



**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 prévue le Loi de 2007 les foyers de soins de longue**

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

London Service Area Office  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 9, 12, 19, 20, 2011	2011_087128_0020	Critical Incident

**Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF HURON  
c/o Huronlea HFA, 820 Turnberry Street South, BRUSSELS, ON, N0G-1H0

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

HURONLEA HOME FOR THE AGED  
820 TURNBERRY STREET SOUTH, BRUSSELS, ON, N0G-1H0

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

RUTH HILDEBRAND (128)

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

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Environmental Services Manager, Nutrition Manager, Business Office Manager, Resident Care Administrative Assistant, Environmental Services worker, one Registered Nurse, two Personal Support Workers, and one resident.

During the course of the inspection, the inspector(s) conducted a tour of the building including the service corridor, checked door and window security; reviewed training and education records, the clinical record for one resident and policies applicable to this inspection.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

Training and Orientation

Findings of Non-Compliance were found during this inspection.

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

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 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.**

#### **Findings/Faits saillants :**

1. On September 9, 2011, at approximately 11:15 and 12:05, the exterior windows of two resident rooms were measured to determine if they open more than 15 centimetres. Both these windows that open to the outdoors were measured and open 28 centimetres.

On September 9, 2011, at 12:05, a staff interview was conducted with a Registered Nurse to query whether windows that open to the outdoors open more than 15 centimetres. She indicated that the only windows in the building that have restricted access to 15 centimetres are the windows on the South side of the secure unit and all other windows that face the courtyard as well as all the windows in the 100 and 300 wings and common areas of the home open more than 15 centimetres.

2. On September 9, 2011, at 11:43, an exterior window of the laundry room was measured to determine if it opened more than 15 centimetres. The laundry room was open and unattended and accessible to residents. The laundry room windows that open to the outdoors were measured and they open 29 centimetres.

On September 9, 2011, at 11:45, a staff interview was conducted with the Nutrition Manager to query the expectations related to the laundry room being locked. She acknowledged that the laundry room is usually left open during the day and residents would potentially have access to this area. She also confirmed that the laundry room windows that open to the outdoors open more than 15 centimetres.

#### **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 O.Reg 79/10, s. 9. Doors in a home**

Specifically failed to comply with the following subsections:

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.

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. (1).

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Findings/Faits saillants :

1. On September 9, 2011, at 11:30, a tour of the service corridor was conducted with the Nutrition Manager. It was noted that the entrance to the service corridor is not locked and is accessible to residents. Additionally, it was noted that exterior door # 29, known as the receiving door was not locked and the door access control system was not on. The receiving room and garbage room doors were unlocked and the overhead doors in both of these rooms were unlocked to the exterior of the building. Additionally, the exterior staff entrance door was found unlocked and the door access control system was not on.

On September 9, 2011, at 11:35, a staff interview was conducted with the Nutrition Manager and Building Maintenance worker to query whether the service corridor, including the receiving and garbage areas are usually locked. They confirmed that the service corridor including the kitchen, receiving and garbage room doors are not locked and/or supervised at all times. Additionally, they were queried as to whether the exterior receiving door # 29, the overhead garbage room and overhead receiving door and staff entrance doors are unlocked to the exterior of the building. They confirmed that all four of these doors are unlocked to the exterior of the building throughout the day and are not supervised at all times.

2. On September 9, 2011 at 12:00, a tour was conducted of the library in the 100 wing, with a Registered Nurse and it was found with the door access control system turned off.

On September 9, 2011 at 12:02, a staff interview was conducted, in the library of the 100 wing, with a Registered Nurse to gauge the expectations related to the door access control system being on at all times. The Registered Nurse acknowledged that the expectation is that the door access control system for the library was to be on at all times.

3. On September 9, 2011, at 11:52, exterior door #30 and the exterior Fitness room door were opened while touring the home with the Nutrition Manager. No alarm was audible when these exterior doors were opened but staff did respond as these doors are connected to the resident-staff communication and response system. These exterior doors were not locked.

