



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**

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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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 9, 2014	2014_304133_0019	O-000397-14	Other

Licensee/Titulaire de permis

ST. PATRICK'S HOME OF OTTAWA INC.
2865 Riverside Dr., OTTAWA, ON, K1V-8N5

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

ST PATRICK'S HOME
2865 RIVERSIDE DRIVE, OTTAWA, ON, K1V-8N5

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



**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**

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): June 3rd, 4th, 2014

The purpose of this inspection was to follow up on deficiencies identified in the new St Patrick's Home building, in December 2013, during the Pre Occupancy review. The Pre Occupancy review was conducted by representatives from the Health Capital Investment Branch of the Ministry of Health and Long Term Care on December 17th and 18th, 2013.

During the course of the inspection, the inspector(s) spoke with the President and CEO, the Vice President of Building Operations, registered and non registered nursing staff, and residents.

During the course of the inspection, the inspector(s) conducted a walk about inspection of the home, with a particular focus on sliding doors leading from resident bedrooms to the ensuite washrooms.

**The following Inspection Protocols were used during this inspection:
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

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



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

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, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

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

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

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9.(1) 1. i. in that the licensee has failed to ensure that the home's main exit door is kept closed and locked.

On June 4th, 2014, at approximately 9am, the inspector noted that at the home's main entrance/exit area, the inner exit doors slide open automatically when a person stands in front of them. The outer exit door can then be pushed open or opened by using the handicapped access button, as the door is not locked. The area immediately outside of the doors and surrounding the home is an active construction zone, surrounded with fencing. There is truck traffic throughout the day in the area.



**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**

The Vice President (VP) of Building Operations informed the inspector that the outer exit door has been unlocked between 7:30 am – 8:00 pm ever since the building was occupied, in December 2013. He explained that the reception desk, located in the immediate area of the exit door, is staffed between 7:30am and 8:30pm. Outside of these hours, the door access control system, which is activated by use of a swipe card, is programmed so as to lock the outer exit door. When the outer exit door is not locked, the door alarm system is inactive. As a result, if the outer exit door failed to close properly after a person exited, staff would not be made aware. O. Reg. 79/10, s. 9 (1) 1. iii. requires that audible door alarms be in place on all resident accessible exit doors that lead to the outside of the home, with the exception of doors that lead to secured outdoor spaces, such as balconies or a fenced in area.

When the main door is locked, between 8:00 pm and 7:30 am, only persons with a swipe card can unlock it in order to exit or enter the building. The Payroll and IT Coordinator explained to the inspector that, upon request, some family members and other visitors have been issued a swipe card. As well, a few residents have been issued swipe cards. All staff have swipe cards.

On June 3rd, 2014, the inspector had noted in passing that there were times throughout the day that there was no one sitting at the reception desk. It was not ascertained if the assigned person was simply in the immediate vicinity but out of sight, such as in the room behind the desk, or for how long they were away from the desk. At these times, however, there was no one visually monitoring the exit doors.

At approximately 4pm, on June 4th, 2014, as the inspector was concluding their inspection day, the VP of Building Operations provided the inspector with a copy of a note that he was about to affix to the wall next to the exit doors. The note indicated that effective June 5th, 2014, the main exit/entrance door would be locked at all times. The VP explained they were going to reprogram the door access control system so that this door is never unlocked. The VP explained that the management team had been working on a communication plan and swipe card distribution plan ever since initial discussion with the inspector had occurred that morning. [s. 9. (1)]



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:

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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

- 1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).**
- 2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).**
- 3. Every resident has the right not to be neglected by the licensee or staff. 2007, c. 8, s. 3 (1).**
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**
- 5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).**
- 6. Every resident has the right to exercise the rights of a citizen. 2007, c. 8, s. 3 (1).**
- 7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care. 2007, c. 8, s. 3 (1).**
- 8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).**
- 9. Every resident has the right to have his or her participation in decision-making respected. 2007, c. 8, s. 3 (1).**
- 10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents. 2007, c. 8, s. 3 (1).**
- 11. Every resident has the right to,**
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,**
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**



**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**

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible. 2007, c. 8, s. 3 (1).

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act. 2007, c. 8, s. 3 (1).

