



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

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

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 12, 2018	2018_486653_0018	022054-18	Other

Licensee/Titulaire de permis

The Royale Development GP Corporation as general partner of The Royale
Development LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Bloomington Cove Care Community
13621 Ninth Line Stouffville ON L4A 3C8

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

ROMELA VILLASPIR (653), ADELFA ROBLES (723)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): August 21, and 22, 2018.

The purpose of this inspection was to conduct a Post-Occupancy inspection.

During the course of the inspection, the inspectors conducted a tour of the home, observed dining and snack service, observed staff to resident interactions, and observed infection prevention and control practices.

During the course of the inspection, the inspector(s) spoke with the Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Housekeepers (HKs), Director of Care (DOC), and the Executive Director (ED).

**The following Inspection Protocols were used during this inspection:
Dining Observation
Infection Prevention and Control
Safe and Secure Home**

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>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 O.Reg 79/10, s. 9. Doors in a home
Specifically failed to comply with the following:**

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

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

Findings/Faits saillants :



1. The licensee had failed to ensure that the following rules had been complied with: 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.

During the initial tour of the home on an identified date and three separate times, the linen closet doors in three identified home areas were found unlocked and the inspector was able to push the door open, and the staff confirmed that the linen closet doors should have been kept locked. On an identified date and time, in an identified home area, Inspector #723 observed the storage room door propped open and unequipped with a lock. The inspector asked Personal Support Worker (PSW) #105 to enter the storage room with them, and both observed a ladder inside that lead to an opened part of the ceiling. Interviews with PSW #105 and Housekeeper (HK) #106 at an identified time, confirmed that the storage room door was propped open and unequipped with a lock at the time. PSW #105 further indicated that the storage room was a non-residential area and the door was supposed to be equipped with a lock and kept closed and locked for safety reasons, especially since that area was still under construction.

An interview with Registered Nurse (RN) #102 confirmed that residents should not have access to linen closets and that the linen closet doors were supposed to be kept closed and locked when they are not being supervised by staff due to potential safety risks.

An interview with the Director of Care (DOC) indicated that residents were not allowed access to linen closets and storage rooms, and that linen closet doors should be kept closed and locked at all times for safety reasons. The DOC further indicated that the storage room door mentioned above was supposed to be equipped with a lock and must be kept closed and locked at all times, as residents might enter the room without the staff noticing and may put the residents' safety at risk. The DOC acknowledged that in the above mentioned observations, the home did not ensure that all doors leading to non-residential areas were equipped with locks, and kept closed and locked when they were not being supervised by staff. [s. 9. (1) 2.]



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 following rules are complied with: 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)**
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)**
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)**
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)**
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the contact information of the Director, or the contact information of a person designated by the Director to receive complaints; 2017, c. 25, Sched. 5, s. 21 (1)**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)**
 - (g.1) a copy of the service accountability agreement as defined in section 21 of the Commitment to the Future of Medicare Act, 2004 entered into between the licensee and a local health integration network;**
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)**
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)**
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)**
 - (k) copies of the inspection reports from the past two years for the long-term care**



home; 2007, c. 8, s. 79 (3)

(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)

(l.1) a written plan for achieving compliance, prepared by the licensee, that the Director has ordered in accordance with clause 153 (1) (b) following a referral under paragraph 4 of subsection 152 (1); 2017, c. 25, Sched. 5, s. 21 (3)

(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)

(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)

(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)

(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)

(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :

1. The licensee had failed to ensure that copies of the inspection reports from the past two years for the long-term care home were posted in the home.

During the initial tour of the home on an identified date and time, Inspector #723 reviewed the Ministry of Health (MOH) Inspection Reports in a black plastic binder located inside the glass enclosed MOH bulletin board on the main floor outside the multi-purpose lounge.

It was noted that the following MOH public inspection reports were not included in the binder:

-#2017_370649_0016 Report Date: October 17, 2017,

-#2017_626501_0025 Report Date: January 2, 2018,

-#2018_414110_0005 Report Date: May 11, 2018.

An interview with the DOC indicated that the above mentioned public inspection reports were not posted in the home as required. [s. 79. (3) (k)]



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Issued on this 13th day of September, 2018

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

Original report signed by the inspector.