



**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**

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

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**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 23, 2014	2014_304133_0013	O-000298- 14	Complaint

**Licensee/Titulaire de permis**

BROADVIEW NURSING CENTRE LIMITED  
210 Brockville Street, Smiths Falls, ON, K7A-3Z4

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

BROADVIEW NURSING CENTRE  
210 Brockville Street, Smiths Falls, ON, K7A-3Z4

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

JESSICA LAPENSEE (133)

**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): April 14, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, a member of housekeeping and laundry services, and two residents.**

**During the course of the inspection, the inspector(s) reviewed the laundry schedule, observed the laundry room and current accumulation of soiled laundry and clean laundry awaiting delivery back to the residents, and reviewed resident council meeting minutes for January, February and March 2014 along with the associated responses from the Administrator. The inspector also verified the functioning of door alarms, and associated hardware, on all resident accessible doors that lead to the outside of the home.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Laundry  
Safe and Secure Home**

**Findings of Non-Compliance were found during this inspection.**



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**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. 9. Doors in a home**



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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).

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Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 1. iii. in that the licensee has failed to ensure that all resident accessible doors leading to the outside of the home are equipped with a manual alarm reset switch as is prescribed. This is in specific reference to the home's main exit door.

During the inspection, on April 14th, 2014, the inspector noted that an alarm sounded as soon as either of the home's two inner main exit doors were opened, and that the alarm appeared to cancel itself when the opened door was closed. Upon closer observation, it was noted that the alarm canceled itself at a point where the doors were almost closed, with a small gap between the doors of approximately 0.5 of an inch remaining. The alarm canceled itself before the magnetic lock connection plates, at the top of the doors, had made contact. The alarm therefore canceled itself before the main exit doors were closed and locked. If either door were to remain in this open position, staff would not be alerted to the immediate risk. The alarm is connected to an audio visual enunciator, that is connected to the nurses' station, as is required. While there is an alarm bypass panel at the main exit, there is no manual alarm reset switch. A door alarm is to be cancelled by a person, using the manual reset switch at the door which has activated the alarm. It is noted that the 4 other resident accessible doors that lead to the outside of the home are equipped with a manual alarm reset switch as is required. [s. 9. (1)]

***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 with the requirement that all resident accessible doors leading to the outside of the home are equipped with a manual door alarm reset switch, and that the only means of cancelling an activated door alarm is by use of said manual door alarm reset switch,, to be implemented voluntarily.***

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**Issued on this 23rd day of April, 2014**

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