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day. 2007, c. 8, s. 3 (1).

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately. 2007, c. 8, s. 3 (1).

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

- i. the Residents' Council,
- ii. the Family Council,
- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
- iv. staff members,
- v. government officials,
- vi. any other person inside or outside the long-term care home. 2007, c. 8, s. 3 (1).

18. Every resident has the right to form friendships and relationships and to



participate in the life of the long-term care home. 2007, c. 8, s. 3 (1).

19. Every resident has the right to have his or her lifestyle and choices respected. 2007, c. 8, s. 3 (1).

20. Every resident has the right to participate in the Residents' Council. 2007, c. 8, s. 3 (1).

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy. 2007, c. 8, s. 3 (1).

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available. 2007, c. 8, s. 3 (1).

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential. 2007, c. 8, s. 3 (1).

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints. 2007, c. 8, s. 3 (1).

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so. 2007, c. 8, s. 3 (1).

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible. 2007, c. 8, s. 3 (1).

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 3 (1) 8. in that not all residents are afforded privacy in caring for his or her personal needs while in their washrooms due to the style of door that leads from resident bedrooms to their ensuite washrooms. There is a gap between the door and the wall when in the closed position. As well, some residents reported to the inspector that their bathroom door slides open while they are using the toilet.

On December 17th and 18th 2013, representatives from the Ministry of Health and Long Term Care (MOHLTC), Health Capital Investment Branch (HCIB), conducted a Pre-Occupancy Review of the new St Patrick's Home building. One of the building deficiencies identified on the Pre-Occupancy Review Summary Report related to the sliding doors leading from resident bedrooms to ensuite washrooms. It was identified



**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**

that the doors did not provide adequate privacy due to a gap between the door and the wall when in the closed position. The date for corrective action was set at January 31, 2014. On December 20th, 2013, the home's President and CEO submitted a Pre-Occupancy Compliance Plan to the HCIB representatives, indicating that work was in progress related to this issue. On January 31, 2014, an updated to the plan was submitted to the HCIB representatives, indicating "Many bathroom doors can be adjusted at top rail slide. Small parts ordered. For bathroom doors that cannot be adjusted via top slide, photo attached of solution. We will trial a sample prior to proceeding".

On June 3rd, 2014, Inspector #133 arrived at the home to follow up on the deficiencies noted within the Pre-Occupancy Review Summary Report. The majority of identified items had been resolved or were resolved on that day. The issue relating to the sliding bathroom doors had not been resolved. The Vice President (VP) of Building Operations explained that this work will be done by the contractor, and they have had difficulty getting any progress made. He explained that while some doors had been adjusted, most/all doors will require a privacy strip to be installed on one or both side to ensure adequate privacy. Later in the day, the VP of Building Operations informed the inspector that the currently assigned project manager had just informed him that the necessary "change order" was going to be signed imminently by the contractor, which would allow for the ordering of the necessary parts to complete the work. At that time, he was unable to speculate as to when the parts would be received, when the contractor would start the work, and when the work could be expected to be completed.

Inspector #133 observed many bathroom doors. To summarize, the gap between the wall and the door when in the closed position ranges from 1 ½ inches to 2 ¼ inches. In private bedrooms, the gap on the left side of the door typically allows for a direct view of the toilet, from the window area where many residents have their chairs, or from the bed, depending on the configuration of the bathroom, bedroom and furniture. The inspector noted one type of private room where there is a view of the side wall only. In shared bedrooms, the gap allows for a direct view of the sink area and mirror, from the bed space opposite the washroom.

Over the course of the inspection, the inspector spoke with residents about their bathroom door. Some residents reported a concern relating to the fact that the doors don't always stay closed, in addition to the gap issue.



**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**

On June 3, 2014, resident #001, who resides in an identified private room, told the inspector "you go in and start to do your business and then the door slides open". Resident #001 indicated that they were not concerned about the gap between the bathroom door and the wall as they don't have other people in their bedroom.

On June 3, 2014, resident #002, who resides in an identified shared room, told the inspector that they would like it if the bathroom door would close all of the way because there are wandering residents within the care unit and they are concerned that they might wander into their room and "peek in" while they are in there.

