



**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 prévue  
le Loi de 2007 les foyers de  
soins de longue durée**

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

Toronto Service Area Office  
5700 Yonge Street, 5th Floor  
TORONTO, ON, M2M-4K5  
Telephone: (416) 325-9660  
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Bureau régional de services de  
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5700, rue Yonge, 5e étage  
TORONTO, ON, M2M-4K5  
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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**

### **Amended Public Copy/Copie modifiée du public de permis**

<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>
Aug 01, 2014;	2014_357101_0002 (A1)	T-227-13; T-693-13	Follow up

#### **Licensee/Titulaire de permis**

Downsview Long Term Care Centre Limited  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

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

Downsview Long Term Care Centre  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

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

AMANDA WILLIAMS (101) - (A1)

#### **Amended Inspection Summary/Résumé de l'inspection modifié**

**The licensee requested an extension in their compliance date for CO#001.  
Extension granted for one month. Compliance due date changed to August 25,  
2014.**



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**Issued on this 1 day of August 2014 (A1)**

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

A handwritten signature in black ink, appearing to read "D. Wells", written in a cursive style within a rectangular box.



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

AMANDA WILLIAMS (101) - (A1)

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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): March 12, 13 and 14, 2014.**

**This inspection included the following:**

- follow-up to CO#001, 002, 003, 004, 005, 006 issued May 22, 2013 during inspection # 2013\_158101\_0024**
- complaint inspection T-574-13 related to odours in the home.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Manager, Licensee, Director of Business Administration, registered and front-line nursing staff, residents, housekeeping and maintenance staff.**

**During the course of the inspection, the inspector(s) conducted a visual inspection of resident home areas; reviewed the home's environmental job routines, job descriptions and policies and procedures; observed housekeeping cleaning practices and routines.**

**The following Inspection Protocols were used during this inspection:**

- Accommodation Services - Housekeeping**
- Accommodation Services - Maintenance**
- Safe and Secure Home**

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



**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 LTCHA, 2007, s. 15.**

**Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**



1. The licensee failed to comply with a previous order CO#005 issued during inspection # 2013\_158101\_0024 on May 22, 2013 with a required compliance date of December 31, 2013. The order was related to home, furnishings and equipment maintained in safe condition and in a good state of repair. [s. 15. (2) (c)]
2. Damaged flooring was noted in the following areas of the home during the course of the inspection:
  - chipped, cracked and/or unsecured floor tiles were noted in six identified resident rooms.
  - newly installed flooring had areas of yellow staining in nine identified resident washrooms.
  - cracked linoleum flooring was noted in 1 Centres' dining room near the kitchen entrance and between the dining room/activity area. [s. 15. (2) (c)]
3. Previous non-compliance was identified related to walls in the home on May 22, 2013 during inspection # 2013\_158101\_0024. During the course of this inspection, walls were noted to be damaged with cracks, moisture and/or scrapes and gouges in seven identified resident rooms. [s. 15. (2) (c)]
4. Baseboards were noted to be missing with damaged drywall exposed in five identified resident rooms. [s. 15. (2) (c)]
5. Corner guards were noted to be cracked and damaged at the threshold of six identified resident washrooms. [s. 15. (2) (c)]
6. Previous non-compliance was identified related to wooden surfaces in the home on May 22, 2013 during inspection # 2013\_158101\_0024. During the course of this inspection, wooden headboard bumpers were noted to be worn and/or damaged with chips and gouges in four identified resident bedrooms. [s. 15. (2) (c)]
7. The ceiling in the 2 East shower room was noted to be bubbled and sagging in the North-West corner of the room. Equipment was observed to be stored below this area. [s. 15. (2) (c)]

***Additional Required Actions:***



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CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**(A1)The following order(s) have been amended:CO# 001**

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**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, 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).**

**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).**

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#### **Findings/Faits saillants :**

1. The licensee failed to comply with previous orders CO#002, CO#003 and CO#006 issued on May 22, 2013 during inspection # 2013\_158101\_0024 with a compliance date of December 31, 2013 related to door security in the home. [s. 9. (1)]



2. The following doors leading to stairways, in resident home areas, alarms were observed to cancel at the point of activation with the action of closing the door and not by a manual reset switch at each door:

