



**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**

**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 5, 2018	2018_597655_0009	001026-18, 009338-18	Follow up

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Carlingview Manor
2330 Carling Avenue OTTAWA ON K2B 7H1

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

MICHELLE EDWARDS (655)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 9, 11, 15, 22, and June 20, 2018, on-site; and May 25 and June 1, 4, 8, and July 4, 2018 off-site.

The following logs were inspected concurrently: 001026-18, a follow-up related to doors in a home; and, 009338-18, a critical incident related to a missing resident (less than 3 hours).

This inspection was conducted concurrently with Critical Incident System Inspection #2018_730593_0004.

During the course of the inspection, the inspector(s) spoke with residents and staff, including personal support workers (PSWs), registered practical nurses (RPNs) and registered nurses (RNs), receptionists, maintenance staff, the Office Manager, an Associate Director of Care (ADOC), the Environmental Service Manager (ESM), the Assistant Executive Director (AED), the Executive Director (ED), and the Regional Manager, Clinical Services.

During the inspection, the inspector also observed the provision of care and services to residents, reviewed resident health care records, relevant policies, and records related to the audits and checks completed on doors and signaling devices (roam alert system).

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

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

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 9. (1)	CO #001	2017_708548_0029		655

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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:**

**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.**

**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).**

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, or doors that residents do not have access to, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation; and, is connected to the resident-staff communication and response system, or 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, as required under Ontario Regulation 79/10, s. 9 (1) (1) (iii).

On May 11, 2018, Inspector #655 observed three doors leading to the outside of the home (the main front and rear entrances/exits of the home, and a fire exit door located in the dining room on the ground floor) to which residents have access to. At the time of the observations, Inspector #655 was accompanied by Environmental Service Manager (ESM) #102.

- i. The fire exit door located in the dining room on the ground floor of the home was observed, initially, to be closed and locked. At the time of the observation, ESM #102 then by-passed the magnetic locking device in order to open the door and test the door alarm. Within approximately two seconds, the audible door alarm was triggered. The door alarm was found to be connected to a digital screen located in the lobby area near the reception desk, where a visual notification was displayed indicating that the dining room door was open. The alarm was observed to be deactivated by ESM #102 using the key pad located at the door.
- ii. The rear entrance/exit door located in the lobby area on the ground floor of the home was observed, initially to be closed and locked. At the time of the observation, the door was then opened by ESM #102 in order to test the door alarm. Within approximately thirty seconds of the door being open, an audible alarm was triggered. At the same time, a visual notification displayed on the digital screen near the reception desk, identifying that the rear entrance/exit door alarm had been triggered. The alarm was observed to be deactivated by ESM #102 using the key pad located at the door.
- iii. The front entrance/exit door located in the lobby area on the ground floor of the home was observed, initially to be closed and locked. The door was then observed to be opened by ESM #102 in order to test the door alarm. The front door, an automatic swing-door, opened automatically after the key code was entered, remained fully open for approximately 13 seconds, and then closed automatically (the travel time each way was 7-7.5 seconds). When the door was prevented from closing, an audible door alarm sounded within approximately one minute and five seconds to one minute and eight seconds. At the same time, a visual notification displayed on the digital screen near the reception desk identifying that the front door alarm was triggered. ESM #102 indicated to Inspector #655 at the time of the observation – and later confirmed, that the front entrance/exit door alarm can be deactivated by the key pad (at the point of activation), or alternatively by a push-button located at the reception desk.



During the above-noted observations, there had been no indication that any clinical staff had been aware that the above-noted door alarms had been activated. There was no indication that any of the three doors were connected to the resident-staff communication system or to an audio visual enunciator at the nearest nurses' station.

On May 11, 2018, Receptionist #103 indicated to Inspector #655 that all door alarms for doors located on the ground level and lower level of the home, including the above-noted resident-accessible doors which lead to the outside of the home, are connected to an audio visual enunciator (a digital screen) located at the reception desk. Receptionist #103 indicated to Inspector #655 that when a door alarm is triggered on the ground level, it is they who will respond to the alarm. According to Receptionist #103, nursing staff are not notified when a door alarm has been triggered on the ground floor because it is not connected to the resident-staff communication system. Receptionist #103 indicated to Inspector #655 that a receptionist sits at the reception desk located in the lobby area on the ground level of the home daily from 0500 hours until 2300 hours. According to Receptionist #103, the reception desk is not staffed between 2300 hours and 0500 hours, during which time the front and rear entrance/exit doors are kept locked and key code pad disabled.

