Ontario

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 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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 10, 2018	2018_539120_0052	030970-18	Critical Incident System

Licensee/Titulaire de permis

Niagara Ina Grafton Gage Village
413 Linwell Road St. Catharines ON L2M 7Y2

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

Niagara Ina Grafton Gage Village
413 Linwell Road St. Catharines ON L2M 7Y2

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 28, 2018

Critical Incident #C527-000005-18 was submitted by the licensee regarding a resident who sustained injuries in the home. Complaint intake #030849-18 related to the same incident was also concurrently inspected.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Resident Care (DRC), Environmental Services Manager (ESM), Registered Nurse, administrative staff and a locksmith (external contractor).

During the course of the inspection, the inspector tested all resident accessible stairwell doors and doors leading to the outside, reviewed maintenance policies and procedures related to interior doors and associated hardware and a service reports from an external contractor.

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

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

- **2 WN(s)**
- **0 VPC(s)**
- **2 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). 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. 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).

Findings/Faits saillants :

1. The licensee failed to ensure that all doors that led to stairways and the outside of the home and to which residents had access, were equipped with a door access control system that was kept on at all times, equipped with an audible door alarm that allowed calls to be cancelled only at the point of activation and connected to the resident-staff communication and response system.

Two specific doors to which resident's had access, were tested during the inspection, and did not meet the above noted requirements. Neither door was equipped with an audible door alarm that allowed calls to be cancelled only at the point of activation (at the door) and were not connected to the resident-staff communication and response system. On a specified date in November 2018, the access control system on one of the doors, which was equipped with a magnetic lock, lost power and the door was therefore unlocked. As a result, a resident went through the door and sustained injuries.

According to the ESM, no routine checks of the resident-staff communication response system or the magnetic locking systems were conducted over the last two years.

The licensee failed to ensure that all doors that led to stairways and the outside of the home to which residents had access, were equipped with a door access control system that was kept on at all times, equipped with an audible door alarm that allowed calls to be cancelled only at the point of activation and connected to the resident-staff communication and response system. [s. 9. (1)]

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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, that there were schedules in place for preventive maintenance specifically related to doors leading to stairways and the outside of the home.

The licensee's policy entitled "Doors" (ES-08-01-04) dated August 2004, included the requirement for all doors within the building, including interior and exterior doors to be inspected and maintained on a regular basis. The procedure included the need to inspect all hardware, hinges, latch keeper locks, magnetic holders and door sensors. The frequency was "as required". The CEO and ESM were not able to provide any clarity with respect to the "as required" term. It was in contradiction to the requirement to maintain the doors on a regular basis.

On a specified date in November 2018, a resident gained non-permitted access through a door to an identified area. According to the DRC, none of the doors to which residents had access were checked by nursing staff to ensure that they were locked during their shifts. The door that the resident gained access through, was equipped with a magnetic locking system with a keyless pad for fob keys. The power supply to the magnets holding the door closed and a controller battery failed. Staff members #001 and #002 who used the door on a daily basis, were not aware of when it first became unlocked. Two weeks prior, the ESM, CEO and staff member #001 all recalled that the door failed to release or disengage from one side when a release button was pressed. A short time later, the door was disengaged from the opposite side using a fob key. According to the ESM, the door appeared to be functioning normally and no further evaluation of the door was conducted. According to an external contractor, a door failing to release is an indicator of a number of possible factors, one being a faulty or expiring controller battery.

According to the ESM, over the last two years, doors leading to stairways and the outside of the home had not been proactively inspected by in-home staff in accordance with the licensee's policy which included a frequency of "regularly". According to the external contractor, magnetic locking systems need to be checked proactively twice per year to ensure that the power supply has adequate voltage to supply power to each door connected to the power supply and that the batteries are able to hold a charge, not expired or about to expire. Documentation produced by the ESM as to when the doors were last checked was on June 11, 2018, when an external fire safety company was

hired to ensure that the doors released when the fire alarm was activated. No issues were identified with the above identified door.

The licensee failed to ensure that a schedule was in place to preventatively inspect all doors leading to stairways and the outside of the home and to which residents had access, on a regular basis to ensure that door systems and their components were in good operating order. [s. 90. (1) (b)]

Additional Required Actions:

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

Issued on this 18th day of December, 2018

[redacted]

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

Original report signed by the inspector.

Ontario

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

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

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BERNADETTE SUSNIK (120)
Inspection No. / No de l'inspection :	2018_539120_0052
Log No. / No de registre :	030970-18
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Dec 10, 2018
Licensee / Titulaire de permis :	Niagara Ina Grafton Gage Village 413 Linwell Road, St. Catharines, ON, L2M-7Y2
LTC Home / Foyer de SLD :	Niagara Ina Grafton Gage Village 413 Linwell Road, St. Catharines, ON, L2M-7Y2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Patrick O'Neill

To Niagara Ina Grafton Gage Village, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector

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

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii.equipped with a door access control system that is kept on at all times, and

iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

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

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans.O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Order / Ordre :

The licensee shall be compliant with O. Reg. 79/10 s. 9(1).

