



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

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

**Ministère de la Santé et des
Soins de longue durée**

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

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

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

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 16, 2017	2016_491647_0011	032723-16	Resident Quality Inspection

Licensee/Titulaire de permis

THE KENSINGTON HEALTH CENTRE
25 BRUNSWICK AVENUE TORONTO ON M5S 2L9

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

THE KENSINGTON GARDENS
25 BRUNSWICK AVENUE TORONTO ON M5S 2L9

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

JENNIFER BROWN (647), VALERIE PIMENTEL (557)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 22, 23, 24, 25, 28, 29, 30, December 1 and 2, 2016

During the course of this inspection the following complaint inspections were inspected:

- 017644-15 related to medication administration,**
- 015237-15 related to resident safety and,**
- 008789-15 related to plan of care**

During the course of the inspection, the inspector(s) spoke with Director of Resident Care (DoRC), Director of Quality, Information System Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Care Attendants (PCA), Receptionists, Presidents of Residents' Council and Family Council, residents and families

During the course of the inspection the inspectors: reviewed clinical records, conducted a tour of the home, completed observations of medication administration, staff and resident interactions, provisions of care, reviewed staff training records, reviewed all relevant policies and procedures

The following Inspection Protocols were used during this inspection:

Continance Care and Bowel Management

Family Council

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care



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

6 WN(s)
4 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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



WN #1: The Licensee has failed to comply with LTCHA, 2007, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee had failed to ensure that the home is a safe and secure environment for its residents.

This safe and secure inspection protocol had been initiated as a result of a complaint that had been phoned into the Ministry of Health and Long Term Care Action Line in June, 2015. Complainant stated that in June, 2015 his/her relative had managed to follow a visitor onto the elevator and into the lobby area. Complainant states that his/her relative does have a wander guard on, which had failed to sound when on the elevator. Complainant states that he/she questions if this wander guard even worked from day one, as he/she had taken his/her parent out of the facility on many occasions and not once had it sounded. Complainant states he/she is very concerned of this because his/her relative could have easily followed the visitors out of the building and no one would have even known.

The home is equipped with a wander guard bracelet system that alarms at all exterior doors and elevators to prevent unauthorized exit for the security of the residents. Coded alarm systems are mounted near the exit area for safety purposes and are able to be reset after entering a code.

Interviews with three direct care staff and three registered staff indicated that there had not been a process to ensure the wander guard bracelet would function if a resident were to approach the elevator or an exit door.

Interviews with direct care staff indicated that the resident had been able to exit the home by following a departing visitor. Direct care staff further indicated that the wander guard bracelet did not alarm alerting staff that resident had exited the building out the main door area. A staff member witnessed the resident exiting the building and returned resident back into the building.

Interview with DoRC indicated that there had been no process or system in place to



ensure the wander guard bracelet had been working from the time it had been applied to resident to the time of incident. The DoRC further indicated that there is no system to monitor any wander guard bracelets to ensure unauthorized exit for the security of the residents.

The DoRC confirmed at time of interview that there had been no system or process relating to the wander guard bracelet system to ensure that the home is a safe and secure environment for its residents.

A compliance order will be served to the home based on the scope, which is isolated however could potentially affect more residents using the wander guard system, and the severity of the non-compliance has the potential to negatively affect all residents using the system. There is no previous compliance history for this legislative reference. [s. 5.]

Additional Required Actions:

CO # - 002 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:**

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

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).

Findings/Faits saillants :



1. The licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and those doors are kept closed and locked.

Tour of an identified building during the Resident Quality Inspection (RQI). Inspector observed on two identified units the key to the laundry chute door in door lock leaving the laundry chute accessible to residents. The inspector had been able to open the door and access the laundry chute on both of the identified units. It had been noted by inspector during the above mentioned observations, residents had been wandering in the vicinity.

Interviews with Registered Nurse's indicated that the key is expected to be returned to the nursing station as the laundry chute poses a safety risk to residents if unlocked.

