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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 4, 2014	2014_304133_0008	S-000413-13, S-000411-13	Follow up

Licensee/Titulaire de permis

F. J. DAVEY HOME
733 Third Line East, Box 9600, Sault Ste Marie, ON, P6A-7C1

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

F. J. DAVEY HOME
733 Third Line East, Sault Ste Marie, ON, P6A-7C1

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): March 19 - 21, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Executive Director of Nursing, the Directors of Nursing, the Director of Environmental Services, the Assistant Director of Environmental Services, the Help Desk/IT worker, maintenance staff, Registered and Non Registered nursing staff.

During the course of the inspection, the inspector(s) verified the functioning of various components of the home's resident-staff communication and response system, reviewed documentation related to the weekly testing of certain components of the home's resident-staff communication and response system, and reviewed documentation related to the home's bed rail safety program

The following Inspection Protocols were used during this inspection:
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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:

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. O. Reg. 79/10, s. 9. (1).
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).
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).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9(1)1.i. in that the licensee has failed to ensure that the home's front door is kept closed and locked at all times.

During the inspection, March 19 – 21, 2014, the inspector observed that the home's main exit/entrance consists of a set of inner sliding doors, a vestibule, and a set of outer sliding doors. Both sets of sliding doors are equipped with a thumb lock, which is engaged in the evening to prevent unauthorized entry into the home. Both sets of doors are equipped with an automatic open/close function. On the wall next to the inner exit doors, there is a key pad. By entering a code into the keypad, the inner doors slide open automatically. The outer doors open automatically when a person is

in the immediate area, without need for an access code. The inspector noted that the inner set of sliding doors can be manually slid open, with some effort, without the need to enter the access code. There is no other locking device on the doors, other than the thumb lock, that can prevent the doors from being manually slid open. The code only affects the automatic open/close function. Either the inner or outer set of sliding doors must be kept closed and locked at all times.

On the afternoon of March 20, 2014, the inspector spoke with the staff person at the front reception desk, # S101, about the sliding doors. Staff # S101 said it is not unusual for them to see people, typically visitors, begin to slide the door because they have not understood how to use the code in order to activate the automatic open function. Staff #S101 indicated that they see this about once per shift, and explained they work a 4 hour shift, at the reception desk, two days a week. Staff #S101 further explained that when they notice this happening, they will intervene and assist the person with the coding process, or more often, a person comes in from the outside and the doors slide open automatically. Staff #S101 said they have seen people slide it open enough to exit. The inspector slid the door open on several occasions, and noted that the door will remain ajar following this action. As well, there is no alert when the door remains ajar, as the door is not equipped with an alarm function, as is required by O. Reg. 79/10, s. 9(1)1iii.

On the morning of March 21, 2014, the inspector spoke with the staff person at the reception desk, #S102, about the sliding doors. Staff #S102 has a shift at the reception desk for 6 hours, on a week day and on a weekend day. As well, every other week, they are at the reception desk for a 7.5 hour shift for both weekend days. The inspector asked staff #102 if they had ever seen anyone manually slide the doors open. They indicated it was not unusual for them to see visitors attempt to manually slide the door open, and, less often, to successfully slide the door open wide enough to exit. They explained that while they are at the reception desk, they are not there to directly observe the door, that they have work to do that involves the phone and computer, so they tend to see people coming and going out of the corner of their eye. When asked if they had observed any residents slide the door open, they explained that resident #001, an active exit seeker, who does not reside in a secured unit, has done so. Staff #S102 explained that they last saw Resident #001 slide the door open wide enough to exit, in the fall of 2013. On that occasion, Staff #S102 noticed Resident #001 in the vestibule, and prevented them from going outside. Staff #S102 explained that they don't believe that resident #001 has the strength to slide the door open anymore, but that in the past, they would slide the door a bit, and then wedge

their wheelchair into the open area, using that for leverage as they continued to slide the door open further.

