



**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**

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

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 16, 2015	2015_257518_0016	L-002130-15	Resident Quality Inspection

Licensee/Titulaire de permis

COPPER TERRACE LIMITED
284 CENTRAL AVENUE LONDON ON N6B 2C8

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

COPPER TERRACE
91 TECUMSEH ROAD CHATHAM ON N7M 1B3

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

ALISON FALKINGHAM (518), ALICIA MARLATT (590), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): March 30, 31, 2015 April 1, 2, 7, 8, 9, 10, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Restorative/Rehabilitation Director, Life Enrichment Director, Director of Dietary Services, Registered Dietitian, Physiotherapist, three Registered Nurses(RN), seven Registered Practical Nurses, eight Personal Support Workers(PSW), Resident Council President, Resident Council Vice President, Resident Council Treasurer and Family Council President. The Inspectors reviewed resident clinical records, internal investigative documents, Resident and Family Council meeting minutes and policies and procedures of the home. The Inspectors observed a meal service, medication administration, general and specific resident care.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**



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

- 11 WN(s)
- 2 VPC(s)
- 3 CO(s)
- 0 DR(s)
- 0 WAO(s)

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.O. 2007, c.8, 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 has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

During the inspection observations revealed the following ongoing housekeeping concerns, in the following areas:

A Medication Room

- significant dust build up on lower shelves
- a grey storage bin stored on one of the lower shelves was noted to have a dried white substance spilled and dried down the front of it, the bin also had a brown crusted dried debris on the front of it
- brown debris was found dried on the wall by the sink and on the lower shelving under the sink
- the sink faucet is worn and corroded
- perimeter of flooring at base of the cupboards is noted to have dust and dirt build up

Resident Rooms

- all areas showed signs of unclean floors, a dust and or dirt and wax build up, either around the perimeter of the entrance to the room, in front of closets, around door frames, in front of bathroom doors and around toilets.

During a resident room inspection a resident commented that the room was not very clean.

Several staff members acknowledged the unclean areas.

A review of the Environmental Manual, Section 3.19a - Policy RE: Schedule for buffing and waxing of floors indicates: Housekeeping staff are to scrape up any build up of wax in corners of the rooms or doorways

The Administrator confirmed the expectation is that the home is clean. [s. 15. (2) (a)]

Additional Required Actions:

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



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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:**

**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).**

Findings/Faits saillants :



1. Every licensee of a long-term care home shall ensure that all doors leading to non-residential areas are 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.

During the initial tour the following doors were found to be unlocked, unsupervised and accessible to residents.

A linen closet door on was found unlocked and contained chemicals such as disinfectant cleaners and water additives.

An electrical room door on the main floor was found open and cement steps were at the foot of the door. The room contained exposed wires and duct work hanging from the ceiling and electrical equipment.

A door leading to the lower level was found unlocked. This door opened to a ramp with foot grip stickers. The door leads to a hallway which has access to the current construction area. Outside the construction room door there are no ceiling tiles and there are exposed wires which are hanging from the ceiling. The construction room door was open.

There is also no call bell communication system available in this area.

These observations were confirmed two staff members.

The Administrator confirmed that the basement door does not lock and is accessible to residents 24 hours a day and should be locked. She confirmed that the construction room, electrical room and linen closet doors should also be locked at all times. [s. 9. (1) 2.]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that staff participate in the implementation of the infection prevention control program.

The following were observed in multiple resident areas:

-slipper pans, urine measuring devices, unlabelled denture cups, unlabelled basins, raised toilet seats with discoloured residue, urinals on toilet tanks, unlabelled kidney basins with dental care items in them, commode chairs with liquid in them and unlabelled, undated open foods in a common area refrigerator.

The Administrator confirmed the expectation is that all resident personal care items are labelled and urine measuring devices, bed pans and commodes are cleaned after each use and stored in the clean utility room. [s. 229. (4)]

Additional Required Actions:

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

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails

Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where bedrails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practises, and if there are none, in accordance with prevailing practises to minimize risk to the resident.

A resident uses a bedrail for bed mobility and fall prevention. Specific individualized resident assessments for the use of this device were completed however the Inspector was unable to find a documented and completed bed system assessment. The Administrator was unable to produce documentation to support that a bed system assessment was completed and confirmed that bed system assessments have not been completed throughout the building since 2012. She confirmed that bed system assessments should be completed when bedrails are being used for residents. [s. 15. (1) (a)]

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 when bed rails are used the resident is assessed and his or bed system is evaluated in accordance with evidenced-based practises an, if there are none, in accordance with prevailing practises, to minimized risk to the resident, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that a response was provided in writing within 10 days of receiving Family Council advice related to concerns or recommendations.

Review of the Family Council meeting minutes reveal that several requests were made by the Council for fire safety equipment and extra staffing.

An interview revealed that a two letters were mailed to the licensee requesting that the fire evacuation chairs be installed in all stairwells of the home and that additional PSW staff be added to the schedule. A verbal agreement was documented indicating that the fire safety equipment and extra staff would be provided by the licensee.

