



**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  
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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>
Dec 9, 2013	2013_178102_0029	200-13, 429- 13, 278-13, 734-13	Critical Incident System

**Licensee/Titulaire de permis**

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

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

CARESSANT CARE ON MCLAUGHLIN ROAD  
114 McLaughlin Road, LINDSAY, ON, K9V-6L1

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

WENDY BERRY (102)

**Inspection Summary/Résumé de l'inspection**



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 28, 2013

This inspection is related to 4 critical incident reports of resident elopements. It was noted that the operation of the door opener at the main entrance door is now separated from the keypad door access control system, which decreases the amount of time that the door is in an open position.

During the course of the inspection, the inspector(s) spoke with the interim Administrator, the Director of Care, the Food Services Manager, several Nursing staff, visitors and residents.

During the course of the inspection, the inspector(s) toured the home; checked door security systems; reviewed records related to 4 critical incidents; reviewed posted minutes for the Residents' and Family Council meetings.

The following Inspection Protocols were used during this inspection:  
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

Legendé

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

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



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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; O. Reg. 363/11, s. 1 (1, 2).

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. 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).

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Findings/Faits saillants :



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1. During the time of the inspection on November 28, 2013 the door access control system on the resident accessible door to the outside located in the 1st floor service wing area, was observed to be set to bypass at 12:08 pm.

-The door was closed but was not locked.

-The door alarm system was not activated when the door was opened and held open by the inspector.

-The indicator light on the keypad adjacent to the door was "green", indicating bypass mode had been activated. The system remained on bypass until the Administrator was notified by the inspector at approximately 12:18 pm.

-The door leads to a driveway and parking area on the north side of the home. It does not lead to a secure outdoor area.

-The door was not under observation or supervision by staff. Staff walking past the door did not identify that the door security system was not activated.

It was noted that a sign is posted on the wall surface adjacent to the door that states "Make sure this door is not on By-Pass".

Residents were placed at increased risk for potential harm with the resident accessible door leading from the service area to the outside of the home set to bypass, leaving the door unlocked, unalarmed and the door access control system deactivated. [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 to ensure that all staff are trained on safety and security requirements related to resident accessible doors leading to the outside of the home, to be implemented voluntarily.***

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Issued on this 9th day of December, 2013

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

A handwritten signature in black ink, reading "Cheryl Berry". The signature is written in a cursive style with a large initial "C".