



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

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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**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**

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 25, 2017	2017_643111_0012	001827-17, 003415-17, 005854-17, 007837-17, 008910-17, 008920-17, 015450-17, 016758-17, 016955-17, 017305-17, 017729-17, 018265-17, 019541-17, 019828-17	Critical Incident System

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

CVH (No.6) GP Inc. as general partner of CVH (No.6) LP  
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H  
5L8

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

Orchard Villa  
1955 VALLEY FARM ROAD PICKERING ON L1V 3R6

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

LYNDA BROWN (111), CRISTINA MONTOYA (461), PATRICIA MATA (571), SAMI  
JAROUR (570)

## **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): August 10, 11, 14-18, 21-**



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**25, 28-31, September 1, 5-8 and off-site October 4, 2017.**

**The following critical incident report was reviewed during this inspection: Log # 018265-17 related to a fire in the home.**

**In addition, the following critical incidents reports were completed concurrently during this inspection but were not related to the non-compliance in this report: Log # 017305-17, 017729-17, 008910-17 related to alleged staff to resident neglect; Log # 016955-17, 005854-17, 003415-17, 001827-17, 019828-17 & 007837-17 related to alleged staff to resident abuse; Log # 008920-17 & 015397-17 related to alleged resident to resident abuse; Log #019541-17 related to unexpected death; Log # 015450-17 & 016758-17 related to fall resulting in significant change in condition.**

**Additional non-compliance for Log # 017305-17, # 016955-17, # 005854-17 # 008920-17 & # 015397-17 was identified under the Complaint Inspection # 2017\_643111\_0013.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Director of Quality Nursing, Nursing Administrative Assistant, Program Director, Nutrition Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Food Service Supervisor(FSS), Resident Care Area Managers (RCAM), Therapy Nurse (ET Nurse), Electrical Safety Authority (ESA), College Of Trades, Public Health Unit Inspectors, Behavioural Supports Ontario (BSO) staff, Social Worker, Recreation Aide, Operations Manager, Corporate Consultant, Former Acting DOC, Physiotherapist Assistant (PTA), Physiotherapist (PT), Occupational Therapist (OT), Administrative Assistant, Environmental Services Manager (ESM), Environmental Services Supervisor (ESS), contractors, and residents.**

**During the course of the inspection, the inspector(s) also reviewed health records, investigations, staff training records, complaint logs, observed meal services and reviewed the following policies: Zero Tolerance of Abuse and Neglect, Skin and Wound Care Program, Falls Prevention, Complaints, Staffing Plans, Contractors and Nutrition and Hydration.**

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



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**Critical Incident Response  
Falls Prevention  
Nutrition and Hydration  
Prevention of Abuse, Neglect and Retaliation  
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. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**



**Findings/Faits saillants :**

The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is:

a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with.

Under O.Reg. 79/10, s.86(3) The licensee shall ensure there are written policies and procedures to monitor and supervise persons who provide occasional maintenance or repair services to the home pursuant to the agreement referred to in subsection (2).

Review of the Licensee's policy "Contractors-Duties and Responsibilities Policy" (revised January 25, 2017) indicated under Maintenance Personnel:

- close off areas in which the work is being carried out.
- ensure that electric cables, hoses, etc., used by the Contractors are used in such a manner so as not to cause tripping hazards or unsafe conditions.
- monitor the compliance with Health & Safety legislation and safe work practices periodically as the project progresses.

On a specified date and time, Inspector #111 observed a set of double glass doors in the basement that lead to the retirement home. Beside the doors was a ladder left in use, above the ladder the ceiling tile was opened with wires exposed, and alarm pads and parts were left sitting in a box on the floor. There was no contractor or maintenance personnel present and the area was not closed off. The Environmental Services Supervisor (ESS) was notified at that time and indicated the area was being used by a contractor who must have just left to get additional tools from their truck.

Related to log # 018265-17:

A Critical Incident Report (CIR) was received by the Director on a specified date for a fire that occurred in the home. As a result of the fire, there were contractors in the home completing repairs to overhead light fixtures.

On a specified date, a complaint was received by Inspector #111 from a Public Health Inspector, regarding observed contractors in the home completing electrical work in resident rooms in an unsafe manner, on a specified date and time.

Interview with ESS by Inspector #111, indicated all contractors that enter the home are



required to sign in the contractor log book located at the receiving dock in the basement. The ESS was unable to indicate who was responsible for monitoring and supervising the contractors who entered the home to ensure the contractors followed safe work practices. The ESS indicated no awareness of whether there were any contractors currently in the home and had not checked the contractor log book. The ESS indicated the Environmental Services Manager (ESM) would be able to indicate who was responsible for monitoring contractors in the home. The ESM was not currently in the home.

Review of the contractor log book on a specified date and time (by Inspector #111 and ESS) indicated there were a specified number of contractors signed in the home during a specified time period. The log did not indicate which type of contractor was in the home, where they were performing the work, or what time they left. The ESS was able to identify two of the contracted workers in the home as 'electrical workers' but was unaware of where the contractors were completing the work and had not monitored the contractors today.

Observation of a specified unit, on a specified date and time by Inspector #111, identified four of the contractors that were performing electrical work. Three of the contractors were completing lighting repairs on the ceiling light fixtures just inside the entrance to three resident rooms. In each of the rooms, the residents were present and the area was not closed off for resident safety. In one identified resident room, a family member was also present in the resident room and was attempting to exit the room, around the workers ladder that was blocking the exit. There was also a power tool sitting on the floor in the hallway with the charger plugged into the receptacle and the area was not closed off. Residents were observed wheeling their wheelchairs around the power tool in the hallway. Interview with one of the contractors indicated the power tool should not have been left in the hall unattended and immediately removed the power tool and charger.

In addition, the following day, interview with resident #038 by Inspector #111, indicated that he/she noted on the previous day, during a specified time, the door alarm and lock at the front door was not working, for a specified time period. The resident stated he/she reported it and observed staff exiting the home, so they were aware the door was not alarmed or locked. The resident also indicated he/she had prevented two residents from exiting the home. Inspector #571 noted the front doors were not locked and alarmed at 1500 hours and reported the incident to the DOC.

Interview with the ESS on a specified date, by Inspector #111 indicated the door lock and



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alarm was unintentionally deactivated when a contractor was working on a door alarm in the basement and had disconnected the front door alarm/lock. The ESS was unaware what time the contractor entered the home or left. The ESS indicated the contractor was called back to reconnect the lock/alarm at the front door. Review of the contractor log book indicated the contractor entered the home on a specified date and time but did not indicate what time they left. There was no indication that contractor had also returned to the home later that same day.

Interview with ESM on a specified date by Inspector #111, confirmed awareness of Public Health Inspectors being in the home the previous week and had expressed some concerns regarding contractors doing work (lighting repairs) unsafely. The ESM indicated the obligation from ESM (and ESS in his absence) is to be aware of any contractors in the home and to monitor the contractors to ensure they are following safe work practices and as per the Licensee's Contractor policy re: maintenance personnel.

***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 the licensee's policy related to contractors-duties and responsibilities is complied with by the ESM and the ESS, to be implemented voluntarily.***

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**Issued on this 30th day of October, 2017**

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

**Original report signed by the inspector.**