



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

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

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

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

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

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

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---|--------------------------------|--|
| Aug 26, 2014 | 2014_357101_0029 | T-695-13;T- 696-13 | Follow up |

Licensee/Titulaire de permis

**TORONTO LONG-TERM CARE HOMES AND SERVICES
55 JOHN STREET, METRO HALL, 11th FLOOR, TORONTO, ON, M5V-3C6**

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

**CASTLEVIEW WYCHWOOD TOWERS
351 CHRISTIE STREET, TORONTO, ON, M6G-3C3**

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

AMANDA WILLIAMS (101), BERNADETTE SUSNIK (120)

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): July 9 and 10, 2014.

The purpose of this inspection was to follow-up on CO#001, 002, 003, 004, 005, 006, and 007 issued July 5, 2013 during Resident Quality Inspection # 2013_103193_0008.

During the course of the inspection, the inspector(s) spoke with the Administrator, Building Services Manager, Nurse Manager who is also the home's lead in infection prevention and control, the Assistant Administrator, the Director of Nursing, personal support workers (PSWs), registered staff, and housekeeping staff.

During the course of the inspection, the inspector(s) conducted a walk-through of resident homes areas making observations of the home's housekeeping and maintenance program, reviewed the homes' deep room clean procedures, and measured water temperatures and illumination levels throughout the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Infection Prevention and Control

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

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

Findings/Faits saillants :

- 1. The licensee failed to ensure that the home, (including floors and walls), furnishings**



and equipment are kept clean and sanitary. This was evidenced by observations of resident home areas on July 9 and 10, 2014.

* Floor surfaces were observed to have a residue left on the surface making the floors sticky in identified resident rooms on 2W, 3W, 4C and 4C common areas, 2C lounge/dining room, 3rd floor dining room, 3W washroom #1, #2 and #3, 3C washroom #1 and #3.

* Privacy curtains were observed to be soiled and/or stained with brown substances and/or oil-type marks in 2C shower room #2, 3C washroom #2, room 303C, 3W washroom #1 at the entrance to the washroom and 4C washroom #4 at the entrance to the washroom.

* Nylon call bell strings were observed to be soiled and discoloured with black substance in 2C washroom #1, #2, #3 and #4, 3C washroom #2 and #4, 3W washroom #2 and #4, and 4C washroom #4.

* Floor surfaces were observed to be soiled with dirt and debris, predominantly along floor edges in identified resident bedrooms on 2C, 2W, 2W lounge and corridor at entrance to the unit, and the 3rd floor dining room.

* Resident lounge chairs and dining room chairs were observed to be soiled with bodily fluids, debris and/or stains in identified resident rooms on 215C, 3C; three lounge chairs in the corridor outside room 303W, four dining room chairs in the 3rd floor dining room, one chair in the 3W washroom #1. [s. 15. (2) (a)]

2. Inspector 120 identified the following areas of concern on July 9 and 10, 2014.

* Approximately 20 resident rooms were randomly checked and all common washrooms were checked on floors 7-4 on July 9 and 10, 2014. Surface wall splatter was noted in an identified resident bedroom on 7C on both July 9 and 10, 2014). On July 10, 2014, the inspector observed soiled walls in identified resident rooms on 5W and 7C.

* Mechanical floor lift bases on floors 7, 6, 5 were observed to be soiled on both July 9 and 10, 2014.

* Deep cleaning schedules were reviewed for floors 7 and 6. Approximately 12 rooms



on the 7th floor, C wing were deep cleaned between March and May 2014. The 6th floor schedule had similar results. The home's deep room clean procedure BS-0301-01 requires housekeeping staff to clean all furniture and surfaces in each of the 20 rooms (per wing) on a monthly basis. Wardrobe tops were observed to be covered in a heavy layer of dust in identified resident rooms on 7C, 7W, and 5W) on July 10, 2014. When one of the identified residents rooms on 7C was checked, the wardrobe tops were heavy with dust and was last deep cleaned on March 19, 2014. No rooms were documented as deep cleaned on the schedule since May 2014 on 7C.