The fact that the front door is not locked or alarmed presents a widespread risk to residents, particularly for those who have been identified to be active exit seekers or at risk of elopement and who do not reside within a secured unit, as well as any resident exhibiting behaviour changes that may lead to risk of elopement and exit seeking. [s. 9. (1)]

2. The licensee has failed to comply with O. Reg. 79/10, s.9 (1) 1. iii. in that the licensee has failed to ensure that the home's main exit door is equipped with a door alarm, of any kind.

During the inspection, March 19 – 21, 2014, the inspector observed that the home's main exit/entrance consists of a set of inner sliding doors, a vestibule, and a set of outer sliding doors. Both sets of sliding doors are equipped with a thumb lock, which is engaged in the evening to prevent unauthorized entry into the home. When the thumb locks are not engaged, the doors are not locked as is required by O. Reg, 79/10, s.9 (1) 1. i. Either the inner or outer set of doors must be locked at all times. Focusing on the inner set of doors, because they are not locked, it is possible to manually slide the doors open. The inspector ascertained that this does occur, mainly by visitors. If the doors are manually slid open, they remain ajar, and there is no alert, because there is no form of alarm in place as is required. The inspector verified with the home's Assistant Director of Environmental Services that there has never been an alarm on this door.

The fact that the front door is not locked or alarmed presents a widespread risk to residents, particularly for those who have been identified to be active exit seekers or at risk of elopement and who do not reside within a secured unit, as well as any resident exhibiting behaviour changes that may lead to risk of elopement and exit seeking. [s. 9. (1)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s.17 (1) (b) in that the licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times.

The licensee has a history of non-compliance with this requirement. Most recently, a Compliance Order was issued on October 4th, 2013, as a result of inspection #2013_204133_0026, with a compliance date of November 29, 2013. Prior to this, there has been 3 related Compliance orders, beginning with CO #901 and #902, issued to the home in February 2012, as a result of the Resident Quality Inspection #2012_099188_0005.

The home is equipped with a wireless resident-staff communication and response system (the system). Some residents and all nursing staff are provided with a Personal Alert Badge (PAB) which allows the user to call for assistance from anywhere within the home. The ceiling system sensors throughout the home interface with these PABs and reflect the location of the person wearing the PAB when the system last sensed them. Every nursing staff member is required to wear their PAB at all times while on shift. Some residents wear their PABs at all times as their primary method to call for assistance, others have PABs that they wear at some times, or, that

they keep attached to items such as walkers or bedroom furnishings. As well, in every common area, in all resident washrooms, and at all resident's bedside, there is a remote pull station on the wall which allows anyone who is not wearing a PAB to call for assistance. On the care units, Personal Support Workers (PSWs) are required to carry a pager which interfaces with the wireless system and alerts them to incoming calls for assistance. Above all resident bedroom and common area doorways, there are dome lights. A white light illuminates when a call is made with a PAB or from a remote station. The PABs worn by nursing staff will cause this white light to turn off and a green light to turn on, which cancels the call for assistance and signals that a staff person is present and responding to the call. With the exception of the ceiling sensors and the dome lights, all system components are battery dependent.

It is noted that the home is moving forward with installation of a new resident-staff communication and response system. The new system will be hard wired, and there will no longer by any PAB's. As well, reliance on batteries for the functioning of the system components, such as remote pull stations, will no longer be a factor. The installation project, which has been reviewed and approved by the Ministry of Health and Long Term Care, is currently in the final organization and part procurement stage, and is anticipated to last for 12 weeks once work begins.

