

### Ministry of Long-Term Care

Long-Term Care Operations Division Long-Term Care Inspections Branch

#### **Central East District**

33 King Street West, 4th Floor Oshawa, ON, L1H 1A1 Telephone:(844) 231-5702

### **Immediate Compliance Order**

### **Original Public Report**

Inspection Number: 2023-1293-0002
Inspection Type:
Complaint
Critical Incident

Licensee: CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)
Long Term Care Home and City: Warkworth Place, Warkworth
Lead Inspector
Karyn Wood (601)

Additional Inspector(s)
Karin Mussart (145)

### **INSPECTION REPORT SUMMARY**

The inspection occurred on the following date(s): October 11, 2023

The following intake was inspected:

• Intake: #00084585 – various concerns including the resident to staff communication and response system not functioning properly.

# COMPLIANCE ORDER [ICO #901] COMMUNICATIONS EQUIPMENT

NC# 001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 273

The Inspector is ordering the licensee to:



### Ministry of Long-Term Care Long-Term Care Operations Divis

Long-Term Care Operations Division Long-Term Care Inspections Branch

Central East District 33 King Street West, 4th Floor Oshawa, ON, L1H 1A1 Telephone:(844) 231-5702

FLTCA, 2021, s.155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

### Compliance Order: [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22, s. 273

The licensee shall:

- 1) Complete an audit by October 11, 2023, of all resident rooms to ensure the resident to staff communication system is functioning correctly. The audit should include the date, the room number, and issues identified, and the action taken. It should be dated and signed by the person completing the audit and made available to the Inspector upon request. The audit should be completed daily until the licensee can show compliance has been achieved.
- 2) Develop and implement a plan to ensure that all residents who have been identified without access to a functioning resident to staff communication and response system will immediately receive an alternative way to alert staff when assistance is required. The plan will include communication to staff to ensure all staff providing the residents care are aware of the resident to staff communication system not functioning properly and what safety steps have been implemented to ensure the resident's safety.
- 3) Develop and implement a schedule to ensure there is someone always present in the area where the resident to staff communication and response system has been identified as not functioning properly. This schedule will include coverage for when the person is on a break. This person will make frequent visual checks on the residents who have malfunctioning resident to staff communication system and be close enough to hear the manual bells that have been provided to the residents. All safety checks and monitoring must be documented with the date, time and the name of the person who completed the safety check.

#### Grounds

The licensee has failed to ensure that the home had access to reliable communication equipment for the purpose of obtaining emergency assistance using the resident to staff communication and response system, at all times.



Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District 33 King Street West, 4th Floor Oshawa, ON, L1H 1A1 Telephone:(844) 231-5702

#### **Rationale and Summary:**

The Ministry of Long-Term Care (MLTC) received a complaint regarding the resident to staff communication and response system not functioning properly.

The Long-Term Care home's resident to staff communication and response system was audible which included a light located outside of the resident rooms to indicate the location of where the signal had been activated. There was also a panel located at the nurses' station that should light to alert staff of the location.

Observations identified that an audible sound was not always present, and the light located outside of several resident rooms did not clearly indicate where the signal was coming from when the resident to staff communication and response system was activated. Staff interviews identified the resident to staff communication and response system had not been functioning properly for several months. Staff reported the audible component did not always sound, the call lights located outside of each residents' room did not always light up, and the panel located at the nurses' station did not always display the resident's room where the call had been activated.

The service provider had recommended to replace or to repair the system and failure to ensure that the resident to staff communication and response system provided an audible and visual alert to staff placed the residents at risk for delays in receiving timely staff assistance and potentially put the residents at risk for injury.

**Sources:** Record review of a CIR, Maintenance Care Task List, and outside contractor work orders, observation of the resident to staff communication and response system in four specific rooms, interviews with several staff. [601]

This order must be complied with by: October 13, 2023

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE**

The licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Monetary Penalty (AMP) in accordance with section 169 of the



### **Ministry of Long-Term Care**

Long-Term Care Operations Division Long-Term Care Inspections Branch

Central East District 33 King Street West, 4th Floor Oshawa, ON, L1H 1A1 Telephone:(844) 231-5702

Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email, or commercial courier upon:

#### Director

c/o Appeals Coordinator Long-Term Care Inspections Branch Ministry of Long-Term Care 438 University Avenue, 8<sup>th</sup> floor Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

### If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this (these) Order(s) is (are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.



### **Ministry of Long-Term Care**

Long-Term Care Operations Division Long-Term Care Inspections Branch **Central East District** 

33 King Street West, 4th Floor Oshawa, ON, L1H 1A1 Telephone:(844) 231-5702

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act;
- (b) An AMP issued by the Director under section 158 of the Act; or
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP, or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board	Director
Attention Registrar	c/o Appeals Coordinator
151 Bloor Street West, 9th Floor	Long-Term Care Inspections Branch
Toronto, ON M5S 1S4	Ministry of Long-Term Care
	438 University Avenue, 8 <sup>th</sup> Floor
	Toronto, ON, M7A 1N3
	e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.