The President confirmed that the licensee has not yet responded in writing as of this date.

The homes "Family Council" policy dated February 2011 states in the General Requirements of the Home section that "1. If the Family Council has advised the licensee of any concerns or recommendations under section #8 or #9 listed under "The Powers of Family Council", the licensee must respond to the Family Council in writing within 10 days of receiving the advice."

A Manager confirmed that a letter was sent to the licensee requesting fire safety equipment and the addition of PSW staff to the schedule and that no written response has been provided in writing as of yet.

The Administrator shared that an extra staff had been added as requested and the home has purchased one more piece of fire safety equipment; however a response in writing was not provided for within the 10 day time frame. [s. 60. (2)]

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 a response is provided in writing within 10 days of receiving Family Council advice related to concerns or recommendations, to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was revised when the resident's care needs changed.

A resident's family expressed concern regarding a personal care issue. The most recent assessment and care plan for this resident indicated that the resident was independent with this personal care task however interview with three staff members indicate that the resident had a decline in health and that staff were providing this care now.

The Administrator confirmed the expectation is that the plan of care should be revised when a resident's condition has changed. [s. 6. (10) (b)]

**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31.
Restraining by physical devices**

Specifically failed to comply with the following:

- s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:**
- 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 31 (2).**

Findings/Faits saillants :



1. The licensee failed to ensure that the restraint plan of care includes a consent by the Substitute Decision Maker.

A physician ordered a restraint, a nursing assessment was completed and the care plan reflected this restraint.

The home's restraint policy indicates that all restraints must have a consent completed by the resident or the residents substitute decision maker.

There is no signed consent for this restraint.

This was confirmed by a staff member.

The Administrator confirmed that the expectation is a consent signed by the resident or the resident's Power of Attorney be on the residents chart when a restraint is used. [s. 31. (2) 5.]

**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57.
Powers of Residents' Council**

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



1. The licensee has failed to ensure that if the Residents' Council has advised the licensee of concerns or recommendations the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

Review of the Resident's Council meeting minutes reveals that the responses to the Resident Council's concerns were not written or dated within ten days of the meeting dates.

Interview with the Resident's Council revealed that the home provides written responses to concerns brought forth at the Council meetings at the next Council meeting one month later.

A Manager shared that concerns brought forth by the Council are resolved within 3-4 days of receiving the complaint and confirmed that the responses to the Resident's Council are not always written or documented to reflect the required 10 day response time. [s. 57. (2)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following:

s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident, (a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that the resident's substitute decision maker(SDM) or any other person specified by the resident was immediately notified upon becoming aware of the alleged, suspected or witnessed incident of abuse or neglect of the resident that caused distress to the resident that could potentially be detrimental to the resident's health or well being.

A resident reported an incident of abuse to a staff member on two occasions and these reports were documented in the progress notes.

This was also reported to two Inspectors during the Resident Quality Inspection.

During the interview with resident they confirmed this incident did occur and that they felt distressed and fearful however no physical injury had occurred.

The Inspector reported this incident to the Management team who submitted a Critical Incident Report to the Director.

The Management team did not contact the resident's power attorney for 4 days after this submission.

The Administrator confirmed that the expectation is to contact a resident's power of attorney upon becoming aware of an alleged or suspected incident of abuse that caused distress to the resident. [s. 97. (1) (a)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation
Every licensee of a long-term care home shall ensure,
(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes and improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

Findings/Faits saillants :

1. The licensee failed to ensure that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences.

Review of the Continuous Quality Improvement manual revealed that no evaluation of the home's policy to promote zero tolerance of abuse and neglect had been completed in the last calendar year.

This was confirmed by the Administrator who stated that the expectation is to evaluate the homes zero tolerance of abuse and neglect annually. [s. 99. (b)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 113. Evaluation
Every licensee of a long-term care home shall ensure,
(a) that an analysis of the restraining of residents by use of a physical device
under section 31 of the Act or pursuant to the common law duty referred to in
section 36 of the Act is undertaken on a monthly basis;
(b) that at least once in every calendar year, an evaluation is made to determine
the effectiveness of the licensee's policy under section 29 of the Act, and what
changes and improvements are required to minimize restraining and to ensure
that any restraining that is necessary is done in accordance with the Act and this
Regulation;
(c) that the results of the analysis undertaken under clause (a) are considered in
the evaluation;
(d) that the changes or improvements under clause (b) are promptly implemented;
and
(e) that a written record of everything provided for in clauses (a), (b) and (d) and
the date of the evaluation, the names of the persons who participated in the
evaluation and the date that the changes were implemented is promptly prepared.
O. Reg. 79/10, s. 113.

Findings/Faits saillants :

1. The licensee failed to ensure that once in every calendar year an evaluation is conducted to determine the effectiveness of the minimizing of restraint policy and identify what changes and improvements are required to minimize restraining and ensure that restraining is done in accordance with the Act and Regulation.