On March 19, 2014, the inspector tested resident #002's PAB, in the company of staff #S103. The resident was not in their bedroom, and the PAB was clipped to their lamp shade. The inspector, and staff #S103, could not elicit a call from the PAB by pressing the red button. It was only when the PAB button was pressed 3 times that a call was registered. The remote pull station at the resident's bed was functional. The remote pull station in resident #002's washroom, next to the toilet, would not produce a call for assistance. Pulling the cord, or pressing the button, once or many times, did not result in a call. The inspector spoke with resident #002 in the dining room after this testing process. The resident explained that they don't typically wear their PAB, and leave it affixed to their lamp shade. The resident explained that they do use it, and expect that when they press the red button, they are making a call for assistance. The resident did indicate that they were aware that there was a pull station above their bed, which they could also use to call for assistance. The resident was informed that the pull station in their washroom was not functional, and that staff had been made aware. Soon thereafter, the home's Help Desk/IT worker replaced the non-functional PAB with a newer model and replaced the batteries in the washroom pull station.

On March 20th, 2014, the home's Help Desk/IT worker conducted an audit of all of the

remote pull stations in the 3rd floor care units, and documentation of such was provided to the inspector. Once a week, all remote pull stations in all care units on one floor, and all remote pull stations in common areas and washrooms within the centre court, on all levels, are tested. There are 3 floors. As per the documented testing conducted on March 20th, in 1 resident bedroom, 4 resident washrooms, and 1 centre court washroom, it was noted that the remote pull station did not produce a call because of low or dead batteries. Documentation related to the testing done on March 13, 2014, of all remote stations on the 2nd floor care units, notes that in 3 resident bedrooms, and in 1 care unit spa, the remote pull station did not produce a call because of low or dead batteries. Documentation related to the testing done on March 6th, 2014, of all remote stations on the 1st floor care units, notes that in 3 resident bedrooms the remote pull station did not produce a call because of dead batteries.

The ongoing non-compliance related to the functioning of the resident PABs and the remote pull stations presents an ongoing potential risk to all residents at the home. [s. 17. (1) (b)]

2. The licensee has failed to comply with O. Reg. 79/10, s.17 (1) (c) in that the licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that can only be cancelled at the point of activation.

The home is equipped with a wireless resident-staff communication and response system (the system). Some residents and all nursing staff are provided with a Personal Alert Badge (PAB) which allows the user to call for assistance from anywhere within the home. The ceiling system sensors throughout the home interface with these PABs and reflect the location of the person wearing the PAB when the system last sensed them. Every nursing staff member is required to wear their PAB at all times while on shift. Some residents wear their PABs at all times as their primary method to call for assistance, others have PABs that they wear at some times, or, that they keep attached to items such as walkers or bedroom furnishings. As well, in every common area, in all resident washrooms, and at all resident's bedside, there is a remote pull station on the wall which allows anyone who is not wearing a PAB to call for assistance. On the care units, Personal Support Workers (PSWs) are required to carry a pager which interfaces with the wireless system and alerts them to incoming calls for assistance. Above all resident bedroom and common area doorways, there are dome lights. A white light illuminates when a call is made with a PAB or from a

remote station. The PABs worn by nursing staff will cause this white light to turn off and a green light to turn on, which cancels the call for assistance and signals that a staff person is present and responding to the call. With the exception of the ceiling sensors and the dome lights, all system components are battery dependent.

On October 4th, 2013, as a result of Follow Up inspection #2013_204133_0026, the licensee was issued Compliance Order #001,pursuant to O. Reg. 79/10, s.17 (1) (b) and (c). The compliance date for this Order was November 29, 2013.

On March 19th, 2014, during the follow up inspection, in a meeting with the home's Administrator, the Executive Director of Nursing, the two Directors of Nursing, the Director of Environmental Services, the Assistant Director of Environmental Services and the Help Desk/IT worker, it was confirmed that the point of activation issues that were brought forward in inspection #2013_204133_0026 had not been resolved, because the home is moving forward with installation of a new resident-staff communication and response system. The new system will be hard wired, and will eliminate the issue. The installation project, which has been reviewed and approved by the Ministry of Health and Long Term Care, is currently in the final organization and part procurement stage, and is anticipated to last for 12 weeks once work begins.

