



**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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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 20, 2015	2015_346133_0004	O-001635-15	Complaint

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**Licensee/Titulaire de permis**

OMNI HEALTH CARE LIMITED PARTNERSHIP  
1840 LANSDOWNE STREET WEST UNIT 12 PETERBOROUGH ON K9K 2M9

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

FOREST HILL  
6501 CAMPEAU DRIVE KANATA ON K2K 3E9

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

JESSICA LAPENSEE (133), HUMPHREY JACQUES (599)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 13th, 2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator and the Maintenance Manager.**

**The Inspectors also toured the home, in the company of the Maintenance Manager, to review and discuss door security**

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

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**1 VPC(s)**

**3 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).**

### **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 all doors leading to the outside of the home are kept locked. This is specifically related to the home's main exit door.

On February 13th, 2015, it was observed by Inspector #133 and #599 that the home's main exit consists of two sets of sliding doors, with a small vestibule area in-between. To leave the home, a code is entered on the key pad on the wall to the left of the inner door. This serves to activate the motion sensor, and the door slides open automatically. Once in the vestibule, the motion sensor on the outer door causes it to slide open. An access



code is not required for the outer door. On February 13th, 2015, through observation and discussion with the home's Maintenance Manager and Administrator, it was determined that neither door is kept locked at all times. Both the inner and outer doors are equipped with a thumb bolt lock. The Maintenance Manager explained to Inspector #133 and #599 that nursing staff lock the inner door during the night shift, by engaging the thumb bolt lock, to prevent unauthorized entry into the home. The door is unlocked again in the morning to allow for access into the home. There is no other form of lock on the inner or outer door. The coded key pad is only connected to the motion sensor, not to a locking device. When the thumb bolt lock is not applied, the sliding door can be manually slid open, with little effort. This was demonstrated by Inspector #599, in the presence of Inspector #133, the home's Maintenance Manager, and the home's Administrator.

Further exacerbating the risk posed by the unlocked door is the fact that neither exit door is equipped with an alarm as is required by O. Reg. 79/10, s. 9 (1) 1. iii. This issue is captured as non-compliance elsewhere within this inspection report. The inner or outer sliding door must be kept closed and locked at all times, and that same door must be alarmed as prescribed.

The inspection, conducted on February 13th, 2015, by Inspector #133 and #599, was the result of a complaint. The complainant reported that on the evening of February 7th, 2015, the access codes for the inner exit door were not working. The complainant, who had been visiting a resident, reported that another visitor simply slid the door open so they could both exit. The complainant indicated that there was a resident within the vestibule, who observed this occurrence.

This widespread non-compliance presents a risk to the safety of the home's residents.

It is noted that on February 17th, 2015, the home's Administrator emailed Inspector #133 and indicated that following the conclusion of the inspection, on February 13th, 2015, a door technician had been called in to the home and the technician had been able to adjust the sliding door mechanism. The Administrator wrote "the door now locks securely on contact". [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 all resident accessible doors that lead to stairways, and all resident accessible doors that lead to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is



connected to the resident-staff communication and response system, OR, 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.

This is related to all resident accessible stairway doors and exit doors within the home, with the exception of exit doors that lead to a secure outside area that precludes exit by a resident.

On February 13th, 2015, Inspector #133 and #599 toured the home with the Maintenance Manager (MM, staff # S100) in order to assess and discuss door security. It was determined that none of the home's resident accessible doors that lead to stairways, or that lead to the outside of the home, were equipped with an alarm as is prescribed by O. Reg. 79/10, s. 9 (1) iii.

At the time of the inspection, applicable doors included: the front exit door, the 5 resident accessible doors leading to stairway B, the 5 resident accessible doors leading to stairway C, the 7 resident accessible doors leading to stairway A, and the back exit door. The back exit door, and all stairway doors, are kept closed and locked as is required. At the time of the inspection, it was determined that the front door was not kept locked at all times, and this issue is captured in a finding of non-compliance elsewhere within this report, pursuant to O. Reg. 79/10, s. 9 (1) i. The back exit door, and one of the doors that leads into stairway A, on the main level, in the immediate area of the back exit door, were accessible to residents through the elevator. The rear door button within the elevator was not restricted in any way. The door leading to stairway A in the basement was also accessible to residents because, at the time of the inspection, the elevator was not equipped to restrict resident access to the basement. This issue is captured in a finding of non-compliance elsewhere within this inspection report, pursuant to O. Reg. 79/10, s. 10 (1).