On May 15, 2018, Inspector #655 spoke to staff on the second floor, where the nurses' station nearest to the above-noted ground level doors leading to the outside of the home was located. Neither PSW #107 nor RPN #106 were aware of any mechanism through which staff on the second floor would be notified of a door alarm having been triggered on the ground floor. RPN #106 indicated to Inspector #655 that door alarms on the ground floor were not connected to the resident-staff communication system or by any means to the second floor nurses' station.

On May 15, 2018, Office Manager #105 indicated to Inspector #655 that they monitor the functioning of the door alarm system as part of a weekly auditing process. According to Office Manager #105, the audit process involves checking all doors in the home which lead to stairwells and all doors in the home which lead to the outside, including the front and rear exit/entrance doors and the dining room fire exit door, each located on the ground floor and accessible to residents. According to Office Manager #105, these doors are checked to ensure that they are initially closed and locked. Then, the doors are opened in order to test the alarm. Office Manager #105 indicated to Inspector #655 that once the alarm is triggered, it is deactivated at the door and the door is re-secured. There was no indication that a check was in place to ensure that the audible door alarm was connected to (a): the resident-staff communication and response system; or, to (b): an

audio visual enunciator connected to the nearest nurses' station (on the second floor).

Over the course of the inspection, ESM #102, AED #100, and ED #117 confirmed that the ground level doors leading to the outside of the home were not equipped with door alarms that were connected to the resident-staff communication and response system. ESM #102, AED #100, and ED #117 further confirmed that the above-noted doors were not connected to an audio visual enunciator that was connected to the nurses' station nearest to the door - in this case, the second floor nurses' station.

ESM #102 further confirmed that the push-button located at the reception desk on the ground floor serves the same function as a key pad in that it can be used to over-ride the front door key pad to open the door remotely; and that it also deactivates the alarm.

On May 25, 2018, ED #117 informed Inspector #655 that as of May 23, 2018, the above-described doors leading to the outside of the home, which are accessible to residents, had since been connected to the resident-staff communication system. According to ED #117, the door alarm system had always had capacity to perform this way; however, this function had not been enabled.

The licensee has failed to ensure that all doors leading to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, or doors that residents do not have access to, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, or 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.

The severity of this issue was determined to be a level 2 as there was potential for actual harm to residents. The scope of the issue was a level 3 (widespread) as all three of the ground floor doors observed were affected. The home had a level 4 compliance history, where continued non-compliance was identified with the original area of non-compliance: a written notification (WN) and compliance order (CO) was issued under O. Reg. 79/10, s. 9 (1) on January 11, 2018 (inspection #2017_708548_0029). As such, a compliance order will be issued. [s. 9. (1)]



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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

1. The licensee has failed to comply with every order made under the Long-term Care Homes Act, 2007.

On January 11, 2018, the following compliance order (CO #001) from inspection number 2017_708548_0029 was issued under Ontario Regulation 79/10, s. 9 (1), as a result of findings related to s. 9 (1) (1) (i) and (ii):

Immediately upon receiving this order, and until the compliance date of March 15, 2018, has been reached, the Licensee shall:

1. implement a process to increase the frequency of the manual checks of all doors leading to the outside of the home; to ensure the doors are kept closed and locked. At a minimum, these manual checks should be carried out three times a day, once every shift,
2. ensure that the facility-wide security systems, including signaling devices, are inspected, tested and maintained in accordance with the home's policy and procedures and, corrective actions are taken in a timely fashion if problems are identified and,
3. ensure that all actions and steps taken in response to this order are documented in details sufficient to demonstrate compliance.



The compliance date was March 15, 2018.

At the time of the follow-up inspection, the licensee was found to be in compliance with the legislative requirements under O Reg. 79/10, s. 9 (1) (1) (i) and (ii); however, the licensee had not complied with all of the conditions contained in the order:

The licensee completed steps (1) and (3) in CO #001.