To summarize the issue, in all bedrooms, the system allows calls for assistance to be cancelled from the hallway, close to the entrance of the room. The distance varies from approximately 45 centimeters to just outside the entrance of the room, and the distance is affected by the position of the bedroom door. If a door is fully open, the distance is greater as the bedroom ceiling sensor is unhindered, and can detect signals emanating from the staff PAB more readily. In all private rooms, a ceiling system sensor was never installed in the washroom. As a result, in these private rooms, calls for assistance made from within the washroom can be cancelled from the hallway, without the need to enter the bedroom at all.

On March 19, 2014, the inspector was in the Apple Orchard 1 care unit, verifying the functioning of resident PAB's. A Registered Practical Nurse, #S103, was in the immediate area, moving down the hallway with a medication cart. On the medication cart, there were 2 staff PABs. The inspector observed that the RPN, focused on medication administration, inadvertently cancelled a test call, made by the inspector, from within a bedroom. As the system is silent, and the RPN does not carry a pager which vibrates when calls are received, they were unaware that a call had been made and that they had cancelled the call. Although there was a white dome light illuminated

above the bedroom while the call was active, the RPN's attention was on the medication cart, and they were not looking upwards. This occurred because the ceiling system sensors in the bedroom detected the staff PABs that were on the medication cart in the hallway, outside of the bedroom, thereby cancelling the call.

This ongoing non compliance presents a widespread, potential risk to all residents, as nursing staff wearing or carrying a PAB may inadvertently cancel resident's calls for assistance, made from within the bedrooms or bathrooms, from the hallway. [s. 17. (1) (c)]

Additional Required Actions:

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

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
O.Reg 79/10 s. 15. (1)	CO #001	2013_204133_0026	133

Issued on tbis 4th day of April, 2014

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

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
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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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	JESSICA LAPENSEE (133)
Inspection No. / No de l'inspection :	2014_304133_0008
Log No. / Registre no:	S-000413-13, S-000411-13
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Apr 4, 2014
Licensee / Titulaire de permis :	F. J. DAVEY HOME 733 Third Line East, Box 9600, Sault Ste Marie, ON, P6A-7C1
LTC Home / Foyer de SLD :	F. J. DAVEY HOME 733 Third Line East, Sault Ste Marie, ON, P6A-7C1
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	PETER J. MACLEAN

To F. J. DAVEY HOME, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001 **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 :

The licensee will comply with O. Reg. 79/10, s. 9 (1) 1. iii. by equipping the main exit/entrance doors 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. The door alarm is to be applied to either the inner or outer set of sliding doors, whichever set the licensee decides to keep locked at all times. The licensee will implement formalized measures to ensure resident safety until such time as the main exit/entrance door is alarmed as is required.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s.9 (1) 1. iii. in that the licensee has failed to ensure that the home's main exit door is equipped with a door alarm, of any kind.

During the inspection, March 19 – 21, 2014, the inspector observed that the home's main exit/entrance consists of a set of inner sliding doors, a vestibule, and a set of outer sliding doors. Both sets of sliding doors are equipped with a thumb lock, which is engaged in the evening to prevent unauthorized entry into the home. When the thumb locks are not engaged, the doors are not locked as is required by O. Reg, 79/10, s.9 (1) 1. i. Either the inner or outer set of doors must be locked at all times. Focusing on the inner set of doors, because they are not locked, it is possible to manually slide the doors open. The inspector ascertained that this does occur, mainly by visitors. If the doors are manually slid open, they remain ajar, and there is no alert, because there is no form of alarm in place as is required. The inspector verified with the home's Assistant Director of Environmental Services that there has never been an alarm on this door.

The fact that the front door is not locked or alarmed presents a widespread risk to residents, particularly for those who have been identified to be active exit seekers or at risk of elopement and who do not reside within a secured unit, as well as any resident exhibiting behaviour changes that may lead to risk of elopement and exit seeking.
(133)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jul 07, 2014

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 :

The licensee will comply with O. Reg. 79/10, s. 9 (1) 1. i. by ensuring that the home's main exit/entrance door (inner or outer set) is kept closed and locked. The licensee will implement formalized measures to ensure resident safety until such time as the main exit/entrance door is locked as is required.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9(1)1.i. in that the licensee has failed to ensure that the home's front door is kept closed and locked at all times.