On September 12, 2011, at 10:30, a staff interview was conducted with the Nutrition Manager, via telephone, to query whether there is an audible alarm when exterior doors are opened. She confirmed that these doors are not locked and there is not an audible alarm when exterior doors are opened.

4. On September 9, 2011, at 12:10, the exterior doors in the Highland apartment area of the building were inspected to determine if they are kept locked and equipped with a door access control system that is kept on at all times. It was noted that the North, and East doors are not locked, and are not equipped with a door access control system that is kept on at all times and equipped with an audible door alarm nor connected to the resident staff communication and response system.

On September 9, 2011, at 12:10, a staff interview was conducted, in the Highland apartment area of the building, with a Registered Nurse to query whether all exterior doors in the Highland apartment area are kept locked and equipped with a door access control system that is kept on at all times. She confirmed that the North and East doors were not locked and do not have a door access control system.

On September 9, 2011 at 14:45, a staff interview was conducted with the business office manager, in the Director of Care office, to query whether the exterior door #35 is connected to the resident-staff communication and response system. She confirmed that the North, East and South doors in the Highland apartment area are not connected to the resident-staff communication and response system.

[O. Reg. 79/10, s. 9,1 i,ii,iii,A and 2]

***Additional Required Actions:***

***CO # - 002 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. 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.**

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**Findings/Faits saillants :**

1. On September 9, 2011, at 11:41, a tour of the service corridor was conducted with the Nutrition Manager. The laundry room was found open and unattended and contained hazardous chemicals which were accessible to residents.

On September 9, 2011, at 11:45 a staff interview was conducted with the Nutrition Manager to query the expectations related to the laundry room being locked. She acknowledged that the laundry room is usually left open during the day and residents would potentially have access to this area. However, she indicated that the expectation is that hazardous chemicals are not to be accessible to residents.

**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.*

Issued on this 20th day of September, 2011

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





## 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*

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Inspector:</b>	Ruth Hildebrand	<b>Inspector ID #</b> 128
<b>Log #:</b>	L-001054-11	
<b>Inspection Report #:</b>	2011_087128_0020	
<b>Type of Inspection:</b>	Critical Incident	
<b>Date of Inspection:</b>	September 9 & 12, 2011	
<b>Licensee:</b>	Corporation of the County of Huron, c/o Huronlea HFA, 820 Turnberry Street South, Brussels, ON N0G 1H0	
<b>LTC Home:</b>	Huronlea Home for the Aged, 820 Turnberry Street South, Brussels, ON N0G 1H0	
<b>Name of Administrator:</b>	Barb Springall	

To Corporation of the County of Huron, you are hereby required to comply with the following order(s) by the date(s) set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	<b>Compliance Order, section 153 (1) (a)</b>
<p>Pursuant to: O. Reg. 79/10, s. 9, Every licensee of a long-term care home shall ensure that the following rules are complied with:</p> <ol style="list-style-type: none"> <li>1. All doors leading to stairways and the outside of the home must be,             <ol style="list-style-type: none"> <li>i. kept closed and locked,</li> <li>ii. equipped with a door access control system that is kept on at all times, and</li> <li>iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,                 <ol style="list-style-type: none"> <li>A. is connected to the resident-staff communication and response system, or</li> <li>B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to</li> </ol> </li> </ol> </li> </ol>			

the door and has a manual reset switch at each door.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
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. 1. i, ii, iii A, and O. Reg. 79/10, s. 9. 2].

**Order:**

The licensee must ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home 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.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Until all doors can be secured to the outside, and doors restricted to non-residential areas, the home must implement a monitoring system to ensure resident safety.

**Grounds:**

1. On September 9, 2011, at 11:30, a tour of the service corridor was conducted with the Nutrition Manager. It was noted that the entrance to the service corridor is not locked and is accessible to residents. Additionally, it was noted that exterior door # 29, known as the receiving door was not locked and the door access control system was not on. The receiving room and garbage room doors were unlocked and the overhead doors in both of these rooms were unlocked to the exterior of the building. Additionally, the exterior staff entrance door was found unlocked and the door access control system was not on.