The licensee failed to complete step (2).

i. The licensee failed to ensure that the facility-wide security systems, including signaling devices (i.e. the roam alert system), were inspected, tested, and maintained in accordance with the home's policy and procedures, when the required daily checks of resident roam alert systems were not completed on eight separate occasions between January 11 and March 15, 2018; and, were not completed on a specified date, when resident #003 was able to exit their resident home area.

Inspector #655 reviewed the licensee's policy titled "LTC-Door Alarms" (ADMIN10-010.02), effective August 31, 2016.

According to the policy, devices (such as bracelets) which are connected to the roam alert system must be checked for functionality on a daily basis; and documentation of the checks must be maintained. In the policy it is indicated that the documentation of the checks may be completed using a tool referred to as the "Daily Checklist for Signalling Devices".

During the inspection, Inspector #655 reviewed the above-noted policy with AED #100.

On May 14, 2018, AED #100 indicated to Inspector #655 the term "signalling devices", as written in the above-noted policy, refers to a device that is connected to the roam alert system (in this home, the device was found most often to be a sensor attached to a bracelet which was worn by residents' either around the wrist or ankle). AED #100 further indicated that in place of the above-noted documentation tool ("Daily Checklist for Signaling Devices"), the document titled "Residents Roam Alert Bracelet List" is used to document the daily checks of resident roam alert bracelets. Over the course of the inspection, AED #100 confirmed that in accordance with the licensee's policy, roam alert bracelet checks are expected to be completed on a daily basis.



Resident #003 was identified by the home as a user of the roam alert bracelet.

According to resident #003's plan of care, resident #003 exhibited specific types of responsive behaviours. The same was identified in resident #003's care plan document. According to the care plan, resident #003 was to have a roam alert sensor applied.

On review of the progress notes, Inspector #655 identified an incident that occurred on a specified date, in which resident #003 was able to exit their resident home area.

According to a progress note entered on the same day by RN #118, resident #003 was found to be on another resident home area, on a different floor, in another resident room.

Over the course of the inspection, Inspectors #593 and #655 interviewed several staff members who identified resident #003 as exhibiting a specific type of behaviour, including PSWs and registered nursing staff. During an interview, PSW #102 further described resident #003 as being mobile.

None of the staff members who were interviewed during the inspection were able to explain how resident #003 was able to exit their resident home area to get to another floor on the specified date, as described in the above-described progress note.

Inspector #655 reviewed the document titled "Residents Roam Alert Bracelet List" for a nine day period during which time, on a specified day, the above-described incident occurred. The lists that were reviewed were provided to Inspector #655 by ED #117.

The documentation on the list is indicative that resident #003's roam alert bracelet was tested for functionality on a daily basis between for the first five days in the nine day period; and then again two days and three days after the above-described incident occurred. There were no records available to demonstrate that resident #003's roam alert bracelet had been checked for functionality on the day that resident #003 left their resident home area, or on the following day.

On June 8, 2018, Inspector #655 spoke with ED #117. According to ED #117, resident #003 left their own resident home area on the specified date, as per the above-described progress note. During the interview, ED #117 described the circumstances under which resident #003 was able to do so.

At the same time, ED #117 indicated to Inspector #655 that the daily check of residents'



roam alert bracelets was not completed on the day that resident #003 left their resident home area; nor were they completed on the following day. ED #117 further explained that at that time, the Charge Nurse had been assigned to the task of checking all resident roam alert bracelets in the building for functionality on specified days – a process that was ultimately found to be unsustainable. As a result, none of the roam alert bracelets in use by residents' in the home were checked for functionality on the day that resident #003 left their home area or the following day.

According to the “Residents Roam Alert Bracelet List” that was completed the day before resident #003 left their home area, there was a total of 43 individual residents in the home who were wearing roam alert bracelets at the time.

Inspector #655 reviewed the “Residents Roam Alert Bracelet Lists” for a five week period, starting on January 11, 2018 - the date CO#001 was issued; and ending March 15, 2018 - the compliance date associated with CO#001. On review of the "Residents Roam Alert Bracelet Lists", Inspector #655 found no records for the following dates: January 7, January 8, January 12, January 22, February 5, February 9, February 19, and March 5, 2018.

The licensee has failed to complete step (2) of CO #001, issued on January 11, 2018, under Ontario Regulation 79/10, s. 9 (1), from inspection number 2017_708548_0029 when the required daily checks of resident roam alert systems were not completed on eight separate occasions between January 11 and March 15, 2018; and, were not completed on a specified date when resident #003 was able to exit their resident home area.

