



**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 prévue
le Loi de 2007 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**

**Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
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**Bureau régional de services de
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5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
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Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection/ Genre d'inspection
Nov 05, 2013;	2013_158101_0024 (A2)	T-1791-12; T- 1792-12; T-202- 13	Follow up

Licensee/Titulaire de permis

**Downsview Long Term Care Centre Limited
3595 Keele Street, NORTH YORK, ON, M3J-1M7**

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

**Downsview Long Term Care Centre
3595 Keele Street, NORTH YORK, ON, M3J-1M7**

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

MONICA NOURI (193) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié



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The due dates for Compliance Orders #2, #3, and #6 were extended to December 15, 2013, and for #5 to December 31, 2013.

Issued on this 5 day of November 2013 (A2)

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

M. Wi. on behalf of Amanda Williams.



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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): May 6, 7, 8 and 9, 2013

The purpose of this inspection was to follow-up to outstanding orders issued during the 2012 Resident Quality Inspection and a complaint and follow-up inspection conducted concurrently in July 2012 related to housekeeping, maintenance, odours, and door security in the home.

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, Assistant Director of Care, Environmental Services Supervisor, Assistant Environmental Services Supervisor, and the Clinical Coordinator.

During the course of the inspection, the inspector(s) conducted a visual inspection of resident home areas including the home's current door security system; collected water temperature readings and illumination levels in resident home areas; reviewed documentation related to the home's housekeeping program, preventative maintenance program and pest control program.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 87.
Housekeeping**



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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).

Findings/Faits saillants :



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1. Numerous lounge chairs were noted to be stained and/or soiled with dried food and/or bodily fluids in resident rooms and common areas throughout the home. [s. 87. (2) (a)]

2. Several feeder stools, dining room chairs and table legs in the 1 Centre dining room were noted to be heavily soiled with dried food and fluids.

- 8 out of 12 feeder stools were observed to be soiled
- 32 dining room chairs
- 26 dining room table legs [s. 87. (2) (a)]

3. Privacy curtains were noted to be soiled in the following areas:

- 1 East shower room #1
- 1 East shower room #2 (5 soiled privacy curtains were noted in this room)
- in 6 identified resident rooms [s. 87. (2) (a)]

4. Sit to stand lifts stored in the hallway of 1 East and 2 East were noted to have an accumulation of dirt and debris on the foot rests. [s. 87. (2) (a)]

5. The home currently does not have procedures in place for their housekeeping program, including cleaning of the home. [s. 87. (2) (a)]

6. Lingering, offensive odours were noted in the following areas of the Home May 6, 7, 8 and 9, 2013:

- Resident home area 2 Centre north-west end.
- resident lounge chairs in rooms
- identified resident wheelchairs
- resident bedrooms and/or washrooms in identified resident rooms
- the 2 East Shower room currently in use. Little to no ventilation was also noted to contribute to the lingering odours. [s. 87. (2) (d)]

Additional Required Actions:

CO# 001,004 will be served on the licensee. Refer to the "Orders of the Inspector"

(A1)The following order(s) have been amended:CO# 001,004



WN #2: 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:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,**
- ii. equipped with a door access control system that is kept on at all times, and**
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).

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).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :



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1. The main entrance front door is not equipped with a device to keep it closed and locked. [s. 9. (1) 1. i.]
2. The following doors leading to stairways and the outside of the home are not equipped with an audible alarm that is also connected to the nearest nursing station:
 - 1 Centre Stairway Door 4
 - 1 East Stairway Door 31
 - 2 East Stairway Door 27
 - 2 Centre Stairway Door 25
 - The main entrance front door [s. 9. (1) 1. iii.]
3. All doors leading to the retirement side of the home from long-term care home areas are not equipped with locks to restrict unsupervised access by residents. This includes the doors on the 1st floor near the chapel used by both Long-Term Care residents and Retirement residents and the 2nd floor doors near the visitor elevator. [s. 9. (1) 2.]

Additional Required Actions:

CO # - 002, 003, 006 will be served on the licensee. Refer to the "Order(s) of the Inspector"

(A2)The following order(s) have been amended:CO# 002,003,006

WN #3: The Licensee has failed to comply with LTCHA, 2007, 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. Wooden handrails, baseboards, headboard bumpers, vanities and cabinets in resident home areas (including resident bedrooms and washrooms), and common areas were noted to be maintained in disrepair. Surfaces were noted to be scraped, gouged, worn, stained with dirt, wax and/or other substances in the above noted areas throughout the home. [s. 15. (2) (c)]

2. Damaged flooring was noted in the following areas of the home:

- the 2 East janitor closet was noted to have chipped and missing floor tiles
- the 2 East shower room #2 was noted to have damaged and stained flooring with bodily fluids and other substances
- damaged and/or stained flooring was noted in 8 identified resident washrooms.
- Cracked linoleum flooring was noted in 4 identified resident rooms and in the 1 Centre dining room/activity area. [s. 15. (2) (c)]

3. In unit 2 East, one of the two shower rooms was noted to be inoperable. This identified shower room had 4 shower stalls not in use within it. [s. 15. (2) (c)]

4. Heat guard surfaces in resident bedrooms were noted to be scraped and rusted in 5 identified resident rooms and the 2 East Activity room. [s. 15. (2) (c)]

5. Walls were noted to be damaged with cracks, moisture and/or scrapes and gouges in room 1E shower room and in 10 identified resident rooms.