Stairway B and C are within the care units, while stairway A is centrally located, outside of the care units, near the main elevator on each floor. Stairway B and C doors on the 1st floor care units are equipped with a key pad to allow for access to the stairway. Stairway B and C doors on the 2nd – 5th floor care units are not equipped with a key pad, these doors are only unlocked when there is a fire alarm, which causes the magnetic locks on the doors to release. At the base of each stairway, there is an exit door that is not locked. Within Stairway A, the MM explained, a local alarm will sound if the door is opened. This was necessary, the MM explained, because the area outside of the door is not maintained, and the alarm was necessary to discourage stairway A users from exiting



through the door. The unlocked exit doors within Stairway B and C are not equipped with local alarms.

On February 13th, 2015, the MM explained to Inspector #133 and #599 that on each floor, the three stairway doors have a dedicated power supply to their magnetic (mag) locking system. If this power supply to a mag locked door is interrupted, on any floor, there is an audio and a visual alarm that activates within the 1st floor nurse station. A panel on the wall indicates which door is compromised, and the alarms can only be turned off when the power supply issue has been rectified. While this serves as an alarm for the power supply to the door's magnetic locking systems, it does not serve as a door alarm as is prescribed by O. Reg. 79/10, s. 9 (1) iii. This system is not in place at the front exit door, the back exit door, or the stairway A access door within the immediate area of the back exit door.

This widespread non-compliance presents a potential risk to the safety of the residents of the home. If any of the applicable doors failed to close completely after being accessed, there would be no notification to staff of the compromised door security. [s. 9. (1)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 10. Elevators  
Specifically failed to comply with the following:**

**s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 10 (1) in that the home's main elevator is not equipped to restrict resident access to the basement, which is not an area that is to be accessed by residents. As well, the elevator is not equipped to restrict access to the back exit door area, which is a designated public access for the service providers in the basement.





On February 13th, 2015, Inspector #133 and #599 toured the home with the Maintenance Manager (MM, staff # S100) in order to assess and discuss door security. This included a tour of the basement. The home's main elevator was used to access the basement level. In the basement, there is a service area that is secured by a set of locked doors. Within the non-service area portion of the basement, there is a doctor's office, and an expansive private physiotherapy clinic. Within the immediate entrance of the physiotherapy clinic, there is another doctor's office. The MM explained to the Inspectors that both doctors see the home's residents, on the units, and they also see members of the public, in their basement offices. One of the doctors is the home's Medical Director. The MM explained that the physiotherapy company currently operating out of the clinic used to serve all of the home's resident, but there is now a different company that serves the residents, and those services are provided on the units. The MM informed that residents can pay privately to access the services of the physiotherapy provider in the basement, but was unsure if any residents do so. The MM agreed that that the basement is not seen as an area that is to be accessed by residents. It was further noted by the Inspectors that the resident-staff communication and response system was not available in the non-service are of the basement, as is required by O. Reg. 79/10, s. 17 (1) (e), given that the area is accessible to residents.

At 12:15pm, on February 13th, 2015, Inspector #133, Inspector #599, and the Maintenance Manager were standing in front of the entrance to the private clinic and observed the clinic receptionist and the doctor put their coats on and leave the clinic. This left no one in place supervising the clinic space. The door into the clinic was left open. The MM indicated that there was a service provider within one of the back therapy rooms, yet they could not be seen, and they were not supervising the space. Within the entrance area of the clinic, to the immediate left, towards the doctor's office, the Inspectors found an unlocked drug cupboard which contained boxes of drugs such as: Effexor, Cipralelex, Lyrica, Zuacta, Cymbalta and Celebrex. The Inspectors also noted a sign on the wall within the entrance area to the clinic, advising clients to take a seat within the reception area if no one was present upon their arrival.