Interview with Director of Resident Care (DoRC) confirmed that all doors leading to non-residential areas are to be locked when they are not being supervised by staff.

A compliance order will be served to the home based on the scope, which is a pattern as it involves more than one home area, and more than the fewest number of residents and the severity of the non-compliance has the potential to negatively affect the residents as there were residents wandering in the vicinity of the unlocked doors leading to the laundry chute. There is no previous compliance history for this legislative reference. [s. 9. (1) 2.]

Additional Required Actions:

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

**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care
Specifically failed to comply with the following:**

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

**(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

The Ministry of Health and Long Term Care Action Line had been contacted in April, 2015. The complainant indicated that he/she is concerned about the safety of the resident.

A review of a legal document that had been drawn up between the home and the Power of Attorney for Care dated November, 2013, indicated that resident B who resides in the same long term care home had been authorized to visit resident A, however these visits shall only occur in supervised areas of the home and shall not take place on a private or unsupervised basis.

Interview with the Power of Attorney for Care (POA) further indicated that this legal document had been required due to previous abuse concerns between resident A and resident B. The POA indicated that resident A had been admitted to the home in April, 2013 after receiving treatment in the hospital. Prior to the hospital admission resident A had been in the care of resident B at a private residence where resident A had been found by paramedics to be unresponsive and unwell. Shortly after resident A had been admitted to the home, resident B had been able to locate resident A and moved in to the same long term care home on a different home area.

Record review of resident A indicated that resident requires extensive assistance for all activities of daily living, is not ambulatory and has cognitive impairment.

Record review of resident B indicated resident is independent with all activities for daily living and has no or limited cognitive impairment.

During observation of resident A, it had been noted that there had been a sign posted in residents' room to inform staff to not allow resident B to visit with resident alone in room.

Record review of the clinical chart, care plan, bedside kardex and MDS kardex did not provide clear direction to staff and others who provide direct care to the resident relating to the above visiting restrictions.

Interview with a staff member indicated that resident A spends the majority of his/her day



in the TV lounge where resident B will visit. Direct care staff indicated that resident A goes to bed in the early evening due to fatigue and resident B will remain in the home area without staff supervision. The staff member further indicated that he/she has access to the bedside kardex and the care plan and there is no direction in either of them to direct staff.

Interviews with registered staff, indicated that resident B stays in the home area after resident A is in bed. The registered staff further indicated that there is no clear direction to staff and others who provide direct care to the resident relating to the safety concerns and visitation restrictions mentioned above.

An interview with the DoRC indicated that staff access the written care plan and kardex for directions on how to provide care to each resident. The DoRC confirmed during an interview that the clinical chart, care plan, bedside kardex and MDS kardex did not provide staff with clear direction to care for resident A. The DoRC confirmed at time of interview that staff would have no way of knowing about the safety concerns and visiting restrictions of resident A therefore not providing a plan of care that sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

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 the plan of care sets out clear directions to staff and others who provide direct care to the resident and to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



**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**

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The policy in Medical Pharmacies Manual, section "6 Monitored Medications", Policy # "6.5", subject "Individual Monitored Medication Record", date January 2014, identified the nurse is to document the total number of medication received in the quantity/remaining column of the Individual Monitored Medication Record. The nurse is to sign the record each time a dose is administered.

The policy in Medical Pharmacies Manual, section "6 Monitored Medications", Policy # "6.6", subject "Shift Change Monitored Drug Count", date January 2014, identified that two registered staff (leaving and arriving) are to count the actual amount of medications remaining, record the date, time, quantity of medication and sign in the appropriate spaces on the Shift Change Monitored Medication Count sheet, and confirm the actual quantity is the same as the amount recorded on the Individual Monitored Medication Record.

During the narcotic and controlled substance observation and review the inspector observed in November, 2016, the following:

- One residents' individual monitored medication record for a narcotic or controlled substance, did not have the quantity received noted.
- One residents' monitored medication record for 7-day card for a narcotic or controlled substance identified four tablets remaining. The shift change monitored drug count identified three tablets remaining. The actual card had three tablets leaving the count out by one tablet.

