



**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**

**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**

**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
Jul 16, 2014	2014_357101_0026	T-744-14; T-786-14	Complaint

Licensee/Titulaire de permis

**NORTH YORK GENERAL HOSPITAL
4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1**

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

**SENIORS' HEALTH CENTRE
2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3**

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

AMANDA WILLIAMS (101)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 24, 2014

**During the course of the inspection, the inspector(s) spoke with the
Administrator, Environmental Manager, Acting Director of Care, registered staff,
Personal Support Workers (PSWs), residents and family members visiting in the
home at the time of the inspection.**

**During the course of the inspection, the inspector(s) conducted a walk-through
of resident home areas.**

The following Inspection Protocols were used during this inspection:



**Accommodation Services - Housekeeping
Safe and Secure Home**

Findings of Non-Compliance were found during this inspection.

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.) 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 :



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1. The licensee failed to ensure that all alarms for doors leading to the outside are connected to a back-up power supply.

On June 24, 2014, the home was without power due to a cut power line from construction work underway in the front of building. At the time of inspection, the home had been without power for approximately 1 1/2 hours. When the writer conducted a walk-through of the home, it was noted that the home's magnetic door locks and door alarms on exterior doors and on stairway doors were not connected to the home's on-site generator. [s. 9. (1) 4.]

2. The licensee failed to ensure that all exit doors are monitored by staff when the alarm system is not operational and not connected to the home's back-up power supply.

On June 24, 2014, the home was without power due to a cut power line from construction work underway in the front of building. At the time of inspection, the home had been without power for approximately 1 1/2 hours. When the writer conducted a walk-through of the home, it was noted that the home's magnetic door lock and door alarm on exterior doors and on stairway doors were not connected to the home's on-site generator. As a result, staff are required to monitor the doors. Staff were observed to not monitor the exit doors or stairway doors that lead to exit doors at the time of inspection. Residents were observed to be left unattended in resident home areas during this period of time with access to stairway doors. Both independent and non-independent residents were observed in corridors near exit doors without staff presence in the area for extended periods of time (i.e. >20mins). [s. 9. (1) 4.]

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



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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,

(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 O. Reg. 79/10, s. 90 (1).

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

Findings/Faits saillants :



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1. The licensee failed to ensure that the home's interior area is maintained in good repair and that schedules and procedures are developed for routine, preventative and remedial maintenance.

This was evidenced by the following:

- a heavy dirt and wax build-up was noted to be embedded on floor surfaces throughout the home, including resident washrooms, bedrooms and corridors. The floor surfaces were noted to have embedded soiling that was beyond daily cleaning by housekeeping staff. The Environmental Manager and Administrator confirmed that the home currently does not have a floor care schedule in place (e.g. buffing, stripping and waxing schedule).
- cracked one piece linoleum flooring was noted in identified resident washrooms.
- sticky floor surfaces were noted in identified resident home areas including resident washrooms, bedrooms and common areas. Interview with an identified housekeeper stated that the floors are sticky because of the product the home uses to clean the floors. He/she stated that they will sometimes use just water and a little bit of the chemical so that the floors are not sticky. Interview with the Environmental Manager confirmed that the product used on floor surfaces had a high chemical to water ratio creating the sticky surfaces and that the chemical supplier had been called in previously to adjust the ratio because it was too low and has been called in again because the home is aware that it is now too high.
- heavily soiled and discoloured absorbent call bell strings were noted in identified resident washrooms. The Administrator and Environmental Manager stated that it is the responsibility of the maintenance staff to replace the absorbent call bell strings with plastic, cleanable call bell strings in resident washrooms. The Administrator stated that 3/4 of the call bell strings in the home have been replaced with plastic cleanable strings and the remaining balance will be completed by July 30, 2014. In the interim, it is the responsibility of the nursing staff to report call bell strings in need of replacement to the maintenance staff. [s. 90. (1)]



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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 develops and implements a preventative, routine and remedial floor care program, to be implemented voluntarily.

Issued on this 16th day of July, 2014

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

A handwritten signature in black ink, appearing to read "A. D. Williams", written over a white background within a rectangular box.



**Ministry of Health and
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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

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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : AMANDA WILLIAMS (101)

Inspection No. /

No de l'inspection : 2014_357101_0026

Log No. /

Registre no: T-744-14; T-786-14

Type of Inspection /

Genre

d'inspection:

Complaint

Report Date(s) /

Date(s) du Rapport : Jul 16, 2014

Licensee /

Titulaire de permis :

NORTH YORK GENERAL HOSPITAL
4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1

LTC Home /

Foyer de SLD :

SENIORS' HEALTH CENTRE
2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Sara Rooney

To NORTH YORK GENERAL HOSPITAL, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**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 :



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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

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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 prepare, submit and implement a plan to ensure that all alarms for doors leading to the outside are connected to the home's generator.

In the interim or in cases when there is a malfunction in the system, staff are to monitor the doors leading to the outside (including stairway doors) in accordance with the procedures set out in the home's emergency plans to ensure residents are maintained in a safe environment at all times.

This plan shall outline the home's immediate, short-term and long-term strategies when the alarm system is not functional on exit doors (including stairway doors).

Please email your plan to Amanda.Williams@ontario.ca no later than Friday August 1, 2014.

Grounds / Motifs :



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1. The licensee failed to ensure that all alarms for doors leading to the outside are connected to a back-up power supply.

On June 24, 2014, the home was without power due to a cut power line from construction work underway in the front of building. At the time of inspection, the home had been without power for approximately 1 1/2 hours. When the writer conducted a walk-through of the home, it was noted that the home's magnetic door locks and door alarms on exterior doors and on stairway doors were not connected to the home's on-site generator. (101)

2. The licensee failed to ensure that all exit doors are monitored by staff when the alarm system is not operational and not connected to the home's back-up power supply.

On June 24, 2014, the home was without power due to a cut power line from construction work underway in the front of building. At the time of inspection, the home had been without power for approximately 1 1/2 hours. When the writer conducted a walk-through of the home, it was noted that the home's magnetic door lock and door alarm on exterior doors and on stairway doors were not connected to the home's on-site generator. As a result, staff are required to monitor the doors. Staff were observed to not monitor the exit doors or stairway doors that lead to exit doors at the time of inspection. Residents were observed to be left unattended in resident home areas during this period of time with access to stairway doors. Both independent and non-independent residents were observed in corridors near exit doors without staff presence in the area for extended periods of time (i.e. >20mins). (101)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 08, 2014



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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
Performance Improvement and Compliance 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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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
Performance Improvement and Compliance
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.



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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
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e 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.



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

Issued on this 16th day of July, 2014

Signature of Inspector /

Signature de l'inspecteur:

Name of Inspector /

Nom de l'inspecteur :

AMANDA WILLIAMS

Service Area Office /

Bureau régional de services : Toronto Service Area Office