In order for the public to access the service providers in the basement, they go through the home's back door. There are signs at the front of the home directing that patients and clients must access their doctor or physiotherapy provider by the back door. Once through the back door, there is a small vestibule area, a locked door leading to stairway A, and the main elevator. It is in fact the rear door of the home's main elevator that opens into this vestibule. If a person went into the elevator and pressed the "1" button, the front





door of the elevator would open up into the home's entrance hallway, close to the 1st floor units. If a resident is in the main elevator, on the main level, and presses the "R" button, they will gain access to the back door exit area. The resident-staff communication and response system is not available in this area, as is required by O. Reg. 79/10, s. 17 (1) (e), given that this area is accessible to residents. The stairway door and exit door are not equipped with an audible alarm, as is required by O. Reg. 79/10, s. 9 (1) 1. iii., given that this area is accessible to residents.

On February 18th, 2015, Inspector #133 spoke with the Administrator on the telephone. The Administrator explained that currently, there are no residents who pay privately to access the physio clinic services in the basement, but there has been a few in the past. As well, the Administrator explained that if the doctors are very busy, they may request that a resident be brought down to their office in the basement. The Administrator qualified that this happens only very rarely. If such a request is made, nursing staff will accompany the resident to the basement and stay with them, so they can be informed of the doctor's assessment of the resident.

On February 19th, 2015, Inspector #133 spoke with the Administrator on the telephone. The Administrator confirmed that the back door is designated for the public's use, to access the service providers in the basement. The Administrator explained that the only time that visitors would enter the building through the back door is if there wasn't any parking available at the front of the building. The Administrator stated that residents are totally discouraged from using the back door.

The home's main elevator is not equipped to restrict resident access to the basement, in that simply pressing the "B" button, within the elevator, causes the elevator to descend into the basement. There is nothing in the basement that requires residents to have unrestricted access to the area. As well, the home's main elevator is not equipped to restrict resident access to the back exit area, in that simply pressing the "R" button, within the elevator, causes the rear elevator door to open onto this exit area. This exit area is a designated exit/entrance for the public to use to access the service providers in the basement. Unsupervised and unrestricted access to these areas presents a potential risk to the home's residents. [s. 10. (1)]



***Additional Required Actions:***

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

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**WN #3: 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) (e) in that the licensee has failed to ensure that the resident- staff communication and response system is available in every area accessible by residents. This is specifically related to the basement and the back door exit vestibule.

On February 13th, 2015, Inspector #133 and #599 toured the home with the Maintenance Manager (MM, staff # S100) in order to assess and discuss door security. As described elsewhere within this report, it was determined that the home's main elevator is not equipped to restrict resident's access into the non-service portion of the basement, where there is a doctor's office and a physiotherapy clinic, with another doctor's office within. There is no restriction on the "B" button in the main elevator. The doctor's both see the home's residents, on the care units, and receive member of the public in their offices in the basement. The physiotherapy provider serves the public, not the home's resident. At the time of the inspection, this portion of the basement was accessible to residents via the elevator. The resident- staff communication and response system is not available in the area. As well, it was determined that the home's main elevator is not restricted to allow resident's access to the back door exit vestibule. This small distinct space is accessible to resident through the elevator. The "1R" button is not restricted, and any resident in the elevator can cause the rear elevator door to open into the space. Within the space, there is a door to a stairway, and the exit door. Both are locked, but not alarmed as is required. The back door is seen as the designated exit/entrance for the public, for access to the service providers in the basement. As a result of the non-restricted elevator, at the time of the inspection, this area was accessible to residents. The resident- staff communication and response system is not available in the area.

If the elevator is equipped to restrict resident access to the non-service portion of the basement, and to the back door exit area, the resident- staff communication and response system will no longer be required in those areas. [s. 17. (1) (e)]



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***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 with the requirement that the resident- staff communication and response system is available in every area accessible by residents, with a specific focus on the basement and the back exit areas, to be implemented voluntarily.***

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Issued on this 20th day of February, 2015

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

**Original report signed by the inspector.**



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) :** JESSICA LAPENSEE (133), HUMPHREY JACQUES  
(599)

**Inspection No. /**

**No de l'inspection :** 2015\_346133\_0004

**Log No. /**

**Registre no:** O-001635-15

**Type of Inspection /**

**Genre** Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Feb 20, 2015

**Licensee /**

**Titulaire de permis :** OMNI HEALTH CARE LIMITED PARTNERSHIP  
1840 LANSDOWNE STREET WEST, UNIT 12,  
PETERBOROUGH, ON, K9K-2M9