On September 9, 2011, at 11:35, a staff interview was conducted with the Nutrition Manager and Building Maintenance worker to query whether the service corridor, including the receiving and garbage areas are usually locked. They confirmed that the service corridor including the kitchen, receiving and garbage room doors are not locked and/or supervised at all times. Additionally, they were queried as to whether the exterior receiving door # 29, the overhead garbage room and overhead receiving door and staff entrance doors are unlocked to the exterior of the building. They confirmed that all four of these doors are unlocked to the exterior of the building throughout the day and are not supervised at all times.

2. On September 9, 2011, at 11:52, exterior door #30 and the exterior Fitness room door were opened while touring the home with the Nutrition Manager. No alarm was audible when these exterior doors were opened but staff did respond as these doors are connected to the resident-staff communication and response system.



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Direction de l'amélioration de la performance et de la conformité

On September 12, 2011, at 10:30, a staff interview was conducted with the Nutrition Manager, via telephone, to query whether there is an audible alarm when exterior doors are opened. She confirmed that there is not an audible alarm when exterior doors are opened.

3. On September 9, 2011, at 12:10, the exterior doors in the Highland apartment area of the building were inspected to determine if they are kept locked and equipped with a door access control system that is kept on at all times. It was noted that the North, and East doors are not locked, and are not equipped with a door access control system that is kept on at all times and equipped with an audible door alarm nor connected to the resident staff communication and response system.

On September 9, 2011, at 12:10, a staff interview was conducted, in the Highland apartment area of the building, with a Registered Nurse to query whether all exterior doors in the Highland apartment area are kept locked and equipped with a door access control system that is kept on at all times. She confirmed that the North and East doors were not locked and do not have a door access control system.

On September 9, 2011 at 14:45, a staff interview was conducted with the business office manager, in the Director of Care office, to query whether the exterior door #35 is connected to the resident-staff communication and response system. She confirmed that the North, East and South doors in the Highland apartment area are not connected to the resident-staff communication and response system.

<b>This order must be complied with by:</b>	October 14, 2011
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<b>Order #:</b>	002	<b>Order Type:</b>	<b>Compliance Order, section 153 (1) (a)</b>
<b>Pursuant to:</b> 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.			
<b>Order:</b> The licensee must 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.			
<b>Grounds:</b> 1. On September 9, 2011, at approximately 11:15 and 12:05, the exterior windows of two resident rooms were measured to determine if they open more than 15 centimetres. Both these windows that open to the outdoors were measured and open 28 centimetres.  On September 9, 2011, at 12:05, a staff interview was conducted with a Registered Nurse to query whether windows that open to the outdoors open more than 15 centimetres. She indicated that the only windows in the building that have restricted access to 15 centimetres are the windows on the South side of the secure unit and all other windows that face the courtyard as well as all the windows in the 100 and 300 wings and common areas of the home open more than 15 centimetres.			





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Direction de l'amélioration de la performance et de la conformité

2. On September 9, 2011, at 11:43, an exterior window of the laundry room was measured to determine if it opened more than 15 centimetres. The laundry room was open and unattended and accessible to residents. The laundry room windows that open to the outdoors were measured and they open 29 centimetres.

On September 9, 2011, at 11:45, a staff interview was conducted with the Nutrition Manager to query the expectations related to the laundry room being locked. She acknowledged that the laundry room is usually left open during the day and residents would potentially have access to this area. She also confirmed that the laundry room windows that open to the outdoors open more than 15 centimetres.

**This order must be complied with by:** September 16, 2011

**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 service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

**Director**  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Ave. West  
Suite 800, 8<sup>th</sup> floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board and the**  
Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

**Director**  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Claire Avenue, West  
Suite 800, 8<sup>th</sup> Floor  
Toronto, ON M4V 2Y2

Fax: 416-327-7603



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Direction de l'amélioration de la performance et de la conformité

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).

Issued on this 12th day of September, 2011.	
Signature of Inspector:	<i>Ruth Hildebrand</i>
Name of Inspector:	Ruth Hildebrand
Service Area Office:	London