- 1 East Door 31, and
- 2 East Door 27 [s. 9. (1)]

3. The following doors leading to stairways that preclude unsecured doors leading to the outside of the home did not alarm audibly nor display at the nearest nurses' station when held open for a period longer than 3 minutes:

- 1 Centre Door 4, and
- 2 Centre Door 25 [s. 9. (1)]

4. The following doors leading from resident home areas and precluding unsecured doors leading to the outside of the home (i.e. staff entrance) are not equipped with an audible alarm nor connected to an audio visual enunciator that is connected to the nearest nurses' station to the door:

- 1 East Door 19,
- 1 Centre Door 16, and
- 2 Centre Door 24 or the door that precludes the stairway within the activation office area.

It was noted that since the previous Ministry of Health Inspection, the staff entrance magnetic door lock was removed by order of the Fire Department, therefore changing the status of the above three noted doors regarding door security requirements. [s. 9. (1)]

5. The front entrance door is equipped with a door access control system, however it has not been turned on. The home stated that it is awaiting approval from the local Fire Department before they can activate the magnetic door locks. As a result, the front door leading to the outside of the home door access control system is not kept on at all times and the doors are not kept closed and locked. [s. 9. (1)]

6. All doors leading to the retirement side of the home from the long-term care home areas are equipped with magnetic door locks that have not been turned on. The home stated it is awaiting approval from the local Fire Department. As a result, these doors cannot be locked when the area is not supervised by staff. This includes the doors on the 1st floor near the chapel used by both Long-Term Care residents and Retirement residents (as well as the beauty salon located on the retirement side of the first floor doors) and the 2nd floor doors near the visitor elevator. [s. 9. (1) 2.]



***Additional Required Actions:***

**CO # - 002, 003, 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #3: The Licensee has failed to comply with LTCHA, 2007, 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.**

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**Findings/Faits saillants :**

1. Two identified housekeepers were observed to leave spray bottles containing chemicals outside of their housekeeping carts, unattended and accessible to residents on March 14, 2014. Residents were observed to walk by one of the carts while an identified resident was observed to sit across from the second unattended cart. [s. 5.]
2. In an identified resident room, the wall corner joint metal bracket was noted to be protruding approximately five inches out from the wall behind the room door when open. The metal bracket was sharp creating a potential cut/skin tear hazard to residents when the door is closed. [s. 5.]
3. An identified metal transition plate in residents' corridor in 2 Centre (just outside the resident room 229) was observed to be lifting presenting a potential trip hazard. [s. 5.]
4. The staff washroom in 1 East was observed to have painters tape over the latch preventing the door from locking. As a result, residents have access to the staff washroom that does not have a call bell present within the room as well as a sliding bolt lock on the inside preventing the door from readily releasing in cases of emergencies. [s. 5.]

***Additional Required Actions:***



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*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 potential hazardous conditions and substances are not present in the home. This includes ensuring chemicals are kept inaccessible to residents when unattended and potential physical safety hazards are identified, communicated and mitigated. This plan is, to be implemented voluntarily.*

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87.**

**Housekeeping**

**Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**

**(a) cleaning of the home, including,**

**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**

**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

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**Findings/Faits saillants :**

1. Privacy curtains were noted to be soiled in 11 identified resident bedrooms.

Note this issue was previously identified under CO#001 issued on May 22, 2013 during inspection # 2013\_158101\_0024. It was also noted that some improvement has been noted in this area of concern. [s. 87. (2) (a)]

**Additional Required Actions:**



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*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 soiled privacy curtains are identified, communicated and addressed in resident bedrooms in a timely manner. The plan should outline how the home will ensure that areas of higher frequency soiling are addressed in a more timely manner, to be implemented voluntarily.*

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

<b>COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES</b>			
<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 87. (2)	CO #001	2013_158101_0024	101
O.Reg 79/10 s. 87. (2)	CO #004	2013_158101_0024	101



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**Issued on this 1 day of August 2014 (A1)**

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

A handwritten signature in black ink, appearing to read "Derek Williams". The signature is written in a cursive style with a long horizontal stroke at the end.