**LTC Home /**

**Foyer de SLD :** FOREST HILL  
6501 CAMPEAU DRIVE, KANATA, ON, K2K-3E9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** SARAH FERGUSON - MCLAREN

To OMNI HEALTH CARE LIMITED PARTNERSHIP, 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  
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**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 :**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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In order to achieve compliance with O. Reg. 79/10, s. 9 (1) 1. iii, the licensee shall ensure that all resident accessible doors leading to stairways, and all resident accessible doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation. This audible door alarm must be connected to the resident-staff communication and response system, OR, be connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

As is required by O. Reg. 79/10, s. 9 (1) 4., the licensee will ensure that all alarms for doors leading to the outside are connected to a back up power supply.

When the licensee achieves compliance with Compliance Order #003, which is related to the home's main elevator, the back exit door, the stairway A access door in the back exit area, and the stairway A access door in the basement will no longer be in issue related to door alarms.

The licensee will implement measures to ensure resident safety until such time as compliance is achieved with O. Reg. 79/10, s. 9 (1) 1. iii.

**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 all resident accessible doors that lead to stairways, and all resident accessible doors that lead to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, OR, 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.

This is related to all resident accessible stairway doors and exit doors within the home, with the exception of exit doors that lead to a secure outside area that precludes exit by a resident.

On February 13th, 2015, Inspector #133 and #599 toured the home with the Maintenance Manager (MM, staff # S100) in order to assess and discuss door

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section 154 of the *Long-Term Care  
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**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*

security. It was determined that none of the home's resident accessible doors that lead to stairways, or that lead to the outside of the home, were equipped with an alarm as is prescribed by O. Reg. 79/10, s. 9 (1) iii.

At the time of the inspection, applicable doors included: the front exit door, the 5 resident accessible doors leading to stairway B, the 5 resident accessible doors leading to stairway C, the 7 resident accessible doors leading to stairway A, and the back exit door. The back exit door, and all stairway doors, are kept closed and locked as is required. At the time of the inspection, it was determined that the front door was not kept locked at all times, and this issue is captured in a finding of non-compliance elsewhere within this report, pursuant to O. Reg. 79/10, s. 9 (1) i. The back exit door, and one of the doors that leads into stairway A, on the main level, in the immediate area of the back exit door, were accessible to residents through the elevator. The rear door button within the elevator was not restricted in any way. The door leading to stairway A in the basement was also accessible to residents because, at the time of the inspection, the elevator was not equipped to restricted resident access to the basement. This issue is captured in a finding of non-compliance elsewhere within this inspection report, pursuant to O. Reg. 79/10, s. 10 (1).

Stairway B and C are within the care units, while stairway A is centrally located, outside of the care units, near the main elevator on each floor. Stairway B and C doors on the 1st floor care units are equipped with a key pad to allow for access to the stairway. Stairway B and C doors on the 2nd – 5th floor care units are not equipped with a key pad, these doors are only unlocked when there is a fire alarm, which causes the magnetic locks on the doors to release. At the base of each stairway, there is an exit door that is not locked. Within Stairway A, the MM explained, a local alarm will sound if the door is opened. This was necessary, the MM explained, because the area outside of the door is not maintained, and the alarm was necessary to discourage stairway A users from exiting through the door. The unlocked exit doors within Stairway B and C are not equipped with local alarms.

On February 13th, 2015, the MM explained to Inspector #133 and #599 that on each floor, the three stairway doors have a dedicated power supply to their magnetic (mag) locking system. If this power supply to a mag locked door is interrupted, on any floor, there is an audio and a visual alarm that activates within the 1st floor nurse station. A panel on the wall indicates which door is compromised, and the alarms can only be turned off when the power supply



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Pursuant to section 153 and/or  
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**Ministère de la Santé et  
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issue has been rectified. While this serves as an alarm for the power supply to the door's magnetic locking systems, it does not serve as a door alarm as is prescribed by O. Reg. 79/10, s. 9 (1) iii. This system is not in place at the front exit door, the back exit door, or the stairway A access door within the immediate area of the back exit door.

This widespread non-compliance presents a potential risk to the safety of the residents of the home. If any of the applicable doors failed to close completely after being accessed, there would be no notification to staff of the compromised door security.