During the inspection, March 19 – 21, 2014, the inspector observed that the home's main exit/entrance consists of a set of inner sliding doors, a vestibule, and a set of outer sliding doors. Both sets of sliding doors are equipped with a thumb lock, which is engaged in the evening to prevent unauthorized entry into the home. Both sets of doors are equipped with an automatic open/close function. On the wall next to the inner exit doors, there is a key pad. By entering a code into the keypad, the inner doors slide open automatically. The outer doors open automatically when a person is in the immediate area, without need for an access code. The inspector noted that the inner set of sliding doors can be manually slid open, with some effort, without the need to enter the access code. There is no other locking device on the doors, other than the thumb lock, that can prevent the doors from being manually slid open. The code only affects the automatic open/close function. Either the inner or outer set of sliding doors must be kept closed and locked at all times.

On the afternoon of March 20, 2014, the inspector spoke with the staff person at the front reception desk, # S101, about the sliding doors. Staff # S101 said it is not unusual for them to see people, typically visitors, begin to slide the door because they have not understood how to use the code in order to activate the automatic open function. Staff #S101 indicated that they see this about once per shift, and explained they work a 4 hour shift, at the reception desk, two days a week. Staff #S101 further explained that when they notice this happening, they will intervene and assist the person with the coding process, or more often, a person comes in from the outside and the doors slide open automatically. Staff #S101 said they have seen people slide it open enough to exit. The inspector slid the door open on several occasions, and noted that the door will remain ajar following this action. As well, there is no alert when the door remains ajar, as the door is not equipped with an alarm function, as is required by O. Reg. 79/10, s. 9(1)1iii.

On the morning of March 21, 2014, the inspector spoke with the staff person at the reception desk, #S102, about the sliding doors. Staff #S102 has a shift at the reception desk for 6 hours, on a week day and on a weekend day. As well, every other week, they are at the reception desk for a 7.5 hour shift for both weekend days. The inspector asked staff #102 if they had ever seen anyone manually slide the doors open. They indicated it was not unusual for them to see visitors attempt to manually slide the door open, and, less often, to successfully slide the door open wide enough to exit. They explained that while they are at the reception desk, they are not there to directly observe the door, that they have work to do that involves the phone and computer, so they tend to see people coming and going out of the corner of their eye. When asked if they had observed any residents slide the door open, they explained that resident #001, an active exit seeker, who does not reside in a secured unit, has done so. Staff #S102 explained that they last saw Resident #001 slide the door open wide enough to exit, in the fall of 2013. On that occasion, Staff #S102 noticed Resident #001 in the vestibule, and prevented them from going outside. Staff #S102 explained that they don't believe that resident #001 has the strength to slide the door open anymore, but that in the past, they would slide the door a bit, and then wedge their wheelchair into the open area, using that for leverage as they continued to slide the door open further.

The fact that the front door is not locked or alarmed presents a widespread risk to residents, particularly for those who have been identified to be active exit seekers or at risk of elopement and who do not reside within a secured unit, as well as any resident exhibiting behaviour changes that may lead to risk of elopement and exit seeking.

(133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 05, 2014

Order # / Ordre no : 003

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

Linked to Existing Order / Lien vers ordre existant: 2013_204133_0026, CO #003;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

The licensee will comply with O. Reg. 79/10, s. 17. (1) (b) and (c) by ensuring that the home's resident-staff communication and response system (the system) is on at all times and that calls for assistance made by resident, by using the system, can only be cancelled at the point of activation. The licensee will implement formalized measures to ensure the safety of all residents, until such time that the system is compliant.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s.17 (1) (b) in that the licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times.

