



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
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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
Oct 7, 2013	2013_189120_0058	H-000368- 13	Complaint

Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.

195 DUFFERIN AVENUE, SUITE 800, LONDON, ON, N6A-1K7

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

ERIN MILLS LODGE NURSING HOME

2132 DUNDAS STREET WEST, MISSISSAUGA, ON, L5K-2K7

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

BERNADETTE SUSNIK (120)

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): August 27, 2013

During the course of the inspection, the inspector(s) spoke with the administrator and non-registered staff regarding the home's housekeeping and maintenance programs and services.

During the course of the inspection, the inspector(s) toured both the 3 East and 3 West home areas where residents reside, resident outdoor space and reviewed housekeeping and maintenance policies, procedures, schedules and audits.

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	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



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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 home is not kept clean, specifically carpeting, walls and floors.

The home has a contracted service for their floor and carpet care program. The service is required to deep clean the floors and carpets monthly in dining rooms, corridors, lounges and resident rooms. The housekeeping and maintenance staff are required to conduct daily cleaning of floors and spot cleaning of the carpets as per their policies ESM02-01-11 and ESM02-01-12.

i. The perimeter of the room floor in the 3E dining room and the baseboards and wall surfaces near the floor were observed to be discoloured, with the appearance of ground in dirt. Housekeeping staff reported that the machines used by the contracted service shoot out dirty water and wax as the machine passes along the perimeter of the room. The material, once hardened onto the horizontal surfaces is difficult to remove. The servery floor in 3E in and around the dishwasher was dirty, with accumulated debris around the machine. The flooring transition strip located in the 3W dining room beside the resident's refrigerator was observed to have accumulated debris layered in front of and behind the strip on August 1, 2013.

ii. Resident bedroom floors were noted to be discoloured, worn and/or scratched with wear patterns (i.e W 312, 316, 305, 304, 303, 319, 301 and E325, 316, 324, 323, 321, 320, 301, 313, 311). The flooring material is not maintained by in home staff and the wax deteriorates, allowing dirt and spills to stain the tiles. The contracted service provides floor care only once per year. The in home staff only mop the floors but do not use any machines to maintain the wax and sealants.

iii. A large section of the carpet in the 3E home area, near the nurse's station was stained in appearance on August 21 and 27th, 2013. The contracted service deep cleans the carpet monthly. The home's policy states that the service will clean the carpet as often as traffic in the area requires. Home staff have access to a spot cleaner, but it is scheduled to be done only once every 3 months.

iv. Wall surfaces were visibly soiled in 3E rooms 326, 325, 316, 324, 317, 320, 313. The stains were dry. Housekeeping policies require staff to clean these surfaces daily.

v. Dusty supply air grilles noted on the ceiling in the 3E and 3W dining rooms on



August 21 and 27, 2013.

- vi. Dusty overbed light covers noted in many resident bedrooms on 3E. Light covers remained dusty from August 21 to 27th, 2013.
- vii. The incremental heaters/coolers in the 3E dining room were noted to have mouldy spots growing on the top surfaces, where grilles are located.
- viii. Room #303W was observed to have a lot of visible food debris on the window sill and floor in and around the resident's bed on August 21 and August 27, 2013.

No formal housekeeping audits are conducted by management staff to determine if housekeeping staff are following procedures and schedules and that the level of sanitation is adequate.

Non-compliance was identified for housekeeping issues during an inspection conducted on March 24, 2011. [s. 15(2)(a)]

2. The home's carpeting, located in 3W, has not been maintained in a safe condition and in a good state of repair. On August 21st and 27th, 2013, the carpeting was noted to be buckling and lifting in several sections of the main corridor leading from the elevator to the nurse's station. In this section, the carpet has a number of split seams as well as loose carpeting which has buckled. During the inspection on August 21st, 2013, the inspector's foot got caught in the loose carpet at one of the seams. The buckled areas are not smooth and even and are potential trip hazards for any person walking along the corridor. [s. 15(2)(c)]

Additional Required Actions:

CO # - 001 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. 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,

(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 O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The home's interior and exterior areas have not been maintained in good repair.

1. Four ceiling tiles in the 3E corridor, near the nurse's station were observed by inspectors on August 21st and 27th, 2013 to be wet and mouldy. Eight water stained ceiling tiles were also noted in the 3E dining room (one was slightly mouldy). According to staff working in this area, the tiles are regularly replaced because of frequent water damage. The cause of the water damaged tiles has not been addressed.

2. The floor tiles in the 3E servery, near the dishwasher are in poor condition and the tiles under the steam table were observed to be lifting. In room 316E, tiles are in poor condition near the toilet in the bathroom.