(133)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Jun 22, 2015

**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**

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**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 :**





**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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Homes Act, 2007, S.O. 2007, c.8*

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In order to achieve compliance with O. Reg. 79/10, s. 9 (1) 1. i., the licensee shall ensure that all resident accessible doors leading to the outside of the home, and all resident accessible doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by resident are kept closed and locked.

The specific focus of this Compliance Order is on the home's main exit door, which is a sliding door.

The licensee must ensure that there is a locking mechanism in place on the door, that is engaged at all times, that renders it impossible to slide the door open. Rendering the door more difficult to slide open is not a compliant solution.

The licensee will ensure that the door locking mechanism complies with any or all other applicable legislated requirements that may apply to this door, including, but not limited to, the Ontario Fire Code.

The licensee will implement measures to ensure the safety of all residents until such time as compliance is achieved with O. Reg. 79/10, s. 9 (1) 1. i.

**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 all doors leading to the outside of the home are kept locked. This is specifically related to the home's main exit door.

On February 13th, 2015, it was observed by Inspector #133 and #599 that the home's main exit consists of two sets of sliding doors, with a small vestibule area in-between. To leave the home, a code is entered on the key pad on the wall to the left of the inner door. This serves to activate the motion sensor, and the door slides open automatically. Once in the vestibule, the motion sensor on the outer door causes it to slide open. An access code is not required for the outer door. On February 13th, 2015, through observation and discussion with the home's Maintenance Manager and Administrator, it was determined that neither door is kept locked at all times. Both the inner and outer doors are equipped with a thumb bolt lock. The Maintenance Manager explained to Inspector #133 and #599 that nursing staff lock the inner door during the night shift, by engaging the thumb bolt lock, to prevent unauthorized entry into the home. The door is unlocked again in the morning to allow for access into the





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home. There is no other form of lock on the inner or outer door. The coded key pad is only connected to the motion sensor, not to a locking device. When the thumb bolt lock is not applied, the sliding door can be manually slid open, with little effort. This was demonstrated by Inspector #599, in the presence of Inspector #133, the home's Maintenance Manager, and the home's Administrator.

Further exacerbating the risk posed by the unlocked door is the fact that neither exit door is equipped with an alarm as is required by O. Reg. 79/10, s. 9 (1) 1. iii. This issue is captured as non-compliance elsewhere within this inspection report. The inner or outer sliding door must be kept closed and locked at all times, and that same door must be alarmed as prescribed.

The inspection, conducted on February 13th, 2015, by Inspector #133 and #599, was the result of a complaint. The complainant reported that on the evening of February 7th, 2015, the access codes for the inner exit door were not working. The complainant, who had been visiting a resident, reported that another visitor simply slid the door open so they could both exit. The complainant indicated that there was a resident within the vestibule, who observed this occurrence.

This widespread non-compliance presents a risk to the safety of the home's residents.

It is noted that on February 17th, 2015, the home's Administrator emailed Inspector #133 and indicated that following the conclusion of the inspection, on February 13th, 2015, a door technician had been called in to the home and the technician had been able to adjust the sliding door mechanism. The Administrator wrote " the door now locks securely on contact".

(133)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Mar 23, 2015**



**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**

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**Order # /**

**Ordre no :** 003

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

**Order / Ordre :**

In order to achieve compliance with O. Reg. 79/10, s. 10 (1), the licensee will ensure that the home's elevators are equipped to restrict resident access to areas that are not to be accessed by residents, specifically, resident access to the basement and to the back exit area. When in the elevator, the ability to cause the rear elevator door and basement door to open must be restricted in some way.

The licensee will implement measures to ensure resident safety until such time as compliance is achieved with O. Reg. 79/10, s. 10 (1).

**Grounds / Motifs :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 10 (1) in that the home's main elevator is not equipped to restrict resident access to the basement, which is not an area that is to be accessed by residents. As well, the elevator is not equipped to restrict access to the back exit door area, which is a designated public access for the service providers in the basement.