The licensee has a history of non-compliance with this requirement. Most recently, a Compliance Order was issued on October 4th, 2013, as a result of inspection #2013_204133_0026, with a compliance date of November 29, 2013. Prior to this, there has been 3 related Compliance orders, beginning with CO

#901 and #902, issued to the home in February 2012, as a result of the Resident Quality Inspection #2012_099188_0005.

The home is equipped with a wireless resident-staff communication and response system (the system). Some residents and all nursing staff are provided with a Personal Alert Badge (PAB) which allows the user to call for assistance from anywhere within the home. The ceiling system sensors throughout the home interface with these PABs and reflect the location of the person wearing the PAB when the system last sensed them. Every nursing staff member is required to wear their PAB at all times while on shift. Some residents wear their PABs at all times as their primary method to call for assistance, others have PABs that they wear at some times, or, that they keep attached to items such as walkers or bedroom furnishings. As well, in every common area, in all resident washrooms, and at all resident's bedside, there is a remote pull station on the wall which allows anyone who is not wearing a PAB to call for assistance. On the care units, Personal Support Workers (PSWs) are required to carry a pager which interfaces with the wireless system and alerts them to incoming calls for assistance. Above all resident bedroom and common area doorways, there are dome lights. A white light illuminates when a call is made with a PAB or from a remote station. The PABs worn by nursing staff will cause this white light to turn off and a green light to turn on, which cancels the call for assistance and signals that a staff person is present and responding to the call. With the exception of the ceiling sensors and the dome lights, all system components are battery dependent.

It is noted that the home is moving forward with installation of a new resident-staff communication and response system. The new system will be hard wired, and there will no longer by any PAB's. As well, reliance on batteries for the functioning of the system components, such as remote pull stations, will no longer be a factor. The installation project, which has been reviewed and approved by the Ministry of Health and Long Term Care, is currently in the final organization and part procurement stage, and is anticipated to last for 12 weeks once work begins.

On March 19, 2014, the inspector tested resident #002's PAB, in the company of staff #S103. The resident was not in their bedroom, and the PAB was clipped to their lamp shade. The inspector, and staff #S103, could not elicit a call from the PAB by pressing the red button. It was only when the PAB button was pressed 3 times that a call was registered. The remote pull station at the resident's bed

was functional. The remote pull station in resident #002's washroom, next to the toilet, would not produce a call for assistance. Pulling the cord, or pressing the button, once or many times, did not result in a call. The inspector spoke with resident #002 in the dining room after this testing process. The resident explained that they don't typically wear their PAB, and leave it affixed to their lamp shade. The resident explained that they do use it, and expect that when they press the red button, they are making a call for assistance. The resident did indicate that they were aware that there was a pull station above their bed, which they could also use to call for assistance. The resident was informed that the pull station in their washroom was not functional, and that staff had been made aware. Soon thereafter, the home's Help Desk/IT worker replaced the non-functional PAB with a newer model and replaced the batteries in the washroom pull station.

On March 20th, 2014, the home's Help Desk/IT worker conducted an audit of all of the remote pull stations in the 3rd floor care units, and documentation of such was provided to the inspector. Once a week, all remote pull stations in all care units on one floor, and all remote pull stations in common areas and washrooms within the centre court, on all levels, are tested. There are 3 floors. As per the documented testing conducted on March 20th, in 1 resident bedroom, 4 resident washrooms, and 1 centre court washroom, it was noted that the remote pull station did not produce a call because of low or dead batteries. Documentation related to the testing done on March 13, 2014, of all remote stations on the 2nd floor care units, notes that in 3 resident bedrooms, and in 1 care unit spa, the remote pull station did not produce a call because of low or dead batteries. Documentation related to the testing done on March 6th, 2014, of all remote stations on the 1st floor care units, notes that in 3 resident bedrooms the remote pull station did not produce a call because of dead batteries.

The ongoing non-compliance related to the functioning of the resident PABs and the remote pull stations presents an ongoing potential risk to all residents at the home.

(133)

2. The licensee has failed to comply with O. Reg. 79/10, s.17 (1) (c) in that the licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that can only be cancelled at the point of activation.

