

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 23, 2019	2019_607523_0043	018092-19	Other

Licensee/Titulaire de permis

Tri-County Mennonite Homes
200 Boullee Street New Hamburg ON N3A 2K4

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

Greenwood Court
90 Greenwood Drive STRATFORD ON N5A 7W5

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

ALI NASSER (523), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 18 and 19, 2019.

The purpose of this inspection was to conduct a Service Area Office Initiated Inspection.

Critical Incident Intake Log #016594-19, CIS #C593-000002-19 related to a resident's fall and transfer to hospital was completed during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Nurse Practitioner, Dietary Aide, a Personal Support Worker, a Registered Nurse, Acting Resident Council President and five residents.

During the course of this inspection the inspector(s) conducted a tour of the home, observed a medication administration, a dining service, the provision of care, staff to resident interactions, reviewed relevant clinical records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Medication

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 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 has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents could not be opened more than 15 centimetres.

Observations during the initial tour on specific residents' rooms showed windows that opened 35 centimetres to the outside.

DOC said that they were not aware that the windows opened that far out and that they were going to work with maintenance to ensure windows did not open more than 15 centimetres to the outside. [s. 16.]

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

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that:
Clearly indicates when activated where the signal is coming from; and 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.

During observations it was noted that when the resident-staff communication and response system was activated in the resident's rooms and bathrooms there was no indication where the signal was coming from and no sound that the system was active.

Inspector was able to silent the phone sets and when the resident-staff communication and response system was activated there was no audible level of sound indicating that the system was active.

DOC explained that the resident-staff communication and response system was connected to the phone sets, the phone sets will ring after 30 seconds from activation. The staff would have to answer the phone to know the location calling and if not answered or the system was not deactivated it would escalate to the next staff in three minutes.

DOC said that they will explore options with the system operator to ensure compliance with regulations. [s. 17.]

Issued on this 25th day of September, 2019

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

Original report signed by the inspector.