* Floor surfaces (beige, non-slip vinyl sheet flooring) in the resident bedrooms located on but not limited to floors 7 and 6 in rooms visited appeared dirty (black) along floor seams, upon room entry and in front of some of the furnishings. According to housekeeping staff, the floors were deep cleaned with a floor machine after inspectors identified dirt build-up in June 2013. Based on observations, it appeared that deep floor cleaning was not being completed as frequently as necessary to prevent dirt build-up. [s. 15. (2) (a)]

3. The licensee failed to comply with previous order CO#001 issued July 5, 2013 during inspection #2013_103193_0008 with a required compliance date of October 25, 2013. The order was related to the home, furnishings, walls and floor surfaces being kept clean and sanitary. [s. 15. (2) (a)]

4. The licensee failed to ensure that the home (walls, floors, ceilings), furnishings and equipment are maintained in a safe condition and in a good state of repair. This was evidenced by the following observations conducted on July 9 and 10, 2014.

* Ceiling surfaces were noted to be water damaged with pieces of drywall and paint chips hanging down and/or bubbled in 2C washroom #4, 3C washroom # 2 and #4, 3W washroom #4, and 4C washroom #4.

* Chipped vanity skirting was observed in 2C washroom #4 and #6, 2C shower room #2, 4C washroom #4 and in identified resident washrooms on 2W.

* Damaged flooring with stains, cracks, dents and/or chipped floor pieces was observed in 2W lounge area outside room 217W, 3W washrooms #1 under one of the hand sinks and in identified resident rooms on 2W.

* Wall surfaces were observed to be damaged with scraped and gouged drywall



and/or chipped wall tiles in 2C washroom #4 and #5; 3W washroom #1; and in identified resident rooms on 2W and 3C. [s. 15. (2) (c)]

5. Inspector 120 identified the following areas of concern on July 9 and 10, 2014.

* Mould and/or mildew was observed to be present in the following areas of the home:

7C washroom #1 - mouldy ceiling above toilet stall #1

7C - washroom #2 and #4- grout between ceramic wall tile in shower area stained black (mildew), grout erosion evident between ceramic tiles

* Damaged surfaces were noted in the following areas of the home:

7C lounge - over bed table observed with damaged corners and rusty base

7W washroom #2 - chipped vanity skirting and over bed table observed with damaged corners and rusty base

Identified resident room on 6W - 5 or 6 holes in bedroom floor by bed

6W washroom #4 - large hole in half wall, along base within shower area and several shower ceramic wall tiles chipped along bottom

5W washroom #4 - water leak in tub room ceiling was being addressed at time of visit and was roughly patched by July 10, 2014. However, hole in shower half wall above the tub room was not repaired and possible source of leak not investigated prior to patching.

5W washroom #2 - clean linen room door could not be closed due to loose hinge.

5W washroom #3 - tub faucet running heavily and tub surface stained with iron and copper

5C washroom #4 - vanity damaged - section of melamine surface missing

5th floor dining room - dining chairs worn down to raw wood

* Call bell string missing at one toilet in 5C washroom #3, as a result, the call bell station could not be activated in cases of assistance/emergencies. [s. 15. (2) (c)]

6. The licensee failed to comply with previous order CO#002 issued during inspection # 2013_103193_0008 on July 5, 2013 with a required compliance date of December 27, 2013. The order was related to the home, furnishings and equipment, including floors and walls are maintained in safe condition and in a good state of repair. [s. 15. (2) (c)]



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Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :

1. The licensee failed to ensure that lighting levels are maintained at the minimum illumination levels for the category "All other homes". Using a portable hand held illumination meter, illumination levels were measured in various areas on floors 7-4 of the home. Corridors were equipped with fluorescent tube lighting fixtures which were spaced at varying intervals of 6, 10, 12 foot intervals and in some cases, as long as 42 feet. For corridors, the meter was held 36 inches above the floor level. The lighting levels did not meet the minimum requirement of a consistent and continuous level of