**Ministry of Health and  
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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la Loi de 2007 sur les  
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O. 2007, chap. 8

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** AMANDA WILLIAMS (101) - (A1)

**Inspection No. /**

**No de l'inspection :** 2014\_357101\_0002 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** T-227-13; T-693-13 (A1)

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Aug 01, 2014;(A1)

**Licensee /**

**Titulaire de permis :** Downsview Long Term Care Centre Limited  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

**LTC Home /**

**Foyer de SLD :** Downsview Long Term Care Centre  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

Christiana Burns



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O. 2007, chap. 8

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

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<b>Order # /</b> <b>Ordre no :</b> 001	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
<b>Linked to Existing Order /</b> <b>Lien vers ordre existant:</b>	2013_158101_0024, CO #005;

**Pursuant to / Aux termes de :**

LTCHA, 2007, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

**Order / Ordre :**

The licensee shall develop and implement a system to address all areas of damaged and worn surfaces, furnishings and equipment in the home. The system must address immediate concerns as well as ongoing preventative and remedial maintenance.

**Grounds / Motifs :**

1. The licensee failed to comply with a previous order CO#005 issued during inspection # 2013\_158101\_0024 on May 22, 2013 with a required compliance date of December 31, 2013. The order was related to home, furnishings and equipment maintained in safe condition and in a good state of repair. (101)



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Aux termes de l'article 153 et/ou de  
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O. 2007, chap. 8

2. The ceiling in the 2 East shower room was noted to be bubbled and sagging in the North-West corner of the room. Equipment was observed to be stored below this area. (101)

3. Previous non-compliance was identified related to wooden surfaces in the home on May 22, 2013 during inspection # 2013\_158101\_0024. During the course of this inspection, wooden headboard bumpers were noted to be worn and/or damaged with chips and gouges in four identified resident bedrooms. (101)

4. Corner guards were noted to be cracked and damaged at the threshold of six identified resident washrooms. (101)

5. Baseboards were noted to be missing with damaged drywall exposed in five identified resident rooms. (101)

6. Previous non-compliance was identified related to walls in the home on May 22, 2013 during inspection # 2013\_158101\_0024. During the course of this inspection, walls were noted to be damaged with cracks, moisture and/or scrapes and gouges in seven identified resident rooms. (101)



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7. Damaged flooring was noted in the following areas of the home during the course of the inspection:

- chipped, cracked and/or unsecured floor tiles were noted in six identified resident rooms.
- newly installed flooring had areas of yellow staining in nine identified resident washrooms.
- cracked linoleum flooring was noted in 1 Centres' dining room near the kitchen entrance and between the dining room/activity area. (101)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Aug 25, 2014(A1)

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<b>Order # /</b>	<b>Order Type /</b>
<b>Ordre no :</b> 002	<b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
<b>Linked to Existing Order /</b>	2013_158101_0024, CO #002;
<b>Lien vers ordre existant:</b>	

**Pursuant to / Aux termes de :**



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Care Homes Act, 2007, S.O.  
2007, c. 8

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O. 2007, chap. 8

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 :**



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

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

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O.  
2007, c. 8

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 shall prepare, submit and implement a plan to ensure that all doors leading to stairways 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 plan shall outline the home's immediate, short-term and long-term strategies to ensure resident safety until such time that the doors leading to stairways and preclude doors leading to the outside of the home are secure as per legislative requirements.

The plan shall be submitted to [Amanda.Williams@ontario.ca](mailto:Amanda.Williams@ontario.ca) no later than Monday May 26, 2014.

**Grounds / Motifs :**

1. The licensee failed to comply with previous order CO#002 with a required date of December 31, 2013. This order was issued during inspection # 2013\_158101\_0024 on May 22, 2013 related to door security leading to stairways in the home. (101)



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2007, c. 8

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O. 2007, chap. 8

2. The following doors leading from resident home areas and precluding unsecured doors leading to the outside of the home (i.e. staff entrance) are not equipped with an audible alarm nor connected to an audio visual enunciator that is connected to the nearest nurses' station to the door:

- 1 East Door 19,
- 1 Centre Door 16, and
- 2 Centre Door 24 or the door that precludes the stairway within the activation office area.

It was noted that since the previous Ministry of Health Inspection, the staff entrance magnetic door lock was removed by order of the Fire Department, therefore changing the status of the above three noted doors regarding door security requirements.

