

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 prévue le Loi de 2007 les fovers de soins de longue

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

Date(s) of inspection/Date(s) de

conformité

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Type of Inspection/Genre

Public Copy/Copie du public

l'inspection		d'inspection	
Nov 4, 8, 9, 15, 16, 17, 2011	2011_051106_0023	Other	
Licensee/Titulaire de permis			
RIVERSIDE HEALTH CARE FACI 110 VICTORIA AVENUE, FORT F Long-Term Care Home/Foyer de	RANCÉS, ON, P9A-2B7		
EMO HEALTH CENTRE 170 FRONT STREET, P. O. BOX	390, EMO, ON, P0W-1E0		
Name of Inspector(s)/Nom de l'in	nspecteur ou des inspecteurs		
MARGOT BURNS-PROUTY (106)	)		
	Inspection Summary/Résumé de	Pinspection	

Inspection No/ No de l'inspection

The purpose of this inspection was to conduct an Other inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care, Registered Nursing Staff, Dietary Staff, family members and Residents

During the course of the inspection, the inspector(s) Conducted a walk-through of all resident home areas and various common areas, observed care provided to residents in the home, reviewed electronic plans of care and progress notes, interviewed staff members and residents.

The following Inspection Protocols were used during this inspection:

**Residents' Council** 

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

## NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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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	
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)	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 subsections:

- 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.
- 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. (1).

## Findings/Faits saillants:

1. On November 9, 2011, at 1154 hrs, inspector 106 found that the door in the hallway with a letter "A" on it, was unlocked and opened to a stairway. On November 9, 2011, at 1154 hrs, inspector 106 found that the door at the end of the hallway, was unlocked and opened to a a small set of stairs. On November 9, 2011, at 1550 hrs, inspector 106 found that the door, with the letter "B" on it, in the resident dining room was unlocked and opened to a stairway. The licensee failed to ensure that doors leading to stairways and to the outside of the home are kept locked. [O. Reg. 79/10, s. 9. (1) (1) (i)] (106)

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning



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Specifically failed to comply with the following subsections:

s. 71. (6) The licensee shall ensure that a full breakfast is available to residents up to at least 8:30 a.m. and that the evening meal is not served before 5:00 p.m. O. Reg. 79/10, s. 71 (6).

## Findings/Faits saillants:

1. On November 9, 2011, at 1643 hrs, inspector 106 observed, the staff serving the evening meal to residents. The licensee failed to ensure that the evening meal is not served before 5:00 p.m. [O. Reg. 79/10, s. 71. (6)] (106)

Issued on this 17th day of November, 2011

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