215.28 lux. Over bed lights were equipped with fluorescent tube lights. For over bed lights, the meter was held 12 inches above the head of the bed and 12 inches away from the wall with the head of the bed elevated to a general reading position. Not all the over bed lighting met the required 376.73 lux. Resident rooms were not equipped with any central lighting and did not meet the minimum requirement of 215.28 lux. For overall room lighting, the window drapes were drawn and all lights within the room illuminated. Measurements were taken in key task areas, such as beside the bed and near wardrobes. The following measurements were obtained by inspector 101:

Unit 2W

Room 203 - at bed 1 in reading position- 240 lux
- in centre of room- 273 lux
Room 218 bed 2 in reading position 286 lux

Unit 2C

Washroom #1 in centre of room- 113 lux
Shower room #1- centre of room- 91 lux
- shower stall- 60 lux
Washroom #2- centre of room 83 lux
Washroom #3- centre of room 82 lux
Washroom #4- centre of room 62 lux
Washroom #5- centre of room 82 lux
Washroom #6- centre of room 73 lux

Unit 3W

Washroom #1- area between toilet stalls and hand sinks- 136 lux
Washroom #4- at hand sink- 283 lux
Room 320W bed 1 in the reading position- 250 lux

Unit 3C

Room 303 bed 1 in reading position- 285 lux
Room 315 C bed 1 in reading position- 246 lux
Washroom #3 area between toilet stalls and hand sinks- 247 lux
Washroom #4 at shower- 156 lux
Washroom #4 at hand sink- 289 lux [s. 18.]

2. The following measurements were obtained by inspector 120:



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Unit 7C

Hallway between resident rooms 709-710 - 30 lux.

Hallway outside resident room 719 - 25 lux

Hallway between resident rooms 702-703 - 50 lux.

Room 703C Over bed light - 300 lux.

 Beside the centre of the bed - 50 lux.

 In front of wardrobe - 0 lux (approx. 6-7 feet from over bed light).

Room 708C Between bed and wardrobe - 30 lux.

7C Washroom #1 Entrance hallway and along path to vanity and toilets - 50 lux.

Units 6W, 5W, and 4W Washroom #1

The layout of all washrooms assigned as #1 were designed in the same manner and had the same light fixtures in the same locations. The lux for all of the above noted areas was 50.

Unit 4W

Hallway outside 401 - 10 lux (near wall sconce and between ceiling light fixtures).

There was 20 feet between the one ceiling light and the fire separation doors. In another area of the same corridor, there was only one light fixture along 42 feet of corridor length.

Unit 6C

Hallway between stairway #2 and room 601 - 90 lux. [s. 18.]

3. The licensee failed to comply with previous order CO#006 issued during inspection # 2013_103193_0008 on July 5, 2013 with a required compliance date of February 28, 2014. The order was related to lighting levels throughout the home meeting the minimum illumination levels as required in table 18 of the legislation. [s. 18.]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.



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Findings/Faits saillants :

1. The licensee failed to ensure that the home is maintained in a safe and secure environment. This was evidenced on July 9, 2014 on unit 2W (the home's secure unit) in which maintenance equipment was left unattended and accessible in the 2W chapel. The door to the chapel was observed to be taped open to prevent it from locking and thereby allowing access to this area where tools and equipment were present in the room. [s. 5.]

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 when outside contractors and workers are in the home that their supplies and equipment are kept inaccessible to residents when unattended, to be implemented voluntarily.

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

Findings/Faits saillants :

1. The licensee failed to ensure lingering offensive odours are addressed on unit 2W. The smell of embedded and lingering urine was observed in identified common areas and resident bedrooms and washrooms on July 9 and 10, 2014. [s. 87. (2) (d)]



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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 lingering offensive odours, including odours embedded in surfaces are addressed and actions implemented to mitigate the re-occurrence, to be implemented voluntarily.