The Administrator confirmed that an annual evaluation to determine the effectiveness of the minimizing of restraint policy was not completed and the expectation is that it should be completed annually. [s. 113. (b)]



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soins de longue durée**

Issued on this 16th day of April, 2015

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*

**Health System Accountability and Performance Division
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Direction de l'amélioration de la performance et de la conformité**

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ALISON FALKINGHAM (518), ALICIA MARLATT (590),
TERRI DALY (115)

Inspection No. /

No de l'inspection : 2015_257518_0016

Log No. /

Registre no: L-002130-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Apr 16, 2015

Licensee /

Titulaire de permis : COPPER TERRACE LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

LTC Home /

Foyer de SLD : COPPER TERRACE
91 TECUMSEH ROAD, CHATHAM, ON, N7M-1B3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : SUSAN PETAHTEGOOSE

To COPPER TERRACE LIMITED, 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 :

LTCHA, 2007 S.O. 2007, c.8, 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 must ensure that the home, furnishings and equipment are kept clean and sanitary. Specifically, shelving, storage bins, floors in resident rooms, storage rooms and hallways are free of dust, dried debris and soiled wax build up.

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

Similar concerns were identified at the January 22, 2014 Resident Quality Inspection and a Written Notification and Voluntary Plan of Correction were issued at that time.

During the inspection observations revealed the following ongoing housekeeping concerns, in the following areas:

A Medication Room

- significant dust build up on lower shelves
- a grey storage bin stored on one of the lower shelves was noted to have a dried white substance spilled and dried down the front of it, the bin also had a brown crusted dried debris on the front of it
- brown debris was found dried on the wall by the sink and on the lower shelving under the sink
- the sink faucet is worn and corroded



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de l'article 154 de la *Loi de 2007 sur les foyers
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-perimeter of flooring at base of the cupboards is noted to have dust and dirt build up

Resident Rooms

-all areas showed signs of unclean floors, a dust and or dirt and wax build up, either around the perimeter of the entrance to the room, in front of closets, around door frames, in front of bathroom doors and around toilets.

During a resident room inspection a resident commented that the room was not very clean.

Several staff members acknowledged the unclean areas.

A review of the Environmental Manual, Section 3.19a - Policy RE: Schedule for buffing and waxing of floors indicates: Housekeeping staff are to scrape up any build up of wax in corners of the rooms or doorways

The Administrator confirmed the home's expectation that the home is clean.

(115)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 24, 2015

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 : 002

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 :



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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*

The licensee must ensure that 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. Specifically the linen closet door, the electrical room door and doors leading to the lower level and construction areas must be kept closed and locked to restrict unsupervised access.

Grounds / Motifs :



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*

1. Every licensee of a long-term care home shall ensure that all doors leading to non-residential areas are 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.

During an RQI January 22, 2014 there were similar findings and a Written Notification was issued.

During the initial tour the following doors were found to be unlocked, unsupervised and accessible to residents.

A linen closet door was found unlocked and contained chemicals such as disinfectant cleaners and water additives.

An electrical room door on the main floor was found open and cement steps were at the foot of the door. The room contained exposed wires and duct work hanging from the ceiling and electrical equipment.

A door leading to the lower level was found unlocked. This door opened to a ramp with foot grip stickers. The door leads to a hallway which has access to the current construction area. Outside the construction room door there are no ceiling tiles and there are exposed wires which are hanging from the ceiling. The construction room door was open.

There is also no call bell communication system available in this area.

The Administrator confirmed that the basement door does not lock and is accessible to residents 24 hours a day and should be locked, that the construction room door should also be locked at all times and that linen room doors should be closed and locked at all times.

(590)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 24, 2015



**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*

Order # /

Ordre no : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must ensure that all staff participate in the implementation of the infection prevention control program.

Specifically the licensee shall ensure:

- a) resident's care items are labelled
- b) urine measuring devices, bed pans and commodes are properly cleaned and stored

Grounds / Motifs :



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

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*

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

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*

1. The licensee failed to ensure that staff participate in the implementation of the infection prevention control program.

During the RQI on January 22, 2014 similar issues were found and a Written Notification and Voluntary Plan of Correction were issued.

The following were observed in multiple resident areas:

-slipper pans, urine measuring devices, unlabelled denture cups, unlabelled basins, raised toilet seats with discoloured residue, urinals on toilet tanks, unlabelled kidney basins with dental care items in them, and unlabelled, undated open food items in a common area refrigerator.

The Administrator confirmed the expectation is that all resident personal care items are labelled and urine measuring devices, bed pans and commodes are cleaned after each use and stored in the clean utility room.

(518)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 24, 2015



**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

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



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

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*

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

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*

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

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

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.



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

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*

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

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*

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, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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.



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

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*

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

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*

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
Ontario, ON
M5S-2B1
Fax: 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.

Issued on this 16th day of April, 2015

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

**Name of Inspector /
Nom de l'inspecteur :** Alison Falkingham

**Service Area Office /
Bureau régional de services :** London Service Area Office