



**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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## **Public Copy/Copie du public**

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<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>
Jul 24, 2017	2017_591623_0011	033889-16	Critical Incident System

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

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

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

Case Manor Care Community  
28 BOYD STREET P.O. BOX 670 BOBCAYGEON ON K0M 1A0

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

SARAH GILLIS (623)

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



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

**This inspection was conducted on the following date(s): July 4, 5, 6, and 7, 2017.**

**The following log was inspected:**

**Log# 033889-16 - Critical Incident for a fall that resulted in injury and transfer to hospital.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), Environmental Service Manager (ESM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Restorative Care Aide (RC), Physiotherapist (PT), Dietary Aides (DA), Receptionist, resident's and family members.**

**In addition, the inspector toured the home, observed staff to resident and resident to resident interactions, reviewed clinical health records, staff education records, program evaluations, policies related to the falls prevention program, reviewed work orders and action plans for the door alarm system.**

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

**Critical Incident Response**

**Falls Prevention**

**Safe and Secure Home**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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**



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 the home's main exit door is kept closed and locked and equipped with a door alarm O. Reg. 79/10, s.9 (1) 1. i, ii.

During the inspection on July 5, 2017, Inspector #623 became aware that the alarm system for the door in the home that included the front doors, was not functioning. During an interview the DOC indicated that the home first became aware of the problem on Friday June 30, 2017 when the front door alarm would not sound if the door was left opened. The DOC indicated that further investigation by the Environmental Service



Manager (ESM) revealed that no door alarms were working in the home, but all magnetic locks for external doors were working.

July 6, 2017 upon inspection of the front door Inspector #623 was able to slide the front door open using one hand and very little effort which then left the internal door ajar. Once stepping through the internal door and into the vestibule, the outside door automatically opened allowing access to the outside. At the time of the test there were no staff present at reception or in the lobby, to witness the door being opened. There was one resident seated in the lobby. No alarm sounded and the door remained open until the inspector used the swipe card (that hangs on the wall in both the vestibule and in the lobby) to activate the door to close. There was no magnetic lock feature for the front door. The external sliding door has a thumb lock to lock the external door manually and prevent it from opening if it was engaged, the internal door does not.

During an interview July 6, 2017 receptionist #109 indicated that there have been occasions where a resident has been on the main floor of the building and attempted to slide the door open but they were prevented from exiting when the alarm sounded. Receptionist #109 indicated that with the alarm system not working, there would be no way for anyone to be alerted if a resident slid the door open. Receptionist #109 indicated that reception hours are 0900 to 1600 and at this time there is no receptionist on weekends.

July 6, 2017 during an interview Environmental Services Manager (ESM) #110 indicated that the licensee first became aware of an issue with the door alarms not functioning, on June 30, 2017. The service provider attended the home on June 30th to trouble shoot the issue. It became apparent that the magnetic locks were still functioning throughout the building but that the alarms would not sound if a door was left open too long. Inspector #623 demonstrated the ease with which the internal front door could be opened by manually sliding it, once passing through to the vestibule the exterior door was then automatically opened to the outside allowing access for someone to leave and the alarm would not sound. ESM indicated that there is no lock on the interior front door and the lock on the exterior front door has to be applied manually. ESM indicated with the alarm system not functioning, there is no way for staff to know that the door has been slid open unless it is witnessed. ESM indicated that he is not aware of any enhanced monitoring at the front door itself.

July 6, 2017 at 1100 hours during an interview the Executive Director (ED) indicated that the door alarm system was not functioning and had been out of service since June 30,



2017. The ED indicated that on July 4, 2017 a service technician and the Building Services Partner for Sienna Living attended the home and it was agreed that the alarm system was in need of replacement. The ED was able to provide an email confirming that an urgent request for a new door alarm was made on July 4, 2017 to the Sienna Service Desk and a confirmation was received. The ED indicated that the front door is a concern for resident risk in that the front door does not lock and the internal door has the ability to be slid open and the door currently does not alarm to let staff know that it had been forced open. The ED indicated that the homes proximity to a busy waterway (Trent Severn Waterway) increases the risk for residents. The ED also indicated that the front door has never had a lock on it to prevent the door from being manually slid open. The ED indicated that there would be enhanced monitoring put into place immediately for the front door to ensure resident safety, until repairs could be made to the alarm system. Inspector #623 observed on July 6, 2017 that a person was stationed at the front door to monitor for resident safety.

On July 7, 2017 a locking mechanism was installed on the internal front door so that the lock is engaged when the door is closed, preventing the door from being slid open. The ED provided an action plan to Inspector #623, which outlined enhanced monitoring that was put in place to provide 24 hour surveillance of the front door until the new alarm system is operational.

A Critical Incident Report (CIR) for environmental hazard - door notification system failure, was submitted to the Director on July 4, 2017. A follow-up phone call with the Director of Care on July 24, 2017 by Inspector #623, indicated that repairs were completed on July 13, 2017 and all door alarm systems are in working order.

The licensee failed to ensure that the home's main exit door is kept closed and locked and equipped with an audible door alarm [s. 9. (1)]



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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 ensuring that all doors leading to stairways and the outside of the home other than doors leading to secured outside areas that preclude exit by a resident, are kept closed and locked and are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation, to be implemented voluntarily.***

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Issued on this 25th day of July, 2017

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

**Original report signed by the inspector.**