



**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**

**Division de la responsabilisation et de la
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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
Aug 29, 2014	2014_259520_0023	L-000942-14	Resident Quality Inspection

Licensee/Titulaire de permis

ATK CARE INC.
1386 INDIAN GROVE, MISSISSAUGA, ON, L5H-2S6

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

THE FORDWICH VILLAGE NURSING HOME
3063 Adelaide Street, Fordwich, ON, N0G-1V0

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

SALLY ASHBY (520), CHRISTINE MCCARTHY (588), JUNE OSBORN (105), RUTH
HILDEBRAND (128), RUTHANNE LOBB (514)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 5,6,7,8,11,12,13 2014.

Two concurrent CI's L-002089-14 and L-002271-14 were completed during the RQI inspection.

During the course of the inspection, the inspector(s) spoke with 1 Administrator/Director of Care, 1 Administration Assistant, 1 Registered Nurse, 1 Registered Practical Nurse, 1 Maintenance Supervisor, 1 RAI Co-ordinator, 1 Food Service Manager, 1 Cook, 1 Physiotherapy Assistant, 1 Activation/Restorative Care Aide, 10 Personal Support Workers.

During the course of the inspection, the inspector(s) observed residents and staff, toured resident home areas, conducted resident/family/staff interviews, reviewed resident's clinical records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing



Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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:

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).

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; O. Reg. 363/11, s. 1 (1, 2).

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. The Licensee failed to ensure that all doors leading to stairways and the outside of the home were kept locked, as evidenced by:

On a date in August 2014, a doorway leading to an interior stairway was not secure and locked. Within the stairwell area was a door to the outside which was not secure and locked. The doors were not being monitored at the time.

On a date in August 2014, a door leading to the back outside area of the home (which is not fully fenced) was not secure and locked.

The Administrator verified that the doors were not secure (they were on bypass) and were not being monitored.

On a date in August 2014, a tour of the non-residential areas of the home was conducted with the Administrator. The exterior West door was found unlocked with the alarm on bypass. The Administrator acknowledged the potential safety risk, including residents and/or others having access from the exterior to the laundry, kitchen, chemicals, electrical room, maintenance room and other areas of the home.

The Administrator indicated that the door was kept unlocked from 0700 to 1500 daily to allow staff and delivery personnel access to the building. The exterior garbage room door was also found unlocked, allowing residents and/or others to enter the same areas of the home.

The Administrator verified that the doors should be kept closed and locked to preclude entry from the exterior. [s. 9. (1) 1. i.]

2. The licensee failed to ensure all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, as evidenced by:

On a date in August 2014, Inspectors found the linen room unattended with 4 electrical panels in the room. The panels were either unlocked or had the key in the panel. Additionally, there were 19 electrical wires, hanging down 312 centimetres



from the wall near the ceiling.

The linen room does not have a lock on the door to preclude access to this non-residential area.

The Administrator confirmed that the linen room did not have a lock and acknowledged the potential safety risk to residents. [s. 9. (1) 2.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).



Findings/Faits saillants :

1. The licensee failed to ensure that every resident had the right to be afforded privacy in treatment and in caring for his or her personal needs, as evidenced by:

On a date in August 2014, a staff member was observed assessing a Resident in an area of the home while other Residents were still present. Tests were conducted on the Resident which involved the lifting of the Resident's sweater exposing the skin.

The Administrator who also observed this indicated the expectation was that Residents were provided privacy in treatment and/or assessment and she stated that they should not be done in an open area of the home.

The Administrator intervened and requested that the assessment be stopped and continued in a private area. [s. 3. (1) 8.]

2. The licensee failed to ensure that every resident had the right to, have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004, kept confidential in accordance with the Act, as evidenced by:

On a date in August 2014, an interview with a Registered Staff member revealed that empty medication strip packaging with resident identifiers were being disposed of in a garbage on the side of the medication cart. At the end of the shift this garbage was being placed into the regular home's garbage disposal. The Registered Staff member confirmed that the resident identifiers were not rendered illegible prior to throwing the empty medication packaging into the regular garbage.