Facility-wide security systems, including signaling devices (resident roam alert bracelets), were not inspected, tested, and maintained in accordance with the home's policy and procedures. As such, the licensee has failed to comply with every order made under the Long-term Care Homes Act, 2007. [s. 101. (3)]



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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 step (2) of compliance order (CO) #001 made under the Long-term Care Homes Act, 2007, and issued on January 11, 2018, from inspection number 2017_708548_0029, is complied with, to be implemented voluntarily.

Issued on this 5th day of September, 2018

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

Original report signed by the inspector.



**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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MICHELLE EDWARDS (655)

Inspection No. /

No de l'inspection : 2018_597655_0009

Log No. /

No de registre : 001026-18, 009338-18

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jul 5, 2018

Licensee /

Titulaire de permis : Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600, MISSISSAUGA, ON,
L4W-0E4

LTC Home /

Foyer de SLD : Carlingview Manor
2330 Carling Avenue, OTTAWA, ON, K2B-7H1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Matt Carroll

To Revera Long Term Care Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

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*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, 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.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

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.

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).

Order / Ordre :



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*

The licensee must be compliant with O.Reg.79/10, s. 9 (1) (1) (iii).

Specifically, the licensee shall:

1. Ensure that 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 are 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, as required by O. Reg 79/10 s. 9 (1) (1) (iii),

2. Develop and implement a process for ensuring that all requirements under s. 9 (1) (1) (iii) of O. Reg 79/10 are taken into consideration by the Environmental Service Manager or designate in conducting the weekly checks of the facility wide security-systems (specifically, of the doors and door alarms) as indicated in the licensee's policy titled "LTC-Door Alarms" (ADMIN10-010.02); and,

3. Ensure that corrective action is taken immediately if any deficiencies related to the security of the doors leading to the outside of the home are identified as a result of the monitoring processes.

A written record shall be kept of everything required under (2) and (3) above. Ensure that all actions and steps taken in response to this order are documented in details sufficient to demonstrate compliance and immediacy of actions taken where deficiencies are found. For further clarification: names of staff and all dates, times, and actions related to the weekly checks and any follow-up actions in response to those checks must be recorded.

The compliance due date is September 5, 2018.

Grounds / Motifs :

1. The licensee has failed to ensure that all doors leading to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, or doors that residents do not have access to, are equipped with an

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

audible door alarm that allows calls to be cancelled only at the point of activation; and, is connected to the resident-staff communication and response system, or 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, as required under Ontario Regulation 79/10, s. 9 (1) (1) (iii).

On May 11, 2018, Inspector #655 observed three doors leading to the outside of the home (the main front and rear entrances/exits of the home, and a fire exit door located in the dining room on the ground floor) to which residents have access to. At the time of the observations, Inspector #655 was accompanied by Environmental Service Manager (ESM) #102.

i. The fire exit door located in the dining room on the ground floor of the home was observed, initially, to be closed and locked. At the time of the observation, ESM #102 then by-passed the magnetic locking device in order to open the door and test the door alarm. Within approximately two seconds, the audible door alarm was triggered. The door alarm was found to be connected to a digital screen located in the lobby area near the reception desk, where a visual notification was displayed indicating that the dining room door was open. The alarm was observed to be deactivated by ESM #102 using the key pad located at the door.

ii. The rear entrance/exit door located in the lobby area on the ground floor of the home was observed, initially to be closed and locked. At the time of the observation, the door was then opened by ESM #102 in order to test the door alarm. Within approximately thirty seconds of the door being open, an audible alarm was triggered. At the same time, a visual notification displayed on the digital screen near the reception desk, identifying that the rear entrance/exit door alarm had been triggered. The alarm was observed to be deactivated by ESM #102 using the key pad located at the door.

iii. The front entrance/exit door located in the lobby area on the ground floor of the home was observed, initially to be closed and locked. The door was then observed to be opened by ESM #102 in order to test the door alarm. The front door, an automatic swing-door, opened automatically after the key code was entered, remained fully open for approximately 13 seconds, and then closed automatically (the travel time each way was 7-7.5 seconds). When the door was prevented from closing, an audible door alarm sounded within approximately one minute and five seconds to one minute and eight seconds. At the same

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time, a visual notification displayed on the digital screen near the reception desk identifying that the front door alarm was triggered. ESM #102 indicated to Inspector #655 at the time of the observation – and later confirmed, that the front entrance/exit door alarm can be deactivated by the key pad (at the point of activation), or alternatively by a push-button located at the reception desk.

