Ontario

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

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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
Jan 28, 2013	2013_189120_0005	H-000021-13	Complaint

Licensee/Titulaire de permis

BLACKADAR CONTINUING CARE CENTRE INC.
101 CREIGHTON ROAD, DUNDAS, ON, L9H-3B7

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

BLACKADAR CONTINUING CARE CENTRE
101 CREIGHTON ROAD, DUNDAS, ON, L9H-3B7

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 15, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Food/Environmental Services Supervisor and staff.

During the course of the inspection, the inspector(s) toured all 3 floors of the building, observed the operation of the elevator, tested the door access control systems, toured the exterior front of the building and reviewed elevator service reports.

The following Inspection Protocols were used during this inspection:
Critical Incident Response

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.) 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 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.

Findings/Faits saillants :

The licensee of the long-term care home did not ensure that the home is a safe and secure environment for its residents.

1. A resident accessible outdoor space was not secured at the time of the visit. A section of the fencing that is required to surround the area had approximately a 2 foot gap between a chain link fence and a wood fence. The gap was reported to have been exposed after a bush was removed in the fall. Residents were observed exiting and entering the home via a double door which leads to the outdoor space. The door access control system was disengaged and the doors were unlocked. The gap can easily be used by residents to leave the property unnoticed.

2. Washrooms located on all 3 levels of the home which were labeled "visitor and staff washrooms" were observed to all have a chain lock on them. Any individual, including a resident using the facilities could become unknowingly locked or trapped inside.

3. A construction worker positioned a ladder directly in front of the 3rd floor fire exit door on the exterior. When the door was tested and opened, the door hit the ladder and blocked the door from opening.

4. The home's elevator has been reported by staff and visitors as not stopping level on an intermittent basis for many months, causing an uneven surface. Staff and visitors have reported seeing residents struggling over the transition and staff have had difficulty transporting their carts over the transition. According to management staff, they are unaware of this concern. According to the contractors who have reviewed and inspected the elevator consistently over the last year, a safety issue with the elevator not stopping level has not been identified. However, they reported to the maintenance person that the oil used in the elevator's hydraulic system, when cold, will cause the elevator to settle unevenly until it warms up. The home staff have not advised elevator users that a trip hazard may present itself from time to time and that precautions need to be taken when using the elevator to avoid any possible injuries. [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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

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. O. Reg. 79/10, s. 9. (1).
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. O. Reg. 79/10, s. 9. (1).
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).

Findings/Faits saillants :

The licensee of a long term care home has not ensured 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,

ii. equipped with a door access control system that is kept on at all times.

A door leading to a stairwell located on the east side of the building was not locked or equipped with a door access control system that is on at all times.

The home has 3 floors in total, 2 of which have stairwell doors equipped with a door access control system. However, on the lowest level, the stairwell door which leads up to the other floors and to an unlocked door leading to an enclosed outdoor space, is not equipped with a door access control system. The stairwell is easily accessed by residents who use the lowest level for dining, activities and other services. The management of the home are aware of the issue and have short-term plans to add a magnetic lock to the door. [s. 9. (1) 1. ii.]

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 all door leading to stairways are equipped with a door access control system that is kept on at all times, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans

Specifically failed to comply with the following:

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with,
i. fires,
ii. community disasters,
iii. violent outbursts,
iv. bomb threats,
v. medical emergencies,
vi. chemical spills,
vii. situations involving a missing resident, and
viii. loss of one or more essential services. O. Reg. 79/10, s. 230 (4).

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:
3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home. O. Reg. 79/10, s. 230 (4).

s. 230. (6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information. O. Reg. 79/10, s. 230 (6).

Findings/Faits saillants :

The licensee has not ensured that the emergency plans provide for the following:

viii. loss of one or more essential services.

The home currently has one elevator which is considered an essential service. When the elevator breaks down, residents who cannot walk are not able to return to their room or leave their floor when they wish. This occurred between December 24 and 28, 2012 when the home's elevator broke down and residents in wheelchairs had to remain on the floor they became stranded on and residents could not leave the home. As reported by several staff members of the home, a contingency plan is not currently available.

A contingency plan for a loss of water that is not planned is not available. [s. 230. (4) 1.]

2. The home does not have resources, supplies and equipment vital for emergency response being set aside and readily available at the home.

The home does not have equipment readily available at the home to transport residents up and down the stairwells should their elevator breakdown. Residents who are not able to use the stairs would effectively be stranded on their floors. [s. 230. (4) 3.]

3. The licensee has not ensured that the emergency plans for the home have been evaluated and updated at least annually.

The home's protocol for "Planned Water Shut Down" was last revised February 1998. The information in the plan is not consistent with the roles and responsibilities reported to the inspector during an inquiry conducted on January 21, 2013. On January 19, 2013, a major water supply line burst and had to be shut down for repairs for a period of 13 hours. The management of the home were notified by their municipality at 4:30 a.m. that the water would be cut off at 6:30 a.m. The directions in the plan for dietary, laundry and nursing staff are outdated and no longer appropriate based on current regulations and best practices. The current plan does not address the following:

1. Adequate provisions for hand washing with soap and running water for residents and staff, especially dietary and nursing staff in convenient areas. The plan refers to filling a sink with bleach and water for "emergency hand washing". This is an outdated method and not necessary when equipment exists to offer running water. The plan directs staff to use alcohol based foam preparations for "hand washing" which is unacceptable for hands that are visibly soiled.
2. Adequate provisions of supplies for the duration of the shut down such as linens. The plan does not address whether back up linens are available, whether they are washed, where they are stored and whether or not a contracted service can be contacted if the service will be down for an extended period of time.
3. Alternative solutions of acquiring potable water has not been identified (retirement home, water supply truck etc) and how water will be transported and stored within the home.
4. Methods to ensure that bodily waste is disposed of i.e. toilet flushing, use of bed pans, wash basins and urinals and how they will be stored and cleaned.
5. Methods to ensure resident bathing is provided where necessary. No mention of bed baths noted in the home's plan. [s. 230. (6)]

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 licensee has emergency plans that provide for the loss of one or more essential services and that the plans are evaluated and updated annually, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):
1. An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding. O. Reg. 79/10, s. 107 (1).
2. An unexpected or sudden death, including a death resulting from an accident or suicide. O. Reg. 79/10, s. 107 (1).
3. A resident who is missing for three hours or more. O. Reg. 79/10, s. 107 (1).
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing. O. Reg. 79/10, s. 107 (1).
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act. O. Reg. 79/10, s. 107 (1).
6. Contamination of the drinking water supply. O. Reg. 79/10, s. 107 (1).

Findings/Faits saillants :

The licensee of a long-term care home did not ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):
1. An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding.

The home failed to report to the Director immediately that the home's only elevator failed on December 24, 2012 at approximately 4:30 p.m. A critical incident report was filed on December 27, 2012.
[s. 107. (1)]

Issued on this 28th day of January, 2013

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

B. Susnik