On a date in August 2014, the Administrator confirmed that this was a potential confidentiality risk as personal health information was remaining on the empty medication packaging in the home's garbage. The Administrator verified a shredder was ordered and staff had been educated. The Administrator stated the expectation of the home is to keep Resident's PHI confidential. [s. 3. (1) 11.]



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 every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs and to have his or her personal health information kept confidential, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with 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. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home was a safe and secure environment for its residents as evidenced by:

A tour of the home conducted on a date in August 2014, noted the following concerns:

*outlet in the sitting room and the dining room (not properly affixed or secure)

*flooring in the dining room (wood to tile area) - potential trip hazard

*doorway to the dining room (duct tape on floor and a slight ridge) - potential trip hazard

*large fan affixed to the wall in hallways (hung low and stuck out into the hallway) - potential for resident injury

In addition, the home had a laundry chute on the second floor of the home which measured 69 centimetres off the floor. The chute was 54 centimetres wide and dropped one storey to a concrete floor in the laundry room.

The Administrator confirmed that the laundry chute could be easily accessed by Residents and it was a potential safety risk that residents could fall a full storey onto the concrete floor.

The Administrator verified these concerns and confirmed the expectation of the home was to have a safe and secure environment for its residents. [s. 5.]



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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, as evidenced by:

The nursing staff schedules were reviewed for a three month period. The schedules revealed that 52 of the 300 shifts (17.3%) were covered by a Registered Practical Nurse and not a Registered Nurse.

The Administrator confirmed that the 52 shifts were not covered by a Registered Nurse. The Administrator also confirmed that the home had a strategy in place for recruitment. [s. 8. (3)]



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 at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, to be implemented voluntarily.

**WN #5: 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 failed to ensure that where bed rails were used, has the resident been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident, as evidenced by:

During room observations nine Resident's beds were noted to have concerns.

The Administrator verified that the home has not had a bed assessment done and was having Joerns come in to do this assessment. [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 where bed rails were used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there were none, in accordance with prevailing practices to minimize risk to the resident, to be implemented voluntarily.

**WN #6: 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 failed to ensure that the home was equipped with a resident-staff communication and response system that was on at all times, as evidenced by:

On a date in August 2014, the call bell in the activity room was observed to not be functioning when activated.

The Administrator confirmed that it was not functioning. The Administrator further acknowledged the potential safety risk and indicated awareness that it was not functioning. [s. 17. (1) (b)]

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 the home equipped with a resident-staff communication and response system that was on at all times, to be implemented voluntarily.

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:

4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).

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 for two residents included an order by the physician or registered nurse in the extended class, as evidenced by:

Review of doctors orders for two Residents revealed they did not include an order for a restraint.

Interview with the Administrator on a date in August 2014, confirmed the home considered the item to be a restraint and acknowledged there was no order for these restraints by the physician. The Administrator verified the expectation of the home was to have an order for all restraints. [s. 31. (2) 4.]

2. The licensee failed to ensure that the restraint plan of care included a consent by the resident or if the resident is incapable, by the SDM, as evidenced by:

The Administrator verified there was no signed consent for the restraint from the SDM for one Resident. The Administrator acknowledged that the home considered this item to be a restraint and the expectation of the home was to have consents by residents or SDM's if resident was incapable for all restraints. [s. 31. (2) 5.]

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 the restraint plan of care includes an order by the physician or the registered nurse in the extended class and includes the consent of the resident or if the resident is incapable, by the SDM, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :



1. The licensee failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times, as evidenced by:

On a date in August 2014, the soiled utility room was found unlocked and unattended with hazardous chemicals, including 2 bottles of Arjo disinfectant cleaner below the sink.

A staff member confirmed the hazardous chemicals were present and indicated that they had been told that the lock was sticking and was not always locking.

The Administrator verified that the lock was not working and acknowledged the expectation was that chemicals were to be kept inaccessible to residents. [s. 91.]

