,
ON, L3R-4T9

**LTC Home /
Foyer de SLD :**

Extendicare Cobourg
130 New Densmore Road, Cobourg, ON, K9A-5W2

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :**

Shauna Mullins

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

To Extendicare (Canada) Inc., you are hereby required to comply with the following
order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Order # /

No d'ordre: 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

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

The licensee must be compliant with LTCHA, 2007, s. 15 (2).

Specifically, the licensee must prepare, submit and implement a plan to ensure that the home, furnishings and equipment are kept clean and sanitary. The plan must include but is not limited to:

1. Review and revise the cleaning routines to include who is responsible for the cleaning, the frequency of the cleaning, how the cleaning is to occur and include the following areas:

- Cleaning of carpets in all TV lounges, and any other carpeted areas throughout the home.
- Cleaning of the tub and shower rooms, including the tub/shower chairs.
- Cleaning of the main kitchen, specifically around the large walk in freezer.
- Cleaning of the all ceiling vents throughout the home and including in the main kitchen.

2. Develop and implement a monitoring process to ensure the home is kept clean and sanitary.

Please submit the written plan for achieving compliance for inspection 2021_946111_0003 to Lynda Brown, LTC Homes Inspector, MLTC, by email to CentralEastSAO.MOH@ontario.ca by November 4, 2021.

Please ensure that the submitted written plan does not contain any PI/PHI.

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

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

During a tour of the home, the Inspector noted several large stains on the carpet in one of the TV lounges. In the main kitchen, the large ceiling vent and the tiles surrounding the vent directly above the stove was heavily soiled and the areas above the walk-in freezer were heavily soiled. There were no housekeeping cleaning routines for the identified areas. On one of the units, a tub chair had heavy soiling noted underneath the seat. Housekeeper (HSK #105) confirmed they did not clean the tubs, showers, tub chairs or the carpets. HSK #104 indicated they completed the cleaning of carpets but the carpet cleaning machine was not working and had been broken for a number of days. HSK #104 confirmed there was no carpet cleaning schedules in place and aware that the carpets in the TV lounges were unclean. HSK #104 indicated the ceiling vents throughout the home had been cleaned approximately two months ago, there was a cleaning schedule in place for ceiling vents, but they did not follow the cleaning schedule and was unable to provide any cleaning schedules. HSK #104 confirmed they did not clean the ceiling vents in the main kitchen.

Sources: observations, daily cleaning routines for light duty cleaner and heavy duty cleaner, and interview of staff.

An order was made by taking the following factors into account:

Severity: There was actual risk to the residents due to the home and equipment not being kept clean and sanitary.

Scope: This non-compliance was widespread as there was no cleaning schedules for any of the vents, tubs/shower or chairs, or carpets throughout the home.

Compliance History: a voluntary plan of correction was issued under the same subsection in the last 36 months. (111)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2022(A2)

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
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2007, chap. 8

Order # /

No d'ordre: 002

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant:

2021_640601_0001, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (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 comply with O.Reg. 79/10, s.90(1)(b).

Compliance order #002 related to O. Reg. 79/10, s. 90(1)(b) from inspection 2021_640601_0001 issued on June 8, 2021, with a compliance due date of August 31, 2021 is being re-issued as follows:

Specifically, the licensee shall:

1. Provide proof the roofing system has been inspected by a professional roofing company and fully repaired to prevent shedding of moisture away from the interior of the building.
2. Review and revise the written preventive maintenance procedure and schedule to ensure that the building interior and exterior is maintained in a safe condition and good state of repair that includes but is not limited to the following:
 - The frequency of visual inspections of all walls, ceilings, flooring materials and other surfaces in the home which include but are not limited to the roof, kitchens, serveries, corridors, bedrooms, washrooms, tub/shower rooms and common areas for mold accumulation, moisture damage, cracks, bubbling, peeling paint, stains and other issues indicative of poor maintenance; and
 - Whether the inspection of the buildings interior and exterior will be completed by external contractors or knowledgeable home employees or both; and
 - How the results of the inspections will be documented; Who will review the inspection results; Take actions required when efficiencies are identified and time frame for remedial action.
 - Repair all walls, ceiling and baseboards that were damaged by moisture so that they are smooth, tight-fitting and easy to clean.
 - Replace all stained ceiling tiles. When they become wet in future, investigate cause of moisture immediately and ensure tiles are properly dried if they will be re-used.
 - Repair or replace any moisture damaged cabinetry under the serveries sinks in the Poplar and Pine home areas.
 - Repair the tubs edging on Poplar unit and/or contact supplier to have repair completed.