An interview with the registered staff member confirmed he/she did do a shift count with the outgoing registered staff and he/she must have missed the resident record sheet. He/she also confirmed that when a medication is administered it must be signed as administering the medication at the time and indicated that the other registered staff member must have forgotten to sign the record.

An interview with the DoRC confirmed the home did not follow the home's policy for the individual monitored medication record and shift change monitored drug count and it is the homes expectation that the registered staff comply. [s. 8. (1) (b)]



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

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with related to all cupboards containing hazardous chemicals are kept locked, to ensure that all residents who self medicate have a signed consent in the plan of care and all controlled substances shall be signed by staff at the time of administration and the time of shift count., to be implemented voluntarily.

WN #5: 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.

Findings/Faits saillants :



1. The licensee has failed to ensure all hazardous substances are labelled properly and kept inaccessible to residents at all times.

During a tour of an identified building during the RQI it had been observed that on two separate units in the activity room there had been a container of hazardous cleaner under the sink and accessible to residents.

During a tour of an identified building during the RQI it had been observed that a housekeeping door on ground floor service area had been accessible to residents was found unlocked. Chemical dispensers had been observed to be in this room by the inspector.

Interviews with the registered staff indicated that these hazardous substances pose a risk to residents and should not be accessible in any resident area.

Interview with the DoRC indicated that all hazardous substances are required to be kept in a locked location at all times and further confirmed that all hazardous substances are to be inaccessible to residents at all times. [s. 91.]

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 labelled properly and are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).



**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**

Findings/Faits saillants :



1. The licensee has failed to ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident.

In November, 2016, the inspector observed the morning medication administration to an identified resident. The registered staff administered part of the resident's medication in the resident's room. At a later time the same morning, the resident went to an area outside of the dining room to receive his/her remaining ten medications.

The inspector observed the registered staff check and verify the medications in the pouches as noted above with the eMAR. He/she then placed one of the medications into a plastic medication cup as it is contained in a blister pack and then placed the medication pouch unopened onto the resident's breakfast tray. The resident then left and went into a secluded activity room to eat his/her breakfast and independently took his/her medication without being observed or supervised by the registered staff.

Record review of above mentioned residents' plan of care indicated the following:

- The Physicians order and transcription on the electronic medication administration record (eMAR) did not indicate the resident could self-administer the above noted medications
- The Physicians order and transcription on the eMAR confirmed the resident could self-administer his/her scheduled medication at bedtime when necessary. The order also identified the resident could keep these medication in their room and administer to him/herself.
- The written care plan identified to provide medication in the original pouch with meals in the dining room and the nurse was to supervise the resident.

An interview with a registered staff member confirmed that this was the practice with the resident as he/she refused to eat in the dining room and wants to take his/her medications by him/herself. When asked if there had been a physicians order for resident to self-medicate the identified medications, his/her response was no not for all of them.

An interview with the DoRC confirmed it is an expectation that no resident administers a drug to him/herself unless it has been approved by the prescriber and in consultation with the resident. The DoRC confirmed that the resident should not have been allowed to go to the activation room and self-medicate his/her identified medications without supervision or an order. [s. 131. (5)]



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

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 no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.

Issued on this 16th day of February, 2017

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 sions de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JENNIFER BROWN (647), VALERIE PIMENTEL (557)

Inspection No. /

No de l'inspection : 2016_491647_0011

Log No. /

Registre no: 032723-16

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Feb 16, 2017

Licensee /

Titulaire de permis : THE KENSINGTON HEALTH CENTRE
25 BRUNSWICK AVENUE, TORONTO, ON, M5S-2L9

LTC Home /

Foyer de SLD : THE KENSINGTON GARDENS
25 BRUNSWICK AVENUE, TORONTO, ON, M5S-2L9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : William O'Neill

To THE KENSINGTON HEALTH CENTRE, 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)

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 :

Upon receipt of this order, the licensee will provide re-education and training to all staff in the home to ensure that all doors leading to non-residential areas which includes laundry chute doors are locked when they are not in use by staff.



