



**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**

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
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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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 19, 2013	2013_178102_0012	001808-12	Complaint

**Licensee/Titulaire de permis**

SHEPHERD VILLAGE INC.  
3758/3760 Sheppard Avenue East, TORONTO, ON, M1T-3K9

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

SHEPHERD LODGE  
3760 Sheppard Avenue East, TORONTO, ON, M1T-3K9

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

WENDY BERRY (102)

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



Ministry of Health and Long-Term Care

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

This inspection was conducted on the following date(s): March 06 and 07, 2013

Issues identified as a result of this inspection, are not related to the complaint issues.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Facility Manager, several registered and non registered nursing staff, program staff, several residents and visitors.

During the course of the inspection, the inspector(s) checked the operation of the air handling system; reviewed documentation related to the heating ventilation and air conditioning (HVAC) systems; reviewed operating requirements for the ventilation system with the Facility Manager including the legislated requirement that the ventilation system must be operational at all times and not routinely shut down; checked door security systems on floors 2 through 7; reviewed access to point of care hand hygiene agents.

The following Inspection Protocols were used during this inspection:  
Accommodation Services - Maintenance  
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

**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

Legendé

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités



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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.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**



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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. (1).
  2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents. O. Reg. 79/10, s. 9. (1).
  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. O. Reg. 79/10, s. 9. (1).
  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. (1).
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Findings/Faits saillants :



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1. Shepherd Lodge long term care home is a 7 storey structure, with 2 resident home areas (rha) located on each of floors 2 through 7. Each rha is equipped with a nurses' station, one in the north wing and one in the south wing of each floor.

Doors leading to elevators and to stairways on floors 2 through 7 are equipped with a keypad access control system which was identified to be operational during the 2 day inspection period on March 06 and 07, 2013. Resident accessible stairway doors were closed and locked.

Resident accessible doors leading to stairways from the north and south wing rhas on floors 2 through 7 are equipped with a door alarm system connected to an audio visual enunciator, that is connected to nurses' stations in the south wing rhas. North wing rha nurses' stations are not connected to the door alarm system, which may cause a delay in responding to a north wing door alarm, increasing the potential safety risk to residents.

During the inspection on March 06 and 07, 2013, north and south rha stairway doors on floors 2 through 7, were checked for audible door alarms. Door alarms that did activate when a door was held open, were identified to have a delayed activation time of between approximately 40 seconds and more than 2 minutes before any audio and/or visual alerts were activated on the system provided. Alarms that did trigger were all identified to self terminate after a 1 to 2 minute period of activation without being manually reset or cancelled at the door which was the point of activation.

The audio visual enunciator connected at each of the 2nd, 3rd and 7th floor south wing nurses' stations were observed and identified to be malfunctioning at the time of the inspection. Visual trouble signals were displayed, which included "battery trouble". The visual display did not identify when a door was in alert. One stairway door on the 7th floor did not trigger an audio or a visual alert or alarm when checked on March 06, 2013.

Nursing staff on floors 2, 3 and 7 who were asked about the operation of the door alarm system were not able to identify when a stairway door was in alarm mode. Staff were not aware that the audio visual enunciators displaying the trouble signals were malfunctioning. The audible door alarm system malfunctions were reported by the Inspector to Management staff of the home on March 06, 2013.





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The audible door alarm system connected to resident accessible stairway doors on floors 2 through 7 presents potential risks to the safety of residents who may be able to enter stairways without being detected by staff, especially if a magnetic door locking system fails to engage. Residents are placed at increased risk for elopement and falls in stairways. [s. 9. (1) 1. iii.]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).**

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**Findings/Faits saillants :**

1. Hand hygiene agents are not accessible at point of care locations within residents bedrooms throughout the long term care home.

Hand hygiene products are provided in dispensers in corridors and on some carts used by staff. [s. 229. (9)]

***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 hand hygiene agents are provided and accessible at point of care locations inside all residents' bedrooms in the long term care home, to be implemented voluntarily.***

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Issued on this 19th day of March, 2013

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

A handwritten signature in cursive script that reads "Cindy Bray".



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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*

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*

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

### Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : WENDY BERRY (102)

Inspection No. /

No de l'inspection : 2013\_178102\_0012

Log No. /

Registre no: 001808-12

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Mar 19, 2013

Licensee /

Titulaire de permis : SHEPHERD VILLAGE INC.  
3758/3760 Sheppard Avenue East, TORONTO, ON,  
M1T-3K9

LTC Home /

Foyer de SLD : SHEPHERD LODGE  
3760 Sheppard Avenue East, TORONTO, ON, M1T-3K9

Name of Administrator /

Nom de l'administratrice  
ou de l'administrateur : BROCK HALL

To SHEPHERD VILLAGE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:





**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  
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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

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**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.

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. (1).

**Order / Ordre :**



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

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
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**Ordre(s) de l'inspecteur**  
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The licensee will ensure that the home is a safe and secure environment for its residents :

1. All resident accessible doors leading to stairways are to be equipped with a functioning audible door alarm that allows calls to be cancelled only at the point of activation and is
  - A. 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.
2. A training program is to be developed, implemented and provided to staff of the home regarding applicable roles, responsibilities and the risks posed to resident safety in relation to the operation of and responding to door security systems in the long term care home.

**Grounds / Motifs :**

1. Shepherd Lodge long term care home is a 7 storey structure, with 2 resident home areas (rha) located on each of floors 2 through 7. Each rha is equipped with a nurses' station, one in the north wing and one in the south wing of each floor.

Doors leading to elevators and to stairways on floors 2 through 7 are equipped with a keypad access control system which was identified to be operational during the 2 day inspection period on March 06 and 07, 2013. Resident accessible stairway doors were closed and locked.

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Alarms that did trigger were all identified to self terminate after a 1 to 2 minute period of activation without being manually reset or cancelled at the door which was the point of activation.

The audio visual enunciator connected at each of the 2nd, 3rd and 7th floor south wing nurses' stations were observed and identified to be malfunctioning at the time of the inspection. Visual trouble signals were displayed, which included "battery trouble". The visual display did not identify when a door was in alert. One stairway door on the 7th floor did not trigger an audio or a visual alert or alarm when checked on March 06, 2013.

Nursing staff on floors 2, 3 and 7 who were asked about the operation of the door alarm system were not able to identify when a stairway door was in alarm mode. Staff were not aware that the audio visual enunciators displaying the trouble signals were malfunctioning. The audible door alarm system malfunctions were reported by the Inspector to Management staff of the home on March 06, 2013.

The audible door alarm system connected to resident accessible stairway doors on floors 2 through 7 presents potential risks to the safety of residents who may be able to enter stairways without being detected by staff, especially if a magnetic door locking system fails to engage. Residents are placed at increased risk for elopement and falls in stairways.

(102)

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

**Vous devez vous conformer à cet ordre d'ici le : Jun 24, 2013**



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

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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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section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**  
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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](http://www.hsarb.on.ca).





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## RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

### PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
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<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.





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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

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](http://www.hsarb.on.ca).

**Issued on this 19th day of March, 2013**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

WENDY BERRY

**Service Area Office /**

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