(101)

3. The following doors leading to stairways that preclude unsecured doors leading to the outside of the home did not alarm audibly nor display at the nearest nurses' station when held open for a period longer than 3 minutes:

- 1 Centre Door 4, and
- 2 Centre Door 25

(101)

4. The following doors leading to stairways, in resident home areas, alarms were observed to cancel at the point of activation with the action of closing the door and not by a manual reset switch at each door:

- 1 East Door 31, and
- 2 East Door 27

(101)



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2007, c. 8

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foyers de soins de longue durée, L.  
O. 2007, chap. 8

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Jun 23, 2014

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<b>Order # /</b>	<b>Order Type /</b>
<b>Ordre no :</b> 003	<b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
<b>Linked to Existing Order /</b>	2013_158101_0024, CO #006;
<b>Lien vers ordre existant:</b>	

**Pursuant to / Aux termes de :**



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

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

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O.  
2007, c. 8

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

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 :**



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

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

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**Ordre(s) de l'inspecteur**

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Care Homes Act, 2007, S.O.  
2007, c. 8

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 shall prepare, submit and implement a plan to ensure resident safety is maintained regarding potential unsupervised egress from the home until such time that the front doors are activated to be:

- kept closed and locked
- 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 shall be submitted to [Amanda.Williams@ontario.ca](mailto:Amanda.Williams@ontario.ca) no later than Monday May 26, 2014.

**Grounds / Motifs :**

1. The licensee failed to comply with previous order CO#006 with a required date of December 31, 2013. This order was issued during inspection # 2013\_158101\_0024 on May 22, 2013 related to door security of the front door of the home.

(101)

2. The front entrance door is equipped with a door access control system, however it has not been turned on. The home stated that it is awaiting approval from the local Fire Department before they can activate the magnetic door locks. As a result, the front door leading to the outside of the home door access control system is not kept on at all times and the doors are not kept closed and locked. (101)

**This order must be complied with by /  
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Jun 23, 2014



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

**Order(s) of the Inspector**

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2007, c. 8

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foyers de soins de longue durée, L.  
O. 2007, chap. 8

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<b>Order # /</b> <b>Ordre no :</b> 004	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
<b>Linked to Existing Order /</b> <b>Lien vers ordre existant:</b>	2013_158101_0024, CO #003;

**Pursuant to / Aux termes de :**



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

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

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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section 154 of the Long-Term  
Care Homes Act, 2007, S.O.  
2007, c. 8

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

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 :**

The licensee shall prepare, submit and implement a plan outlining the home's strategy to ensure resident safety and access to non-residential areas (i.e. retirement side of the home) when not supervised by staff until such time that the magnetic door locks can be activated.

The plan shall be submitted to [Amanda.Williams@ontario.ca](mailto:Amanda.Williams@ontario.ca) no later Monday May 26, 2014.



**Ministry of Health and  
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**Ministère de la Santé et des  
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Care Homes Act, 2007, S.O.  
2007, c. 8

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

**Grounds / Motifs :**

1. The licensee failed to comply with previous order CO#003 with a required date of December 31, 2013. This order was issued during inspection # 2013\_158101\_0024 on May 22, 2013 related to door security of non-residential areas (i.e. non Long-Term Care home areas). (101)

2. All doors leading to the retirement side of the home from the long-term care home areas are equipped with magnetic door locks that have not been turned on. The home stated it is awaiting approval from the local Fire Department. As a result, these doors cannot be locked when the area is not supervised by staff. This includes the doors on the 1st floor near the chapel used by both Long-Term Care residents and Retirement residents (as well as the beauty salon located on the retirement side of the first floor doors) and the 2nd floor doors near the visitor elevator. (101)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Jun 23, 2014



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O. 2007, chap. 8

**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 or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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



**Ministry of Health and  
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section 154 of the Long-Term  
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2007, c. 8

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

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

**Ordre(s) de l'inspecteur**

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foyers de soins de longue durée, L.  
O. 2007, chap. 8

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](http://www.hsarb.on.ca).

**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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foyers de soins de longue durée, L.  
O. 2007, chap. 8

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 1 day of August 2014 (A1)**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

AMANDA WILLIAMS

**Service Area Office /**

**Bureau régional de services :**

Toronto