Grounds / Motifs :

1. The licensee has failed to ensure that as part of the organized program of

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

maintenance services, has the licensee ensured that, there are schedules and procedures in place for routine, preventive and remedial maintenance.

A Compliance Order (CO) was issued on June 8, 2021 for O.Reg. 79/10, s. 90(1) with a compliance due date of August 31, 2021. The CO included the following:

1. The roofing system was to be inspected by a professional roofing company and fully repaired so that it is capable of shedding any moisture away from the interior of the building.
2. Develop and implement a written preventive maintenance procedure and schedule to ensure that the building interior and exterior was maintained in a safe condition and good state of repair that included but was not limited to the following: a) the frequency of visual inspections of all walls, ceilings, flooring materials and other surfaces in the home which include but are not limited to the roof, kitchens, serveries, corridors, bedrooms, washrooms, tub/shower rooms and common areas for mould accumulation, moisture damage, cracks, bubbling, peeling paint, stains and other issues indicative of poor maintenance; b) whether the inspection of the buildings interior and exterior would be completed by external contractors or knowledgeable home employees or both; c) how the results of the inspections would be documented; d) who would review the inspection results; e) take actions required when efficiencies are identified; f) Time frame for remedial action.
3. Repair all walls that were damaged by moisture so that they are smooth, tight-fitting and easy to clean.
4. Replace all stained ceiling tiles. When they become wet in future, investigate cause of moisture immediately and ensure tiles are properly dried if they will be re-used.
5. Repair or replace any moisture damaged cabinetry under the servery sinks in two home areas.

The Inspector observed the following maintenance concerns: a number of ceiling tiles throughout the home with black staining, in various dimensions. Outside the main kitchen, behind the ice machine, there was several drywall patched areas, the baseboard was missing and ceiling tiles were missing. One public washroom had several drywall patched areas and the ceiling tiles missing. One unit's whirlpool tubs had the entire protective trim missing from the tub lip edging, exposing sharp edges. The celebration dining room indicated the repair work had not yet been completed as per the compliance order due date. Two of the three servery cabinets had large water damaged areas noted under the sinks of the cabinet and one of the cutlery

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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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drawers was broken off the hinge, rendering it unable to close and had not been repaired or replaced as per the compliance order due date. One unit, outside of a resident room, had a large piece of the protective plate missing below the handrail.

The Environmental Services Manager (ESM) confirmed that the home's current preventative maintenance policies and procedures had not been updated as required by the previous compliance order. The ESM indicated although the current policy included inspection and preventative repair checklist of walls, ceilings and cabinets, the checklists had not been completed. The ESM was unaware of the above identified areas in disrepair. The ESM indicated the celebration dining room, areas surrounding the ice machine and the servery cabinets were being completed by an outside contractor and were still ongoing, despite the compliance due date. The ESM indicated the celebration dining room remedial maintenance was to be completed the following week. The ESM was not aware that two out the three servery cabinet repairs had not yet been completed. The ESM indicated the roof had also been inspected by an outside contractor but was unable to provide any documented evidence of the inspection, or for any of the other work orders completed by outside contractors. The ESM confirmed the maintenance log books located on each unit which should have identified the maintenance concerns, did not contain any of the identified damaged ceiling tiles, walls or tub damage in need of repair.

Sources: observations, Extencicare Preventative maintenance policy, painting/repair preventative maintenance summary, email correspondence, annual and monthly maintenance calendar and interview of staff.

An order was made by taking the following factors into account:

Severity: The previously issued compliance order related to the roof inspection, the celebration dining room, two serveries with large water damaged cabinets, ceiling tiles and wall damages throughout the home, had not yet been completed by the compliance due date. Several ceiling tiles, or blackened areas near dining areas or in the main kitchen where food is prepared and served, were not investigated, cleaned or replaced. There was actual risk to residents in the home because all of the identified areas presented a risk of spread of organisms to residents or risk of injury to residents.

Scope: This non-compliance was widespread, as there were multiple areas throughout the home with preventative maintenance not completed.

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Compliance History: One compliance order (CO) was issued to the home related to
same section of the legislation in the past 36 months. (111)

This order must be complied with by /

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

Apr 30, 2022(A2)

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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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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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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

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

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**RENSEIGNEMENTS 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
438, rue University, 8^e étage
Toronto ON M7A 1N3
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
438, rue University, 8e étage
Toronto ON M7A 1N3
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.

Issued on this 23rd day of March, 2022 (A2)

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

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

Amended by LYNDA BROWN (111) - (A2)

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

Central East Service Area Office