

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

Findings of Non-Compliance were found during this inspection.

Safe and Secure Home

Personal Support Services

The following Inspection Protocols were used during this inspection:

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home, reviewed resident health care records and

Nurses (RPN), Residents

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Registered Practical

The purpose of this inspection was to conduct a Complaint inspection.

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

MARGOT BURNS-PROUTY (106)

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

114 FOURTH STREET, P.O. BOX 236, RAINY RIVER, ON, P0W-1L0

RAINY RIVER HEALTH CENTRE

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

110 VICTORIA AVENUE, FORT FRANCES, ON, P9A-2B7

RIVERSIDE HEALTH CARE FACILITIES, INC.

Licensee/Titulaire de permis

Sep 4, 6, 10, 12, 2012

2012\_051106\_0022

Complaint

Date(s) of inspection/Date(s) de l'inspection

Inspection No/ No de l'inspection  
Type of Inspection/Genre d'inspection

Public Copy/Copie du public

*"AMENDED FOR PUBLICATION PURPOSES"*

Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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Ministry of Health and  
Long-Term Care  
Inspection Report under  
the Long-Term Care  
Homes Act, 2007  
Ministère de la Santé et des  
Soins de longue durée  
Rapport d'inspection  
prévue le Loi de 2007 les  
foyers de soins de longue



The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times. [O. Reg. 79/10, s. 17 (1) (a)] (106)

On September 6, 2012, inspector 106 observed the resident-staff communication and response system in the activity room, TV lounge and the dining room. The communication and response system in these three areas is a panel on the wall that is approximately 4" x 10" and positioned at a height of approximately 5 feet from the floor. The panel has six flat buttons that are approximately 3/4" x 3/4" and very small writing on each button that indicate the purpose of each button. On September 6, 2012 during 2 separate interviews staff member # S-100 and staff member # S-101, both expressed concerns regarding the ability of residents to access the resident-staff communication and response system in the activity room.

1. A July 6, 2012 complaint letter and the home's July 16, 2012 response letter was received by the Sudbury Service Area Office (SSAO) on July 16, 2012. These letters were reviewed on Sept 4, 2012 by inspector 106, as part of the preparation to conduct this inspection.

**Findings/Faits saillants :**

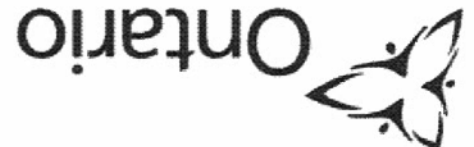
- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
  - (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
  - (b) is on at all times;
  - (c) allows calls to be 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).

**WN #1 : The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**  
Specifically failed to comply with the following subsections:

<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>	<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under 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>Legend</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>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>

Ministère de la Santé et des Soins de longue durée  
Rapport d'inspection  
prévue le Loi de 2007 les foyers de soins de longue

Ministry of Health and Long-Term Care  
Inspection Report under the Long-Term Care Homes Act, 2007



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**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 home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.

Issued on this 12th day of September, 2012

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