



**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**

**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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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 8, 2016	2016_539120_0069	012168-16, 012174-16, 012175-16	Follow up

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**Licensee/Titulaire de permis**

NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH  
413 Linwell Road St. Catharines ON L2M 7Y2

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

INA GRAFTON-GAGE HOME  
413 Linwell Road St Catharines ON L2M 7Y2

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

BERNADETTE SUSNIK (120)

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

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**Ministry of Health and  
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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): November 9, 2016**

**Follow up inspections related to the door/elevator security and resident-staff communication and response system were conducted on March 27, 2015 and December 2, 2015. Non-compliance was identified and several Orders issued with a due date of April 15, 2016. The licensee appealed the Orders and a teleconference was held with the licensee on April 21, 2016 to discuss the outcome. The Director upheld the Orders and a meeting was held with the licensee on May 9, 2016 to discuss alternative compliance dates. The dates were extended from April 15, 2016 to October 31, 2016.**

**During the course of the inspection, the inspector(s) spoke with the administrator.**

**During the course of the inspection, the 1st floor of Building "B" identified as the Long Term Care Home was toured and included verification of the installation of an access control system for both elevators, the installation of additional activation stations, the installation of door access control systems for various doors.**

**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)**

**0 VPC(s)**

**3 CO(s)**

**3 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>Legendé</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. 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; O. Reg. 363/11, s. 1 (1, 2).

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).

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).

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.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

## Findings/Faits saillants :

1. All doors leading to stairways and the outside of the home other than doors leading to



secure outside areas that precluded exit by a resident, including balconies and terraces, or doors that residents did not have access to were not,

- 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 allowed calls to be canceled only at the point of activation and,
- A. were connected to the resident-staff communication and response system.

Two sets of double glass doors were located in the resident's dining room that were accessible to residents, led to an unsecure outdoor area that led to the rest of the property and a busy street. In addition, when tested, they were not locked, not equipped with a door access control system and not equipped with an audible door alarm that allowed calls to be canceled only at the door (point of activation).

2. The main door located in the lobby of the first floor was equipped with a magnetic locking system, however the system was not connected to the resident-staff communication and response system known as the Versus System. An enunciator panel was not available at the nurse's station as the alternative option in which to connect the doors. The staff pagers would therefore be required to alarm with the location of the breached door. The staff pagers were not programmed to accept any visual or audio signals from the main lobby door if breached for any particular reason.

3. Approximately six enclosed stairwells were identified in the building, two of which were secured on the main floor nearest the resident rooms (labeled as stairwell #1 & #2). The remaining four stairwells were not locked, equipped with a door access control system or equipped with an audible door alarm and were easily accessible to residents from the basement where an auditorium and bowling alley were available for their use. [s. 9. (1)]

2. 2. The licensee did not ensure that the following rules were complied with:

1.1. All doors leading to secure outside areas that precluded exit by a resident, including balconies and terraces, were equipped with locks to restrict unsupervised access to those areas by residents.

Several glass doors were located throughout the home to which residents had access and were not equipped with locks to restrict unsupervised access to the outdoor



courtyard. These doors were located in the activity room, main lobby and library/chapel. On November 9, 2016, the double glass doors leading from the main foyer to the enclosed patio garden could be pushed open. A crash bar was located on each door which could not be locked. The doors were installed without any locking or door latching hardware. The activity room door had a small knob on the door which could be turned to lock or unlock the door, however the lock would not restrict a resident from gaining unsupervised access to the outdoor courtyard. [s. 9. (1) 1.1.]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".  
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

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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 did not ensure that elevators in the home were equipped to restrict resident access to areas that were not to be accessed by residents.

Two elevators in the home (one located near the administrative offices and one near the hair salon) were identified to be accessible to residents in the home. One elevator (near the hair salon) was recently equipped with a key pad which required the user to enter an access code in order to call the elevator. The other elevator, was not similarly equipped as required. Without any type of access control system in place, residents had easy access to either the basement or to the upper floors which were occupied by non long term care home tenants. These areas all led to unsecured outdoor areas via unsecured stairwells. [s. 10. (1)]



***Additional Required Actions:***

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".  
DR # 002 – The above written notification is also being referred to the Director for  
further action by the Director.***

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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 did not ensure that the resident-staff communication and response system was easily seen or easily accessible to residents, staff and visitors at all times.

