



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

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

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

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

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

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

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 31, 2013	2013_24304_0008	L-0001019-13	Critical Incident System

**Licensee/Titulaire de permis**

FIDDICK'S NURSING HOME LIMITED  
437 FIRST AVENUE, P.O. BOX 340, PETROLIA, ON, N0N-1R0

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

FIDDICK'S NURSING HOME  
437 FIRST AVENUE, P.O. BOX 340, PETROLIA, ON, N0N-1R0

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

DEIRDRE BOYLE (504 )

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): December 18, 2013.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, one Resident, one Resident family member, one Registered Nurse and one Rehabilitation Therapist.**

**During the course of the inspection, the inspector(s) observed a Resident, observed the doors leading out to the courtyard, the alarm system, the process for by-passing the door lock and door alarm system, the alarm panel, reviewed the Home's internal investigation, a Resident's plan of Care, the Secure Doors policy issued July, 2013 and other relevant documents.**

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

**Findings of Non-Compliance were found during this inspection.**



<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<p><b>Legend</b></p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p><b>Legendé</b></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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**



1. The Home failed to ensure that their Secure Doors policy, issue date July 2013, was followed, as evidenced by the door to the secure courtyard being unlocked and the alarm being by-passed.

The Home's Secure Doors policy specifies that: "When not in use all secure courtyard doors will be locked (even if equipped with a key pad.)" and; "All doors leading into a secure courtyard or out of the facility will be alarmed."

During the course of an interview with the Administrator it was revealed that:

On December 6, 2013, the door leading to the secure courtyard was not locked and was not alarmed. This was confirmed by the Director of Care.

Work was being conducted on a window adjacent to the courtyard and access to the outside of that window is from the courtyard. The work had been in progress for two days. It is unknown if the door was unlocked and the alarm was by-passed to accommodate the work being completed on the window. This was confirmed by the Director of Care and the Administrator.

The Home completed an internal investigation.

It is unknown how long the door was unlocked and for how long the alarm was by-passed. This was confirmed by the Director of Care and the Administrator. [s. 8. (1)(b)]

**Additional Required Actions:**

DB  
01/29/14

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the Home's Secure Doors policy issued July, 2013 is followed., to be implemented voluntarily.***



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**Issued on this 8th day of January, 2014**

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

*Deirdre Boyle*