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 all hazardous substances at the home are kept inaccessible to residents at all times, to be implemented voluntarily.



WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 109. Policy to minimize restraining of residents, etc.

Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with,

(a) use of physical devices; O. Reg. 79/10, s. 109.

(b) duties and responsibilities of staff, including,

(i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,

(ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device; O. Reg. 79/10, s. 109.

(c) restraining under the common law duty pursuant to subsection 36 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others; O. Reg. 79/10, s. 109.

(d) types of physical devices permitted to be used; O. Reg. 79/10, s. 109.

(e) how consent to the use of physical devices as set out in section 31 of the Act and the use of PASDs as set out in section 33 of the Act is to be obtained and documented; O. Reg. 79/10, s. 109.

(f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and O. Reg. 79/10, s. 109.

(g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation. O. Reg. 79/10, s. 109.

Findings/Faits saillants :



1. The licensee failed to ensure that the home's written restraint policy deals with the following:

- (b) duties and responsibilities of staff
- (d) types of physical devices
- (e) how consent is to be obtained and documented
- (f) alternatives to the use of physical devices (planned, developed and implemented)
- (g) how restraints will be evaluated to ensure minimizing of restraints

Review of the home's restraint policy named Restraint Guidelines dated 2014 revealed it does not address areas (b), (d), (e), (f), (g).

Interview with the Administrator confirmed the policy does not address these areas and that the Restraint Guidelines Policy require revision. [s. 109.]

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 the home's written restraint policy deals with the following:

- (b) duties and responsibilities of staff***
- (d) types of physical devices***
- (e) how consent is to be obtained and documented***
- (f) alternatives to the use of physical devices (planned, developed and implemented)***
- (g) how restraints will be evaluated to ensure minimizing of restraints, to be implemented voluntarily.***

WN #10: 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 failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair, as evidenced by:

On a date in August 2014, observations of the resident rooms revealed the following maintenance issues in a few rooms such as:

- *paint chipped off door frames
- *scuff marks on bathroom and bedroom walls
- *dirty or missing caulking around base of toilet

Elevator door frame second floor paint chipped and black marks.

Tub/Shower Room - Baseboard scraped and had the paint chipped off.

The Administrator verified the above noted maintenance concerns and confirmed the home's expectation was that the resident rooms and common areas were to be maintained in a good state of repair. [s. 15. (2) (c)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :



1. The licensee failed to ensure that the every window in the home that opened to the outdoors and was accessible to residents had a screen and could not open more than 15 centimetres(cm), as evidenced by:

All windows that open to the outdoors and were accessible to residents were measured during the course of the inspection and many opened more than 15 centimetres (cm).

A staff member confirmed that the window openings exceeded the required 15 cm allowance and also confirmed that two windows did not have screens.

The Administrator verified that the expectation was that the windows not open greater than the required 15 cm to ensure resident safety and that they all had screens. [s. 16.]

WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).



Findings/Faits saillants :

1. The licensee failed to ensure that the licensee sought the advice of the Family and Resident Councils in developing and carrying out the satisfaction survey, and in acting on its results, as evidenced by:

Interview with the Family and Residents' Council presidents on a date in August 2014, revealed that the satisfaction survey was done but that the Family and Residents' Councils did not have input into the survey.

An interview with the Administrator verified that the Family and Residents' Councils were not consulted in developing and carrying out the satisfaction survey, and in acting on its results. [s. 85. (3)]

2. The licensee failed to ensure that the licensee documented and made available to the Family and Residents' Councils the results of the satisfaction survey in order to seek the advice of the Councils about the survey, as evidenced by:

Interview with the Family and Residents' Council presidents on a date in August 2014, revealed that the satisfaction survey was done but they were not given the results of the satisfaction survey.