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

| COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES | | | |
|--|--|--|---|
| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
| O.Reg 79/10 s. 10. (1) | CO #003 | 2013_103193_0008 | 101 |
| O.Reg 79/10 s. 9. (1) | CO #004 | 2013_103193_0008 | 101 |
| O.Reg 79/10 s. 9. (1) | CO #005 | 2013_103193_0008 | 101 |
| O.Reg 79/10 s. 90. (2) | CO #007 | 2013_103193_0008 | 101 |



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Issued on this 3rd day of September, 2014

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

A handwritten signature in black ink, appearing to read "J. D. Jones". The signature is written in a cursive style with large, sweeping loops.



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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
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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** AMANDA WILLIAMS (101), BERNADETTE SUSNIK
(120)

**Inspection No. /
No de l'inspection :** 2014_357101_0029

**Log No. /
Registre no:** T-695-13;T-696-13

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

**Report Date(s) /
Date(s) du Rapport :** Aug 26, 2014

**Licensee /
Titulaire de permis :** TORONTO LONG-TERM CARE HOMES AND
SERVICES
55 JOHN STREET, METRO HALL, 11th FLOOR,
TORONTO, ON, M5V-3C6

**LTC Home /
Foyer de SLD :** CASTLEVIEW WYCHWOOD TOWERS
351 CHRISTIE STREET, TORONTO, ON, M6G-3C3

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



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To TORONTO LONG-TERM CARE HOMES AND SERVICES, you are hereby
required to comply with the following order(s) by the date(s) set out below:



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

Linked to Existing Order /
Lien vers ordre 2013_103193_0008, CO #001;
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 prepare, submit and implement a plan to ensure that the home, furnishings, walls and floor surfaces are maintained clean and sanitary.

The plan shall outline the home's immediate, short-term and long-term strategies to ensure the home is maintained clean and sanitary.

Please submit your plan to Amanda.Williams@ontario.ca no later than September 12, 2014.

Grounds / Motifs :

1. The following areas of concern were identified by inspector 101.

* Floor surfaces were observed to have a residue left on the surface making the floors sticky in identified resident rooms on 2W, 3W, 4C and 4C common areas, 2C lounge/dining room, 3rd floor dining room, 3W washroom #1, #2 and #3, 3C washroom #1 and #3.

* Privacy curtains were observed to be soiled and/or stained with brown substances and/or oil-type marks in 2C shower room #2, 3C washroom #2, an identified resident room on 3C, 3W washroom #1 at the entrance to the washroom and 4C washroom #4 at the entrance to the washroom.



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* Nylon call bell strings were observed to be soiled and discolored with black substance in 2C washroom #1, #2, #3 and #4, 3C washroom #2 and #4, 3W washroom #2 and #4, and 4C washroom #4.

* Floor surfaces were observed to be soiled with dirt and debris, predominantly along floor edges in identified resident bedrooms on 2W, 2W lounge and corridor at entrance to unit, and the 3rd floor dining room.

* Resident lounge chairs and dining room chairs were observed to be soiled with bodily fluids, debris and/or stains in identified resident rooms on 2C and 3C; three lounge chairs in the corridor outside room 303W, four dining room chairs in the 3rd floor dining room, one chair in the 3W washroom #1. (101)

2. The licensee failed to ensure that the home (including floors and walls), furnishings and equipment are kept clean and sanitary. This was evidenced by observations of resident home areas on July 9 and 10, 2014.

The following areas of concern were identified by inspector 120.

* Approximately 20 resident rooms were randomly checked and all common washrooms were checked on floors 7-4 on July 9 and 10, 2014. Surface wall splatter was noted in an identified resident bedroom on 7C (behind head board and other walls in the room on both July 9 and 10, 2014). On July 10, 2014 noted soiled walls in identified resident rooms on 5W and 7C.

* Mechanical floor lift bases on floors 7, 6, 5 were observed to be soiled on both July 9 and 10, 2014.