The home is equipped with a wireless resident-staff communication and response system (the system). Some residents and all nursing staff are provided with a Personal Alert Badge (PAB) which allows the user to call for assistance from anywhere within the home. The ceiling system sensors throughout the home interface with these PABs and reflect the location of the person wearing the PAB when the system last sensed them. Every nursing staff member is required to wear their PAB at all times while on shift. Some residents wear their PABs at all times as their primary method to call for assistance, others have PABs that they wear at some times, or, that they keep attached to items such as walkers or bedroom furnishings. As well, in every common area, in all resident washrooms, and at all resident's bedside, there is a remote pull station on the wall which allows anyone who is not wearing a PAB to call for assistance. On the care units, Personal Support Workers (PSWs) are required to carry a pager which interfaces with the wireless system and alerts them to incoming calls for assistance. Above all resident bedroom and common area doorways, there are dome lights. A white light illuminates when a call is made with a PAB or from a remote station. The PABs worn by nursing staff will cause this white light to turn off and a green light to turn on, which cancels the call for assistance and signals that a staff person is present and responding to the call. With the exception of the ceiling sensors and the dome lights, all system components are battery dependent.

On October 4th, 2013, as a result of Follow Up inspection #2013_204133_0026, the licensee was issued Compliance Order #001,pursuant to O. Reg. 79/10, s.17 (1) (b) and (c). The compliance date for this Order was November 29, 2013.

On March 19th, 2014, during the follow up inspection, in a meeting with the home's Administrator, the Executive Director of Nursing, the two Directors of Nursing, the Director of Environmental Services, the Assistant Director of Environmental Services and the Help Desk/IT worker, it was confirmed that the point of activation issues that were brought forward in inspection #2013_204133_0026 had not been resolved, because the home is moving forward with installation of a new resident-staff communication and response system. The new system will be hard wired, and will eliminate the issue. The installation project, which has been reviewed and approved by the Ministry of Health and Long Term Care, is currently in the final organization and part procurement stage, and is anticipated to last for 12 weeks once work begins.

To summarize the issue, in all bedrooms, the system allows calls for assistance to be cancelled from the hallway, close to the entrance of the room. The distance varies from approximately 45 centimeters to just outside the entrance of the room, and the distance is affected by the position of the bedroom door. If a door is fully open, the distance is greater as the bedroom ceiling sensor is unhindered, and can detect signals emanating from the staff PAB more readily. In all private rooms, a ceiling system sensor was never installed in the washroom. As a result, in these private rooms, calls for assistance made from within the washroom can be cancelled from the hallway, without the need to enter the bedroom at all.

On March 19, 2014, the inspector was in the Apple Orchard 1 care unit, verifying the functioning of resident PAB's. A Registered Practical Nurse, #S103, was in the immediate area, moving down the hallway with a medication cart. On the medication cart, there were 2 staff PABs. The inspector observed that the RPN, focused on medication administration, inadvertently cancelled a test call, made by the inspector, from within a bedroom. As the system is silent, and the RPN does not carry a pager which vibrates when calls are received, they were unaware that a call had been made and that they had cancelled the call. Although there was a white dome light illuminated above the bedroom while the call was active, the RPN's attention was on the medication cart, and they were not looking upwards. This occurred because the ceiling system sensors in the bedroom detected the staff PABs that were on the medication cart in the hallway, outside of the bedroom, thereby cancelling the call.

This ongoing non compliance presents a widespread, potential risk to all residents, as nursing staff wearing or carrying a PAB may inadvertently cancel resident's calls for assistance, made from within the bedrooms or bathrooms, from the hallway.

(133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 04, 2014

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

Ministére 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

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

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.

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, 11e 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 4th day of April, 2014

Signature of Inspector / Signature de l'inspecteur : Jessica Lapensée

Name of Inspector / Nom de l'inspecteur : JESSICA LAPENSEE

Service Area Office / Bureau régional de services : Sudbury Service Area Office