During the above-noted observations, there had been no indication that any clinical staff had been aware that the above-noted door alarms had been activated. There was no indication that any of the three doors were connected to the resident-staff communication system or to an audio visual enunciator at the nearest nurses' station.

On May 11, 2018, Receptionist #103 indicated to Inspector #655 that all door alarms for doors located on the ground level and lower level of the home, including the above-noted resident-accessible doors which lead to the outside of the home, are connected to an audio visual enunciator (a digital screen) located at the reception desk. Receptionist #103 indicated to Inspector #655 that when a door alarm is triggered on the ground level, it is they who will respond to the alarm. According to Receptionist #103, nursing staff are not notified when a door alarm has been triggered on the ground floor because it is not connected to the resident-staff communication system. Receptionist #103 indicated to Inspector #655 that a receptionist sits at the reception desk located in the lobby area on the ground level of the home daily from 0500 hours until 2300 hours. According to Receptionist #103, the reception desk is not staffed between 2300 hours and 0500 hours, during which time the front and rear entrance/exit doors are kept locked and key code pad disabled.

On May 15, 2018, Inspector #655 spoke to staff on the second floor, where the nurses' station nearest to the above-noted ground level doors leading to the outside of the home was located. Neither PSW #107 nor RPN #106 were aware of any mechanism through which staff on the second floor would be notified of a door alarm having been triggered on the ground floor. RPN #106 indicated to Inspector #655 that door alarms on the ground floor were not connected to the resident-staff communication system or by any means to the second floor nurses' station.

On May 15, 2018, Office Manager #105 indicated to Inspector #655 that they monitor the functioning of the door alarm system as part of a weekly auditing process. According to Office Manager #105, the audit process involves checking

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all doors in the home which lead to stairwells and all doors in the home which lead to the outside, including the front and rear exit/entrance doors and the dining room fire exit door, each located on the ground floor and accessible to residents. According to Office Manager #105, these doors are checked to ensure that they are initially closed and locked. Then, the doors are opened in order to test the alarm. Office Manager #105 indicated to Inspector #655 that once the alarm is triggered, it is deactivated at the door and the door is re-secured. There was no indication that a check was in place to ensure that the audible door alarm was connected to (a): the resident-staff communication and response system; or, to (b): an audio visual enunciator connected to the nearest nurses' station (on the second floor).

Over the course of the inspection, ESM #102, AED #100, and ED #117 confirmed that the ground level doors leading to the outside of the home were not equipped with door alarms that were connected to the resident-staff communication and response system. ESM #102, AED #100, and ED #117 further confirmed that the above-noted doors were not connected to an audio visual enunciator that was connected to the nurses' station nearest to the door - in this case, the second floor nurses' station.

ESM #102 further confirmed that the push-button located at the reception desk on the ground floor serves the same function as a key pad in that it can be used to over-ride the front door key pad to open the door remotely; and that it also deactivates the alarm.

On May 25, 2018, ED #117 informed Inspector #655 that as of May 23, 2018, the above-described doors leading to the outside of the home, which are accessible to residents, had since been connected to the resident-staff communication system. According to ED #117, the door alarm system had always had capacity to perform this way; however, this function had not been enabled.

The licensee has failed to ensure that all doors leading to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, or doors that residents do not have access to, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, or 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.



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The severity of this issue was determined to be a level 2 as there was potential for actual harm to residents. The scope of the issue was a level 3 (widespread) as all three of the ground floor doors observed were affected. The home had a level 4 compliance history, where continued non-compliance was identified with the original area of non-compliance: a written notification (WN) and compliance order (CO) was issued under O. Reg. 79/10, s. 9 (1) on January 11, 2018 (inspection #2017_708548_0029). As such, a compliance order will be issued. (655)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 05, 2018



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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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
Long-Term Care Inspections 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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 5th day of July, 2018

**Signature of Inspector /
Signature de l'inspecteur :**



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Name of Inspector /

Michelle Edwards

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Ottawa Service Area Office