* Wardrobe tops were covered in a heavy layer of dust in identified resident rooms on 7C, 7W, and 5W on July 10, 2014. Deep cleaning schedules were reviewed for floors 7 and 6. Approximately 12 rooms on the 7th floor, C wing were deep cleaned between March and May 2014. The 6th floor schedule had similar results. The home's deep room clean procedure BS-0301-01 requires housekeeping staff to clean all furniture and surfaces in each of the 20 rooms (per wing) on a monthly basis. When an identified resident room on 7C was checked, the wardrobe tops were heavy with dust and was last deep cleaned on March 19, 2014. No rooms were documented as deep cleaned on the schedule since May 2014 on 7C.



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* Floor surfaces (beige, non-slip vinyl sheet flooring) in the resident bedrooms located on but not limited to floors 7 and 6 in rooms visited appeared dirty (black) along floor seams, upon room entry and in front of some of the furnishings. According to housekeeping staff, the floors were deep cleaned with a floor machine after inspectors identified dirt build-up in June 2013. Based on observations, it appeared that deep floor cleaning was not being completed as frequently as necessary to prevent dirt build-up. (120)

3. The licensee failed to comply with previous order CO#001 issued July 5, 2013 during inspection #2013_103193_0008 with a required compliance date of October 25, 2013. The order was related to the home, furnishings, walls and floor surfaces being kept clean and sanitary. (101)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2014



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

Linked to Existing Order /
Lien vers ordre 2013_103193_0008, CO #002;
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 prepare, submit and implement a plan to ensure that the home, furnishings and equipment are maintained in safe condition and in a good state of repair.

The plan shall outline the home's immediate, short-term and long-term strategies to ensure the home is maintained safe and in a state of good repair.

Please submit your plan to Amanda.Williams@ontario.ca no later than September 12, 2014.

Grounds / Motifs :

1. The following areas of concern were identified by inspector 101 on July 9 and 10, 2014.

* Ceiling surfaces were noted to be water damaged with pieces of drywall and paint chips hanging down and/or bubbled in 2C washroom #4, 3C washroom # 2 and #4, 3W washroom #4, and 4C washroom #4.

* Chipped vanity skirting was observed in 2C washroom #4 and #6, 2C shower room #2, 4C washroom #4 and in identified resident washrooms on 2W.

* Damaged flooring with stains, cracks, dents and/or chipped floor pieces was observed in 2W lounge area outside room 217W, 3W washrooms #1 under one of the hand sinks and in identified resident rooms on 2W.

* Wall surfaces were observed to be damaged with scraped and gouged drywall and/or chipped wall tiles in 2C washroom #4 and #5; 3W washroom #1; and in identified resident rooms on 2W and 3C. (101)

2. The licensee failed to ensure that the home (walls, floors, ceilings) and furnishings were maintained in a safe condition and a good state of repair. This was evidenced by the following observed areas by inspector 120 on July 9 and 10, 2014.

* Mould and/or mildew was observed to be present in the following areas of the home:

7C washroom #1 - mouldy ceiling above toilet stall #1

7C - washroom #2 and #4- grout between ceramic wall tile in shower area stained black (mildew), grout erosion evident between ceramic tiles

* Damaged surfaces were noted in the following areas of the home:

7C lounge - over bed table observed with damaged corners and rusty base

7W washroom #2 - chipped vanity skirting and over bed table observed with damaged corners and rusty base

Identified resident bedroom on 6W with 5 or 6 holes in bedroom floor by bed

6W washroom #4 - large hole in half wall, along base within shower area and several shower ceramic wall tiles chipped along bottom

5W washroom #4 - water leak in tub room ceiling was being addressed at time of visit and was roughly patched by July 10, 2014. However, hole in shower half wall above the tub room was not repaired and possible source of leak not investigated prior to patching.

5W washroom #2 - clean linen room door could not be closed due to loose hinge.