The home's resident-staff communication and response system (RSCRS) consisted of wireless pendants worn by residents (at their discretion) and wall mounted activation stations in the tub rooms and resident washrooms. In order to activate the RSCRS, residents or staff had to press a button on the resident's pendant or pull a cord on an activation station where available in order to alert other staff that assistance was required in a particular location. During this visit, the RSCRS was determined to be non-compliant for several reasons. Visitors, staff and residents not wearing a pendant could not be expected to find a resident wearing a pendant in order to call for assistance. Secondly, not all residents wore the pendant consistently. Activation stations were not located in the dining room, activity room, library/chapel, kitchenette/lounge, hair salon, cafe, outdoor courtyard, resident bedrooms or main foyer (sitting area).

Non-compliance was previously identified during inspections conducted on April 28, 2014, March 27, 2015 and December 2, 2015. At the time of this follow-up inspection, no changes to the system had been made. The compliance due date for installation was October 31, 2016. The administrator however had filed an operational plan on July 12, 2016 to the Health Capital Division of the Ministry of Health and Long Term Care and received approval to install the additional activation stations required and to replace the current system. The contract was awarded to an external contractor who anticipated that the work would be completed by December 31, 2016. [s. 17. (1) (a)]

***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".  
DR # 003 – The above written notification is also being referred to the Director for further action by the Director.***





**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 8th day of December, 2016**

**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*

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

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

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** BERNADETTE SUSNIK (120)

**Inspection No. /**

**No de l'inspection :** 2016\_539120\_0069

**Log No. /**

**Registre no:** 012168-16, 012174-16, 012175-16

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Dec 8, 2016

**Licensee /**

**Titulaire de permis :** NIAGARA INA GRAFTON GAGE HOME OF THE  
UNITED CHURCH  
413 Linwell Road, St. Catharines, ON, L2M-7Y2

**LTC Home /**

**Foyer de SLD :** INA GRAFTON-GAGE HOME  
413 Linwell Road, St Catharines, ON, L2M-7Y2

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Patrick O'Neill

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To NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH, you are hereby required to comply with the following order(s) by the date(s) set out below:

**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***Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre  
existant:** 2015\_189120\_0093, CO #003;**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  
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*

The licensee shall;

1. Connect the main foyer door to the resident-staff communication and response system and install a back-up alarm at the door.
2. Equip the glass exit doors located in the dining room with a door access control system, an audible back up alarm at each door and connect each set of doors to the resident-staff communication and response system.
3. Equip the glass exit doors leading to the enclosed courtyard located in the activity room, main foyer and library/chapel with a locking system that cannot be easily manipulated by residents.
4. Secure the non-residential area known as Building "A" from the long-term care home located in Building "B".
5. Stairwell doors to which residents have access are to be secured by equipping them with a door access control system, back up door alarm and connected to the resident-staff communication and response system.

**Grounds / Motifs :**

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that precluded exit by a resident, including balconies and terraces, or doors that residents did not have access to were not,
  - 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 allowed calls to be canceled only at the point of activation and,
    - A. were connected to the resident-staff communication and response system.

Two sets of double glass doors were located in the resident's dining room that were accessible to residents, led to an unsecure outdoor area that led to the rest of the property and a busy street. In addition, when tested, they were not locked, not equipped with a door access control system and not equipped with an audible door alarm that allowed calls to be canceled only at the door (point of activation).

2. The main door located in the lobby of the first floor was equipped with a magnetic locking system, however the system was not connected to the resident-staff communication and response system known as the Versus System. An enunciator panel was not available at the nurse's station as the

alternative option in which to connect the doors. The staff pagers would therefore be required to alarm with the location of the breached door. The staff pagers were not programmed to accept any visual or audio signals from the main lobby door if breached for any particular reason.

3. Approximately six enclosed stairwells were identified in the building, two of which were secured on the main floor nearest the resident rooms (labeled as stairwell #1 & #2). The remaining four stairwells were not locked, equipped with a door access control system or equipped with an audible door alarm and were easily accessible to residents from the basement where an auditorium and bowling alley were available for their use. (120)

2. The licensee did not ensure that the following rules were complied with:

1.1. All doors leading to secure outside areas that precluded exit by a resident, including balconies and terraces, were equipped with locks to restrict unsupervised access to those areas by residents.

Several glass doors were located throughout the home to which residents had access and were not equipped with locks to restrict unsupervised access to the outdoor courtyard. These doors were located in the activity room, main lobby and library/chapel. On November 9, 2016, the double glass doors leading from the main foyer to the enclosed patio garden could be pushed open. A crash bar was located on each door which could not be locked. The doors were installed without any locking or door latching hardware. The activity room door had a small knob on the door which could be turned to lock or unlock the door, however the lock would not restrict a resident from gaining unsupervised access to the outdoor courtyard.