3. Baseboards were observed to be missing in rooms 313W, 310W, 311W, 319W and 311E.

4. Several wall tiles were observed to be missing and the wall was not smooth, tight-fitting and easy to clean in the 3W tub/shower room.

5. The exhaust system in the resident's washroom #302E was not functional and very noisy in room 319E.

6. Door handle to the 3E balcony was not in good condition (very loose). [s. 90(1)(a)]



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's interior and exterior are maintained in good repair, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17.
Communication and response system**

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**
-

Findings/Faits saillants :

The resident-staff communication and response system is not available in every area accessible by residents. An activation station was not available in a convenient location on the balcony that residents use on the 3E home area. [s. 17(1)(e)]



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Loi de 2007 sur les foyers de
soins de longue durée

Issued on this 15th day of October, 2013

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

B. Sosnik



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

Name of Inspector (ID #) /

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

Inspection No. /

No de l'inspection : 2013_189120_0058

Log No. /

Registre no: H-000368-13

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Oct 7, 2013

Licensee /

Titulaire de permis : DEVONSHIRE ERIN MILLS INC.
195 DUFFERIN AVENUE, SUITE 800, LONDON, ON,
N6A-1K7

LTC Home /

Foyer de SLD : ERIN MILLS LODGE NURSING HOME
2132 DUNDAS STREET WEST, MISSISSAUGA, ON,
L5K-2K7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MARY WHALEN

To DEVONSHIRE ERIN MILLS INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and
Long-Term Care

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

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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)
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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 and submit a plan that summarizes the following:

1. Short-term actions to ensure that the floor/carpet care program is implemented and completed as per the home's policy ESM02-01-11 and 02-01-12.
2. Long-term actions to address how the floor/carpet care program will be monitored to ensure that floors/carpets are maintained as per policy ESM02-01-11 and 02-01-12.
3. Short-term actions to ensure that the carpeting will not pose a tripping hazard to residents, staff and visitors.

Submit the plan to Bernadette.Susnik@ontario.ca by October 31, 2013. The plan is to be implemented by November 29, 2013. If this date is not suitable, please contact the inspector for an extension as soon as possible.

Grounds / Motifs :

1. The home is not kept clean, specifically the homes flooring and carpeting.

The home has a contracted service for their floor and carpet care program. The service is required to deep clean the floors and carpets monthly in dining rooms, corridors, lounges and resident rooms. The housekeeping and maintenance staff are required to conduct daily cleaning of floors and spot cleaning of the

carpets as per their policies ESM02-01-11 and ESM02-01-12.

1. The perimeter of the room floor in the 3E dining room and the baseboards and wall surfaces near the floor were observed to be discoloured, with the appearance of ground in dirt. Housekeeping staff reported that the machines used by the contracted service shoot out dirty water and wax as the machine passes along the perimeter of the room. The material, once hardened onto the horizontal surfaces is difficult to remove. The servery floor in 3E in and around the dishwasher was dirty, with accumulated debris around the machine. The flooring transition strip located in the 3W dining room beside the resident's refrigerator was observed to have accumulated debris layered in front of and behind the strip on August 1, 2013.
2. Resident bedroom floors were noted to be discoloured, worn and/or scratched with wear patterns (i.e W 312, 316, 305, 304, 303, 319, 301 and E325, 316, 324, 323, 321, 320, 301, 313, 311). The flooring material is not maintained by in home staff and the wax deteriorates, allowing dirt and spills to stain the tiles. The contracted service provides floor care only once per year. The in home staff only mop the floors but do not use any machines to maintain the wax and sealants.
3. A large section of the carpet in the 3E home area, near the nurse's station was stained in appearance on August 21 and 27th, 2013. The contracted service deep cleans the carpet monthly. The home's policy states that the service will clean the carpet as often as traffic in the area requires. Home staff have access to a spot cleaner, but it is scheduled to be done only once every 3 months and not according to need.
(120)
2. The home's carpeting, located in 3W, has not been maintained in a safe condition and in a good state of repair. On August 21st and 27th, 2013, the carpeting was noted to be buckling and lifting in several sections of the main corridor leading from the elevator to the nurse's station. In this section, the carpet has a number of split seams as well as loose carpeting which has buckled. During the inspection on August 21st, 2013, the inspector's foot got caught in the loose carpet at one of the seams. The buckled areas are not smooth and even and are potential trip hazards for any person walking along the corridor. (120)



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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 29, 2013



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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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section 154 of the *Long-Term Care
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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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de l'article 154 de la *Loi de 2007 sur les foyers
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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 7th day of October, 2013

Signature of Inspector /
Signature de l'inspecteur : *B. Susnik*

Name of Inspector /
Nom de l'inspecteur : BERNADETTE SUSNIK

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