Specifically, the licensee shall complete the following:

1. The identified doors shall be connected the the resident-staff communication and response system.
2. The identified doors shall be equipped with a back-up alarm located at each door that can only be silenced at each door.
3. Develop a policy and procedure that requires maintenance staff or designate to regularly test the resident-staff communication and response system to ensure that each stairwell door and door to the outside of the home to which residents have access, alarm when the doors do not close or latch properly or are held open beyond their programmed time limit. The policy shall be implemented.

Grounds / Motifs :

1. The licensee failed to ensure that all doors that led to stairways and the outside of the home and to which residents had access, were equipped with a door access control system that was kept on at all times, equipped with an audible door alarm that allowed calls to be cancelled only at the point of activation and connected to the resident-staff communication and response system.

Two specific doors to which resident's had access, were tested during the inspection, and did not meet the above noted requirements. Neither door was equipped with an audible door alarm that allowed calls to be cancelled only at the point of activation (at the door) and were not connected to the resident-staff communication and response system. On a specified date in November 2018, the access control system on one of the doors, which was equipped with a magnetic lock, lost power and the door was therefore unlocked. As a result, a resident went through the door and sustained injuries.

According to the ESM, no routine checks of the resident-staff communication response system or the magnetic locking systems were conducted over the last two years.

The licensee failed to ensure that all doors that led to stairways and the outside of the home to which residents had access, were equipped with a door access control system that was kept on at all times, equipped with an audible door alarm that allowed calls to be cancelled only at the point of activation and connected to the resident-staff communication and response system.

This compliance order (CO) 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 3 (actual harm to one resident), the scope is 2 or pattern (more than one door was not equipped as required) and the compliance history is 3 (1 or more related non-compliance in the last 36 months). A compliance order related to door security was previously issued on December 8, 2016 (2016-539120-0069). (120)

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

Ordre(s) de l’inspecteur

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

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 07, 2019

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. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :

The licensee shall be compliant with O. Reg. 79/10, s.90(1).

Specifically, the licensee shall complete and implement the following:

1. Revise the policy entitled "Doors" (ES-08-01-04) dated August 2004, to include a clear frequency as to when all interior doors and the various components are to be inspected.
2. Revise the above noted policy to include specifically which doors are equipped with a magnetic locking system and what specific components are to be inspected.
3. Inform all staff who regularly use magnetically operated doors as to how they operate, how to recognize when the doors are not operating properly (whether unlocked or not releasing) and who to report the failure to.
4. Include a daily routine check for nursing staff or other designate to verify that the doors to which residents have access (courtyard doors, main entrance door, enclosed stairwell doors) are locked on their respective shifts and document the date and time the doors were checked and by whom.

Grounds / Motifs :

1. The licensee failed to ensure that as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, that there were schedules in place for preventive maintenance specifically related to doors

leading to stairways and the outside of the home.

The licensee's policy entitled "Doors" (ES-08-01-04) dated August 2004, included the requirement for all doors within the building, including interior and exterior doors to be inspected and maintained on a regular basis. The procedure included the need to inspect all hardware, hinges, latch keeper locks, magnetic holders and door sensors. The frequency was "as required". The CEO and ESM were not able to provide any clarity with respect to the "as required" term. It was in contradiction to the requirement to maintain the doors on a regular basis.

On a specified date in November 2018, a resident gained non-permitted access through a door to an identified area. According to the DRC, none of the doors to which residents had access were checked by nursing staff to ensure that they were locked during their shifts. The door that the resident gained access through, was equipped with a magnetic locking system with a keyless pad for fob keys. The power supply to the magnets holding the door closed and a controller battery failed. Staff members #001 and #002 who used the door on a daily basis, were not aware of when it first became unlocked. Two weeks prior, the ESM, CEO and staff member #001 all recalled that the door failed to release or disengage from one side when a release button was pressed. A short time later, the door was disengaged from the opposite side using a fob key. According to the ESM, the door appeared to be functioning normally and no further evaluation of the door was conducted. According to an external contractor, a door failing to release is an indicator of a number of possible factors, one being a faulty or expiring controller battery.

According to the ESM, over the last two years, doors leading to stairways and the outside of the home had not been proactively inspected by in-home staff in accordance with the licensee's policy which included a frequency of "regularly". According to the external contractor, magnetic locking systems need to be checked proactively twice per year to ensure that the power supply has adequate voltage to supply power to each door connected to the power supply and that the batteries are able to hold a charge, not expired or about to expire. Documentation produced by the ESM as to when the doors were last checked was on June 11, 2018, when an external fire safety company was hired to ensure that the doors released when the fire alarm was activated. No issues

were identified with the above identified door.

The licensee failed to ensure that a schedule was in place to preventatively inspect all doors leading to stairways and the outside of the home and to which residents had access, on a regular basis to ensure that door systems and their components were in good operating order.

This compliance order (CO) 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 3 (actual harm), the scope is 3 or widespread (none of the doors were inspected as required) and the compliance history is 2 (1 or more unrelated non-compliance in the last 36 months). (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2018

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, commercial courier 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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

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.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 10th day of December, 2018

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