This Order is based upon the above non-compliance and three factors, severity, scope and the licensee's compliance history in keeping with section 299(1) of the Long Term Care Home Regulation 79/10. The severity is 2 (potential for harm), the scope is 2 (pattern) and the compliance history is 3 (non-compliance previously issued in the same area). A compliance order was previously issued following an inspection conducted on April 28, 2014, March 27, 2015 and December 2, 2015.

(120)



**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

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

**Vous devez vous conformer à cet ordre d'ici le :** Jan 31, 2017



**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*

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**Order # /**  
**Ordre no :** 002      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2015\_189120\_0093, CO #001;  
**existant:**

**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 :**

The licensee shall equip the elevator located near the administrative offices located on the first floor of the Long-term Care Home with access control limitations so that long term care residents who are not be permitted to use the elevators without supervision are not able to gain access to non-long term care areas of the home.

**Grounds / Motifs :**





**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

1. The licensee did not ensure that elevators in the home were equipped to restrict resident access to areas that were not to be accessed by residents.

Two elevators in the home (one located near the administrative offices and one near the hair salon) were identified to be accessible to residents in the home. One elevator (near the hair salon) was recently equipped with a key pad which required the user to enter an access code in order to call the elevator. The other elevator, was not similarly equipped as required. Without any type of access control system in place, residents had easy access to either the basement or to the upper floors which were occupied by non long term care home tenants. These areas all led to unsecured outdoor areas via unsecured stairwells.

This Order is based upon the above non-compliance and three factors, severity, scope and the licensee's compliance history in keeping with section 299(1) of the Long Term Care Home Regulation 79/10. The severity is 2 (potential for harm), the scope is 1 (isolated) and the compliance history is 3 (non-compliance previously issued in the same area). A compliance order was previously issued following an inspection conducted on March 27, 2015 and December 2, 2015 (120)

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

**Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2016**

**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

**Order # /**

Ordre no : 003

**Order Type /**

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

**Linked to Existing Order /**

Lien vers ordre existant: 2015\_189120\_0093, CO #004;

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(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).

**Order / Ordre :**

The licensee shall;

1. Ensure that the operational plan titled "Submission Plan for Replacement of Nurse Call System" dated July 12, 2016 and approved by the Ministry of Health and Long Term Care is implemented.

2. Ensure that a functional wall mounted activation station is installed in a visible location in the dining room, in the activity room, library/chapel, main foyer (sitting area) hair salon, outdoor courtyard, small lounge/kitchen and any other common area to which residents have access.

**Grounds / Motifs :**



**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*

1. The licensee did not ensure that the resident-staff communication and response system was easily seen or easily accessible to residents, staff and visitors at all times.

The home's resident-staff communication and response system (RSCRS) consisted of wireless pendants worn by residents (at their discretion) and wall mounted activation stations in the tub rooms and resident washrooms. In order to activate the RSCRS, residents or staff had to press a button on the resident's pendant or pull a cord on an activation station where available in order to alert other staff that assistance was required in a particular location. During this visit, the RSCRS was determined to be non-compliant for several reasons. Visitors, staff and residents not wearing a pendant could not be expected to find a resident wearing a pendant in order to call for assistance. Secondly, not all residents wore the pendant consistently. Activation stations were not located in the dining room, activity room, library/chapel, kitchenette/lounge, hair salon, cafe, outdoor courtyard, resident bedrooms or main foyer (sitting area).

This Order is based upon the above non-compliance and three factors, severity, scope and the licensee's compliance history in keeping with section 299(1) of the Long Term Care Home Regulation 79/10. The severity is 2 (potential for harm), the scope is 2 (pattern) and the compliance history is 3 (non-compliance previously issued in the same area). Non-compliance was previously identified during inspections conducted on April 28, 2014, March 27, 2015 and December 2, 2015. At the time of this follow-up inspection, no changes to the system had been made. The compliance due date for installation was October 31, 2016. The administrator however had filed an operational plan on July 12, 2016 to the Health Capital Division of the Ministry of Health and Long Term Care and received approval to install the additional activation stations required and to replace the current system. The contract was awarded to an external contractor who anticipated that the work would be completed by December 31, 2016. (120)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jan 31, 2017



**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



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

**Ministère de la Santé et  
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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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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

## **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  
Long-Term Care Inspections 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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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  
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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  
Long-Term Care Inspections 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  
Inspection de soins de longue durée  
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.





**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*

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  
Inspection de soins de longue durée  
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 8th day of December, 2016**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** BERNADETTE SUSNIK

**Service Area Office /**

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