Wall damage under the wall mounted soap dispensers in resident washrooms was noted in 5 identified resident washrooms. [s. 15. (2) (c)]

6. Missing caulking/seal was noted around resident toilets. As a result, mildew, odours and stained flooring were noted around the toilets in 6 identified resident washrooms. [s. 15. (2) (c)]

Additional Required Actions:

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



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(A2)The following order(s) have been amended:CO# 005

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. Water temperatures were noted to fluctuate below 40 degrees Celsius and exceed 49 degrees Celsius in identified areas in the East Wing of the home on May 6 and 8, 2013. [s. 90. (2) (g)]

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 water temperatures are maintained within the acceptable range in the East wing of the home. It was noted that water temperatures fluctuated above 49 degrees Celsius on the morning of May 9, 2013. This plan should outline the home's strategy to identify and correct fluctuating water temperatures in the East wing, to be implemented voluntarily.



WN #5: 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.

Findings/Faits saillants :

1. Illumination levels taken by the Inspector did not meet the minimum levels in identified common areas and resident rooms throughout the home.[s. 18.]



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Issued on this 5 day of November 2013 (A2)

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

Muri du behalf of Amanda Williams



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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
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O. 2007, chap. 8

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MONICA NOURI (193) - (A2)

Inspection No. /

No de l'inspection : 2013_158101_0024 (A2)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : T-1791-12; T-1792-12; T-202-13 (A2)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Nov 05, 2013;(A2)

Licensee /

Titulaire de permis : Downsview Long Term Care Centre Limited
3595 Keele Street, NORTH YORK, ON, M3J-1M7

LTC Home /

Foyer de SLD : Downsview Long Term Care Centre
3595 Keele Street, NORTH YORK, ON, M3J-1M7



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O. 2007, chap. 8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Christiana Burns

To Downsview Long Term Care Centre Limited, you are hereby required to comply
with the following order(s) by the date(s) set out below:

Order # /

Ordre no : 001

Order Type /

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

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 :



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

Aux termes de l'article 153 et/ou de
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O. 2007, chap. 8

(A1)

The licensee shall ensure that procedures are developed for cleaning
resident rooms and common areas including tub shower rooms, privacy
curtains, and resident furniture.

The licensee shall ensure that the procedures for cleaning of the home are
implemented in both resident rooms and common areas to ensure that the
home is kept clean.



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

Aux termes de l'article 153 et/ou de
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O. 2007, chap. 8

Grounds / Motifs :

1. The home does not have in place procedures for their housekeeping program, including cleaning of the home. (101)
2. The foot rests of sit to stand lifts stored in the hallway of 1 East and 2 East were noted to be heavily soiled with dirt and debris. (101)
3. Privacy curtains were noted to be soiled in the following identified areas of the home:
 - 1 East shower room #1
 - 1 East shower room #2 (5 soiled curtains were noted in this room)
 - in 6 Identified resident rooms (101)
4. Several feeder stools, dining room chairs and table legs were noted to be heavily soiled with dried food and fluids in the 1C dining room.
 - 8 out of 12 feeder stools were noted to be soiled
 - 32 dining room chairs
 - 26 dining room tablet legs (101)
5. Numerous lounge chairs were noted to be stained and/or soiled with dried food and/or bodily fluids in resident rooms and common areas throughout the home. (101)

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

Oct 31, 2013(A1)



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Order(s) of the Inspector

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O. 2007, chap. 8

**Order # /
Ordre no :** 002

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system,
or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :



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Aux termes de l'article 153 et/ou de
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O. 2007, chap. 8

(A2)

The licensee shall ensure that all doors leading to stairways are:

- a) equipped with an audible door alarm that allows calls to be cancelled only at the point of activation, and
- b) connected to either the resident-staff communication and response system, or an audible visual enunciator that is connected to the nurses station nearest to the door with a manual reset switch at each door.

Grounds / Motifs :

1. The following doors leading to stairways are not equipped with an audible alarm that is connected to the home's resident-staff communication and response system or an audio visual enunciator that is connected to the nursing station nearest to the door that can only be cancelled at the point of activation:

- 1 Centre Door 4
- 1 East Door 31
- 2 East Door 27
- 2 Centre Door 25 (101)

This order must be complied with by /

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

Dec 15, 2013(A2)

Order # /

Ordre no : 003

Order Type /

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

Pursuant to / Aux termes de :



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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

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system,
or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :

The licensee shall ensure that doors leading to the retirement home are equipped with a lock to restrict unsupervised access by residents.