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*

Grounds / Motifs :

1. The licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and those doors are kept closed and locked.

Tour of an identified building during the Resident Quality Inspection (RQI). Inspector observed on two identified units the key to the laundry chute door in door lock leaving the laundry chute accessible to residents. The inspector had been able to open the door and access the laundry chute on both of the identified units. It had been noted by inspector during the above mentioned observations, residents had been wandering in the vicinity.

Interviews with Registered Nurse's indicated that the key is expected to be returned to the nursing station as the laundry chute poses a safety risk to residents if unlocked.

Interview with Director of Resident Care (DoRC) confirmed that all doors leading to non-residential areas are to be locked when they are not being supervised by staff.

A compliance order will be served to the home based on the scope, which is a pattern as it involves more than one home area, and more than the fewest number of residents and the severity of the non-compliance has the potential to negatively affect the residents as there were residents wandering in the vicinity of the unlocked doors leading to the laundry chute. There is no previous compliance history for this legislative reference. (647)

This order must be complied with by /

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



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 : 002

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

Upon receipt of this order:

1. The licensee will develop and implement a system or process for managing the wander guard bracelet system to ensure residents at risk of wandering off premises are safe and secure.
2. The licensee will provide education and training to all staff in the home regarding the wander guard bracelet system.
3. The licensee shall develop, implement and submit a plan, that includes all the above two requirements, the person responsible for completing the tasks and the time lines for completion. The plan is to be submitted to jennifer.brown6@ontario.ca by March 31, 2017

Grounds / Motifs :

1. The licensee had failed to ensure that the home is a safe and secure environment for its residents.

This safe and secure inspection protocol had been initiated as a result of a complaint that had been phoned into the Ministry of Health and Long Term Care Action Line in June, 2015. Complainant stated that in June, 2015 his/her relative had managed to follow a visitor onto the elevator and into the lobby area. Complainant states that his/her relative does have a wander guard on, which had failed to sound when on the elevator. Complainant states that he/she questions if this wander guard even worked from day one, as he/she had taken his/her parent out of the facility on many occasions and not once had it sounded. Complainant states he/she is very concerned of this because his/her relative could have easily followed the visitors out of the building and no one would have even known.

The home is equipped with a wander guard bracelet system that alarms at all



**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*

exterior doors and elevators to prevent unauthorized exit for the security of the residents. Coded alarm systems are mounted near the exit area for safety purposes and are able to be reset after entering a code.

Interviews with three direct care staff and three registered staff indicated that there had not been a process to ensure the wander guard bracelet would function if a resident were to approach the elevator or an exit door.

Interviews with direct care staff indicated that the resident had been able to exit the home by following a departing visitor. Direct care staff further indicated that the wander guard bracelet did not alarm alerting staff that resident had exited the building out the main door area. A staff member witnessed the resident exiting the building and returned resident back into the building.

Interview with DoRC indicated that there had been no process or system in place to ensure the wander guard bracelet had been working from the time it had been applied to resident to the time of incident. The DoRC further indicated that there is no system to monitor any wander guard bracelets to ensure unauthorized exit for the security of the residents.

The DoRC confirmed at time of interview that there had been no system or process relating to the wander guard bracelet system to ensure that the home is a safe and secure environment for its residents.

A compliance order will be served to the home based on the scope, which is isolated however could potentially affect more residents using the wander guard system, and the severity of the non-compliance has the potential to negatively affect all residents using the system. There is no previous compliance history for this legislative reference. (647)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 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

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



**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*

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.



**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*

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^e étage
TORONTO, 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
TORONTO, 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.

Issued on this 16th day of February, 2017

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Jennifer Brown

Service Area Office /

Bureau régional de services : Toronto Service Area Office