



**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***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton ON L8P 4Y7

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

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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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
July 7, 2011	2011-159120-0018	H-001346-11 – Critical Incident

Licensee/Titulaire

The Regional Municipality of Niagara, 2201 St. David's Road, P.O. Box 344, Thorold, ON L2V 3Z3

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

Douglas H Rapelje Lodge, 277 Plymouth Road, Welland, ON L3B 6E3

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

Bernadette Susnik - Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct several Critical Incident Inspections related to resident elopements between May and July 2011.

During the course of the inspection, the inspector spoke with the Administrator, Housekeeping/Laundry Supervisor and a maintenance person.

During the course of the inspection, the inspector conducted a walk-through of two home areas and the service corridor, reviewed the home's policy and procedure on missing residents and their investigative findings.

The following Inspection Protocol was used during this inspection:

- *Safe and Secure Home*

There are findings of Non-Compliance as a result of this inspection.

2 WN

2 CO - #001 and #002

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: *The licensee has failed to comply with O. Reg. 79/10, s. 9.1.i, ii & iii, A&B. 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 must be,

i. kept closed and locked,

ii. equipped with a door access control system that is 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.

Findings:

The home has multiple areas and many doors. As the doors are not labeled in the home, they are being assigned a number for identification purposes in this report:

Home area 200 – Doors #1 and #2

Home area 300 – Doors #3 and #4

Home area 400 – Doors #5 and #6

Home area 500 – Doors #7 and #8

Central Core – Main doors

Doors #1, 2, 4, 5, 6, 7 and 8 lead to the outside of the home (unenclosed outdoor areas) and each were confirmed to be missing a door access control system. Without a door access control system, the doors are not locked and residents have easy access to the outside. These doors are not connected to an audio visual enunciator that is connected to the resident-staff communication and response system. These doors are connected to an audio enunciator unit at the nurse's station nearest to the door, however, a visual cue is not provided to determine which door had been breached. These doors do not have a manual reset switch at each door.

The reset switches at each of these doors do not cancel the alarm. The alarm can only be cancelled at the nurse's station. The switches are in place only to ensure that the alarm at the nurse's station will activate.



The main doors in the central core of the home and door #8 have door access control systems on them in the form of a magnetic lock which is deactivated by punching in a code on a key pad. However, these doors are not connected to the resident –staff communication and response system. In addition, the enunciator panels do not visually indicate which door was breached.

Additional Required Actions:

CO #001 – Refer to the “Order of the Inspector” form for further details.

WN#2: *The licensee has failed to comply with the LTCHA, 2007, S.O., 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.*

Findings:

Four identified residents were all reported by the home to have eloped between May and July 2011. Some residents found their own way out of the building and others were assisted by visitors who did not confirm with staff that they were residents before allowing them out of the building.

The home took immediate action in each case, however they did not continue to monitor and re-evaluate the measures to reduce risk of elopement after the 1st case. Critical incident reports submitted to the Ministry of Health for the four above cases do not indicate what long term actions would be taken with respect to all of the doors in the home and any resident’s ability to exit the building, the alarm system and staff ability to hear the alarms, staff knowledge with respect to the alarm system and resident monitoring.

Additional Required Actions:

CO #002 - Refer to the “Order of the Inspector” form for further details.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> <p style="text-align: center;"><i>B. Susmit</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection).</p> <p style="text-align: center;"><i>July 29/11</i></p>



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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Bernadette Susnik	Inspector ID # 120
Log #:	H-001136-11	
Inspection Report #:	2011-159120-0018	
Type of Inspection:	Critical Incident	
Date of Inspection:	July 7, 2011	
Licensee:	Regional Municipality of Niagara	
LTC Home:	Douglas H. Rapelje Lodge	
Name of Administrator:	Kim Eros	

To **the Regional Municipality of Niagara**, you are hereby required to comply with the following order by the dates set out below:

Order #	001	Order Type	Compliance Order, Section 153 (1)(a)
<p>Pursuant to: Ontario Regulation 79/10, s. 9.1.i.,ii.,iii. A. & B. Every licensee of a long-term care home shall ensure that the following rules are complied with:</p> <p>1. All doors leading to stairways and the outside of the home must be,</p> <p>i. kept closed and locked,</p> <p>ii. equipped with a door access control system that is on at all times, and</p> <p>iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,</p> <p style="padding-left: 40px;">A. is connected to the resident-staff communication and response system, or</p> <p style="padding-left: 40px;">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.</p>			
Order:			
The licensee shall:			
<p>1. All doors leading to the outside of the home (to unenclosed outdoor areas) must be equipped with a door access control system and also be connected to the resident-staff communication and response</p>			



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

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

- system, or be 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.
- All doors already equipped with a door access control system must be connected to the resident-staff communication and response system, or be 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.

Grounds:
 The home has multiple areas and many doors. As the doors are not labelled in the home, they are being assigned a number for identification purposes in this report:

Home area 200 – Doors #1 and #2
 Home area 300 – Doors #3 and #4
 Home area 400 – Doors #5 and #6
 Home area 500 – Doors #7 and #8
 Central Core – Main doors

Doors #1, 2, 4, 5, 6, 7 and 8 lead to the outside of the home (unenclosed outdoor areas) and each were confirmed to be missing a door access control system. Without a door access control system, the doors are not locked and residents have easy access to the outside. These doors are not connected to an audio visual enunciator that is connected to the resident-staff communication and response system. These doors are connected to an audio enunciator unit at the nurse's station nearest to the door, however, a visual cue is not provided to determine which door had been breached. These doors do not have a manual reset switch at each door.

The reset switches at each of these doors do not cancel the alarm. The alarm can only be cancelled at the nurse's station. The switches are in place only to ensure that the alarm at the nurse's station will activate.

The main doors in the central core of the home and door #8 have door access control systems on them in the form of a magnetic lock which is deactivated by punching in a code on a key pad. However, these doors are not connected to the resident –staff communication and response system. In addition, the enunciator panels do not visually indicate which door was breached.

The Order must be complied with by:	September 30, 2011
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Order #	002	Order Type:	Compliance Order, Section 153(1)(b)
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Pursuant to: The LTCHA, 2007, S.O., 2007, c.8, s.5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

Order:

The licensee shall:

- Prepare and submit a plan to the Inspector by August 5, 2011 which identifies and addresses the safety risks posed by the unlocked doors and include in the plan proposed timelines by which the identified risks will be addressed: and



- i. identified risks are prioritized so that residents at highest risk are to be addressed as first priority; and
- ii. all areas of risk (with the exception of the installation of the door access control systems) shall be addressed within 30 days of the date of this Order; and

2. Implement the plan in accordance with the timelines approved by the Inspector.

The written plan shall be submitted to Bernadette Susnik, Long-Term Care Homes Inspector, Ministry of Health and Long -Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th floor, Hamilton, ON, L8P 4Y7.

Grounds:

Three identified residents were all reported by the home to have eloped between May and July 2011. Some residents found their own way out of the building and others were assisted by visitors who did not confirm with staff that they were residents before allowing them out of the building.

The home took immediate action in each case, however they did not continue to monitor and re-evaluate the measures to reduce risk of elopement after the 1st case. Critical incident reports submitted to the Ministry of Health for the four above cases do not indicate what long term actions would be taken with respect to all of the doors in the home and any resident's ability to exit the building, the alarm system and staff ability to hear the alarms, staff knowledge with respect to the alarm system and resident monitoring.

The Order must be complied with by:

August 5, 2011

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 service for the Licensee.

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
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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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

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.

Issued on this 29th day of July, 2011.	
Signature of Inspector:	
Name of Inspector:	Bernadette Susnik
Service Area Office:	Hamilton