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Grounds / Motifs :

1. All doors leading to the retirement side of the home from long-term care home areas are not equipped with locks to restrict unsupervised access by residents. This includes the doors on the 1st floor near the chapel used by both Long-Term Care residents and Retirement residents and the 2nd floor doors near the visitor elevator.
(101)

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

Dec 15, 2013(A2)

**Order # /
Ordre no :** 004

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

Pursuant to / Aux termes de :



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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 :

The licensee shall eliminate incidents of lingering offensive odours in the home, specifically:

- the second floor 2 Centre North-West wing
- resident furnishings and personal aide equipment throughout the home (i.e. wheelchairs and lounge chairs)
- wooden baseboards and linoleum flooring in resident washrooms on 1st and 2nd floor.



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Grounds / Motifs :

1. Lingering, offensive odours were noted in the following areas of the Home May 6, 7, 8 and 9, 2013:

- Resident home area 2 Centre north-west end.
- resident lounge chairs in rooms
- identified resident wheelchairs
- resident bedrooms and/or washrooms in identified resident rooms
- the 2 East Shower room currently in use. Little to no ventilation was also noted to contribute to the lingering odours.

(101)

This order must be complied with by /

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

Oct 31, 2013(A1)

Order # /

Ordre no : 005

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007, 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).



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Order / Ordre :

(A2)

The licensee shall prepare, submit and implement a plan to ensure the following areas are maintained in a good state of repair throughout the home:

- damaged wall and floor surfaces in resident rooms and common areas on 1st and 2nd floor
- the tub shower room in unit 2 East
- worn and damaged wooden surfaces in resident rooms and common areas on 1st and 2nd floor
- damaged and worn fixtures and equipment in resident rooms on 1st and 2nd floor

The plan is to outline the homes immediate, short-term and long-term strategies and time lines for completion to meet compliance.

The plan is to be submitted to Amanda.Williams@ontario.ca on or before June 21, 2013

Grounds / Motifs :

1. Missing caulking/seal was noted around resident toilets. As a result, mildew, odours and stained flooring were noted around the toilets in 6 identified resident washrooms. (101)

2. Walls were noted to be damaged with cracks, moisture and/or scrapes and gouges in 10 identified resident rooms and in the 1E shower room.

Wall damage under the wall mounted soap dispensers in resident washrooms was noted in 5 identified resident washrooms. (101)

3. Heat guard surfaces in resident bedrooms were noted to be scraped and rusted in 5 identified rooms and the 2 East Activity room. (101)



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4. In unit 2 East, one of the two shower rooms were noted to be inoperable. This shower room had 4 shower stalls not in use within it.

(101)

5. Damaged flooring was noted in the following areas of the home:

- the 2 East janitor closet was noted to have chipped and missing floor tiles
- the 2 East shower room #2 was noted to have damaged and stained flooring with bodily fluids and other substances
- damaged and/or stained flooring was noted in 8 identified resident washrooms.
- Cracked linoleum flooring was noted in 4 identified resident rooms and in the 1 Centre dining room/activity area (101)

6. Wooden handrails, baseboards, headboard bumpers, vanities and cabinets in resident home areas (including resident bedrooms and washrooms), and common areas were noted to be maintained in disrepair. Surfaces were noted to be scraped, gouged, worn, stained with dirt, wax and/or other substances in these areas. (101)

This order must be complied with by /

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

Dec 31, 2013(A2)

Order # /

Ordre no : 006

Order Type /

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

Pursuant to / Aux termes de :

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the Long-Term
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Ordre(s) de l'inspecteur

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O. 2007, chap. 8

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system,
or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :



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(A2)

The licensee shall ensure that the front entrance door (a door leading to the outside of the home) is:

- a) kept closed and locked,
- b) equipped with a door access control system that is on at all times,
- c) equipped with an audible door alarm that allows calls to be cancelled only at the point of activation, and
- d) connected to either the resident-staff communication and response system, or an audible visual enunciator that is connected to the nurses station nearest to the door with a manual reset switch at each door.

Grounds / Motifs :

1. The front entrance door is not equipped with a device to keep it closed and locked.
(101)

2. The front entrance door is not equipped with a door access control system that is on at all times, an audible alarm that allows calls to be cancelled only at point of activation, connected to either the resident-staff communication and response system or an audible visual enunciator that is connected to the nurses' station nearest to the door with a manual reset switch at the door. (101)

This order must be complied with by /

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

Dec 31, 2013(A2)



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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

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



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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.

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
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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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.

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
Toronto ON M5S 2B1
Télécopieur : 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 5 day of November 2013 (A2)

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

Monica Nouri on behalf of Amanda Williams.

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

MONICA NOURI - (A2)

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

Toronto