Review of the Quality Improvement Checklist completed by the Administrator on a date in August 2014, noted that the Family Council was given survey results. An interview with the Administrator verified that the Family Council was not given the results of the satisfaction survey. After identification that the answer was incorrect the Administrator changed the answer on the Quality Improvement Checklist. [s. 85. (4) (a)]

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

Findings/Faits saillants :



1. The licensee failed to ensure that when a drug was destroyed, the drug was altered or denatured to such an extent that its consumption was rendered impossible or improbable, as evidenced by:

A review of Classic Pharmacy Services Medication Disposal – Narcotics/LTCHs, Policy 5.8, revealed medications are to be denatured to an extent that consumption was impossible or improbable and the designated drug destruction container was sealed.

On a date in August 2014, the Administrator confirmed that the home does not denature the medications prior to the medication waste company picking up the designated drug destruction containers.

On a date in August 2014, the Administrator contacted Classic Pharmacy and confirmed that their expectation was that the home would denature the medications, usually with water, prior to the medication waste company picking up the designated drug destruction containers. [s. 136. (6)]

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information



Specifically failed to comply with the following:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act. O. Reg. 79/10, s. 225 (1).

2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act. O. Reg. 79/10, s. 225 (1).

3. The most recent audited report provided for in clause 243 (1) (a). O. Reg. 79/10, s. 225 (1).

4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 225 (1).

5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the licensee of a long-term care home ensured that the information required to be posted in the home and communicated to residents under section 79 of the Act included the most recent audited report, as evidenced by:

Review of the LTCH Licensee Confirmation Checklist dated and signed by the Administrator on a date in August 2014, revealed that the most recent audited reconciliation report was not posted and communicated.

During the tour of the home on a date in August 2014, there was no evidence of the most recent audited report posted in the home.

Interview with the Administrator confirmed that the most recent audited reconciliation report was not posted and communicated. [s. 225. (1)]



**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**

Issued on this 11th day of September, 2014

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



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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SALLY ASHBY (520), CHRISTINE MCCARTHY (588),
JUNE OSBORN (105), RUTH HILDEBRAND (128),
RUTHANNE LOBB (514)

Inspection No. /

No de l'inspection : 2014_259520_0023

Log No. /

Registre no: L-000942-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Aug 29, 2014

Licensee /

Titulaire de permis : ATK CARE INC.
1386 INDIAN GROVE, MISSISSAUGA, ON, L5H-2S6

LTC Home /

Foyer de SLD : THE FORDWICH VILLAGE NURSING HOME
3063 Adelaide Street, Fordwich, ON, N0G-1V0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : SUSAN JAUNEZMIS

To ATK CARE INC., you are hereby required to comply with the following order(s) by
the date(s) set out below:



**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

Order(s) of the Inspector

Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur

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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*

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 must ensure all doors leading to stairways and the outside of the home are secured and locked.

Grounds / Motifs :



Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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1. The licensee failed to ensure that all doors leading to the outside of the home were kept locked, as evidenced by:

On a date in August 2014, a doorway leading to an interior stairway was not secure and locked. Within the stairwell area was a door to the outside which was not secure and locked. The doors were not being monitored at the time.

On a date in August 2014, a door leading to the back outside area of the home (which is not fully fenced) was not secure and locked.

The Administrator verified that the doors were not secure (they were on bypass) and were not being monitored. (520)

On a date in August 2014, a tour of the non-residential areas of the home was conducted with the Administrator. The exterior West door was found unlocked with the alarm on bypass. The Administrator acknowledged the potential safety risk, including residents and/or others having access from the exterior to the laundry, kitchen, chemicals, electrical room, maintenance room and other areas of the home.

The Administrator indicated that the door was kept unlocked from 0700 to 1500 daily to allow staff and delivery personnel access to the building. The exterior garbage room door was also found unlocked allowing residents and/or others to enter the same areas of the home.

The Administrator verified that the doors should be kept closed and locked to preclude entry from the exterior. (128)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2014



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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



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Long-Term Care**

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section 154 of the *Long-Term Care
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des Soins de longue durée**

Ordre(s) de l'inspecteur

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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
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Ordre(s) de l'inspecteur
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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
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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 29th day of August, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Sally Ashby

Service Area Office /

Bureau régional de services : London Service Area Office