On February 13th, 2015, Inspector #133 and #599 toured the home with the Maintenance Manager (MM, staff # S100) in order to assess and discuss door security. This included a tour of the basement. The home's main elevator was used to access the basement level. In the basement, there is a service area that is secured by a set of locked doors. Within the non-service area portion of the basement, there is a doctor's office, and an expansive private physiotherapy clinic. Within the immediate entrance of the physiotherapy clinic, there is another doctor's office. The MM explained to the Inspectors that both doctors see the home's residents, on the units, and they also see members of the public, in their basement offices. One of the doctors is the home's Medical Director. The MM

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explained that the physiotherapy company currently operating out of the clinic used to serve all of the home's resident, but there is now a different company that serves the residents, and those services are provided on the units. The MM informed that residents can pay privately to access the services of the physiotherapy provider in the basement, but was unsure if any residents do so. The MM agreed that that the basement is not seen as an area that is to be accessed by residents. It was further noted by the Inspectors that the resident-staff communication and response system was not available in the non-service area of the basement, as is required by O. Reg. 79/10, s. 17 (1) (e), given that the area is accessible to residents.

At 12:15pm, on February 13th, 2015, Inspector #133, Inspector #599, and the Maintenance Manager were standing in front of the entrance to the private clinic and observed the clinic receptionist and the doctor put their coats on and leave the clinic. This left no one in place supervising the clinic space. The door into the clinic was left open. The MM indicated that there was a service provider within one of the back therapy rooms, yet they could not be seen, and they were not supervising the space. Within the entrance area of the clinic, to the immediate left, towards the doctor's office, the Inspectors found an unlocked drug cupboard which contained boxes of drugs such as: Effexor, Cipralax, Lyrica, Zuacta, Cymbalta and Celebrex. The Inspectors also noted a sign on the wall within the entrance area to the clinic, advising clients to take a seat within the reception area if no one was present upon their arrival.

In order for the public to access the service providers in the basement, they go through the home's back door. There are signs at the front of the home directing that patients and clients must access their doctor or physiotherapy provider by the back door. Once through the back door, there is a small vestibule area, a locked door leading to stairway A, and the main elevator. It is in fact the rear door of the home's main elevator that opens into this vestibule. If a person went into the elevator and pressed the "1" button, the front door of the elevator would open up into the home's entrance hallway, close to the 1st floor units. If a resident is in the main elevator, on the main level, and presses the "R" button, they will gain access to the back door exit area. The resident-staff communication and response system is not available in this area, as is required by O. Reg. 79/10, s. 17 (1) (e), given that this area is accessible to residents. The stairway door and exit door are not equipped with an audible alarm, as is required by O. Reg. 79/10, s. 9 (1) 1. iii., given that this area is accessible to residents.



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On February 18th, 2015, Inspector #133 spoke with the Administrator on the telephone. The Administrator explained that currently, there are no residents who pay privately to access the physio clinic services in the basement, but there has been a few in the past. As well, the Administrator explained that if the doctors are very busy, they may request that a resident be brought down to their office in the basement. The Administrator qualified that this happens only very rarely. If such a request is made, nursing staff will accompany the resident to the basement and stay with them, so they can be informed of the doctor's assessment of the resident.

On February 19th, 2015, Inspector #133 spoke with the Administrator on the telephone. The Administrator confirmed that the back door is designated for the public's use, to access the service providers in the basement. The Administrator explained that the only time that visitors would enter the building through the back door is if there wasn't any parking available at the front of the building. The Administrator stated that residents are totally discouraged from using the back door.

The home's main elevator is not equipped to restrict resident access to the basement, in that simply pressing the "B" button, within the elevator, causes the elevator to descend into the basement. There is nothing in the basement that requires residents to have unrestricted access to the area. As well, the home's main elevator is not equipped to restrict resident access to the back exit area, in that simply pressing the "R" button, within the elevator, causes the rear elevator door to open onto this exit area. This exit area is a designated exit/entrance for the public to use to access the service providers in the basement.

Unsupervised and unrestricted access to these areas presents a potential risk to the home's residents.

(133)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : May 25, 2015**



**Ministry of Health and  
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**Order(s) of the Inspector**

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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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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](http://www.hsarb.on.ca).



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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<sup>e</sup> 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.



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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](http://www.hsarb.on.ca).

**Issued on this 20th day of February, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** JESSICA LAPENSEE

**Service Area Office /**

**Bureau régional de services :** Ottawa Service Area Office