5W washroom #3 - tub faucet running heavily and tub surface stained with iron and copper

5C washroom #4 - vanity damaged - section of melamine surface missing

5th floor dining room - dining chairs worn down to raw wood

* Call bell string missing at one toilet in 5C washroom #3, as a result, the call bell station could not be activated in cases of assistance/emergencies. (120)



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3. The licensee failed to comply with previous order CO#002 issued during inspection # 2013_103193_0008 on July 5, 2013 with a required compliance date of December 27, 2013. The order was related to the home, furnishings and equipment, including floors, walls and ceilings are maintained in safe condition and in a good state of repair. (101)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2014



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Order # /
Ordre no : 003

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

Linked to Existing Order /
Lien vers ordre 2013_103193_0008, CO #006;
existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Order / Ordre :

The licensee shall ensure that lighting levels throughout the home meet the minimum illumination levels as outlined in the legislative lighting table for the category of all other homes (Table 18).

Grounds / Motifs :



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1. The following measurements were obtained by inspector 101:

Unit 2W

Room 203 - at bed 1 in reading position- 240 lux
- in centre of room- 273 lux
Room 218 bed 2 in reading position 286 lux

Unit 2C

Washroom #1 in centre of room- 113 lux
Shower room #1- centre of room- 91 lux
- shower stall- 60 lux

Washroom #2- centre of room 83 lux

Washroom #3- centre of room 82 lux

Washroom #4- centre of room 62 lux

Washroom #5- centre of room 82 lux

Washroom #6- centre of room 73 lux

Unit 3W

Washroom #1- area between toilet stalls and hand sinks- 136 lux
Washroom #4- at hand sink- 283 lux
Room 320W bed 1 in the reading position- 250 lux

Unit 3C

Room 303C bed 1 in reading position- 285 lux

Room 315C bed 1 in reading position- 246 lux

Washroom #3 area between toilet stalls and hand sinks- 247 lux

Washroom #4 at shower- 156 lux

Washroom #4 at hand sink- 289 lux (101)

2. The licensee failed to ensure that lighting levels are maintained at the minimum illumination levels for the category "All other homes". Using a portable hand held illumination meter, illumination levels were measured in various areas throughout the home. Corridors were equipped with fluorescent tube lighting fixtures which were spaced at varying intervals of 6, 10, 12 foot intervals and in some cases, as long as 42 feet. For corridors, the meter was held 30 inches above the floor level. The lighting levels did not meet the minimum requirement of a consistent and continuous level of 215.28 lux. Over bed lights were equipped with fluorescent tube lights. For over bed lights, the meter was held 12 inches above the head of the bed and 12 inches away from the wall with the



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head of the bed elevated to a general reading position. Not all the over bed lighting met the required 376.73 lux. Resident rooms were not equipped with any central lighting and did not meet the minimum requirement of 215.28 lux. For overall room lighting, the window drapes were drawn and all lights within the room illuminated. Measurements were taken in key task areas, such as beside the bed and near wardrobes. The following measurements were obtained by inspector 120:

Unit 7C

Hallway between resident rooms 709-710 - 30 lux.

Hallway outside resident room 719 - 25 lux

Hallway between resident rooms 702-703 - 50 lux.

Room 703C Over bed light - 300 lux.

 Beside the centre of the bed - 50 lux.

 In front of wardrobe - 0 lux (approx. 6-7 feet from over bed light).

Room 708C Between bed and wardrobe - 30 lux.

7C Washroom #1 Entrance hallway and along path to vanity and toilets - 50 lux.

Units 6W, 5W, and 4W Washroom #1

The layout of all washrooms assigned as #1 were designed in the same manner and had the same light fixtures in the same locations. The lux for all areas noted above was 50.

Unit 4W

Hallway outside 401 - 10 lux (near wall sconce and between ceiling light fixtures). There was 20 feet between the one ceiling light and the fire separation doors. In another area of the same corridor, there was only one light fixture along 42 feet of corridor length.

Unit 6C

Hallway between stairway #2 and room 601 - 90 lux. (120)

3. The licensee failed to comply with previous order CO#006 issued during inspection # 2013_103193_0008 on July 5, 2013 with a required compliance date of February 28, 2014. The order was related to lighting levels throughout the home meeting the minimum illumination levels as required in table 18 of the legislation. (101)



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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 28, 2014



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

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

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

Issued on this 26th day of August, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

AMANDA WILLIAMS

Service Area Office /

Bureau régional de services : Toronto Service Area Office