On June 3, 2014, resident #004, who lives in an identified shared room, told the inspector that they don't like it that the bathroom door doesn't close all the way, and it doesn't feel like they have any privacy, because anyone can see in to the bathroom through both sides of the door.

On June 4, 2014, resident #005 expressed anxiety about the bathroom door gaps in their identified private bedroom to the inspector. Resident #005 said "it feels as if you might as well have no door, it's like an open house". Resident #005 explained that they make sure to go to the bathroom by 2:45pm-2:50pm every day just in case they receive visitors, who will typically come at 3pm. The resident will not use their washroom if there are visitors in their bedroom, because "they may get up and look in at me". Resident #005 also explained their concerns that the resident or any person within the neighbouring bedroom, whose corner window is visible through the door gap, from within resident #005's bathroom, can see them on the toilet at night. With the assistance of Long Term Care Home Inspector #138, also on site conducting inspections, this expressed concern was further explored. It was verified that from the corner window of the neighbouring bedroom, inspector #133 could see that inspector #138 was waving their arms about, in resident #005's bathroom, through the left side door gap. The glare of the sun at the time lessened the view, however, it is likely at night that the view would not be obscured. Resident #005 also told the inspectors (#133 and #138) that their bathroom door slides open. Resident #005 explained that they shut the door as much as possible and stand there for a few minutes to make sure it won't roll back again, because "by the time you are sitting on the [toilet], the door has rolled open".

On June 4, 2014, resident #006, who resides in an identified shared room, told the inspector that the gap doesn't bother them, but it does bother them that the bathroom door slides open. They said "when they put me in there and close the door, it often



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

comes open when I'm on the toilet". They explained that they then yell out for staff to come and close the door again, as staff are typically nearby.

The VP of Building Operations explained that he has been made aware that some bathroom doors slide open as they are not level, and this is an issue that is addressed by the contractor when reported. Another cause of the problem seems to be that staff or residents don't close the door fully, although it would seem to them at the time that they have. There is a small nub or hook type piece within the upper door stopper mechanism. Slightly more effort is required to push/pull the door past this point, and if not done slowly, the door bounces back and will slide open.

The home's President and CEO explained to the inspector that there has been several different project managers assigned to them by the contractor, and this has created delays related to getting the required work done on the bathroom doors. [s. 3. (1)]

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 with the requirement that all residents are afforded privacy in caring for their personal needs while in the washroom by ensuring that:

#1) there are no gaps between the washroom door and the wall when the door is in the closed position.

#2) that all washroom doors will not slide open after they have been closed.

#3) that education and support is provided, as needed, to ensure that all staff and residents are aware of how to close the washroom doors, and are able to close the washroom doors, so that they do not slide open after they have been closed.

This plan is, to be implemented voluntarily.



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

Issued on this 9th day of June, 2014

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

Jessica Lapensée



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

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) : JESSICA LAPENSEE (133)

Inspection No. /

No de l'inspection : 2014_304133_0019

Log No. /

Registre no: O-000397-14

Type of Inspection /

Genre

Other

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jun 9, 2014

Licensee /

Titulaire de permis : ST. PATRICK'S HOME OF OTTAWA INC.
2865 Riverside Dr., OTTAWA, ON, K1V-8N5

LTC Home /

Foyer de SLD : ST PATRICK'S HOME
2865 RIVERSIDE DRIVE, OTTAWA, ON, K1V-8N5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : LINDA CHAPLIN

To ST. PATRICK'S HOME OF OTTAWA 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
des Soins de longue durée**

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

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

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

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

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

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

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

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

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

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

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

Order / Ordre :

The licensee will ensure that the home's main exit/entrance door is kept closed and locked at all times.

Grounds / Motifs :



**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

1. The licensee has failed to comply with O. Reg. 79/10, s. 9.(1) 1. i. in that the licensee has failed to ensure that the home's main exit door is kept closed and locked.

On June 4th, 2014, at approximately 9am, the inspector noted that at the home's main entrance/exit area, the inner exit doors slide open automatically when a person stands in front of them. The outer exit door can then be pushed open or opened by using the handicapped access button, as the door is not locked. The area immediately outside of the doors and surrounding the home is an active construction zone, surrounded with fencing. There is truck traffic throughout the day in the area.

The Vice President (VP) of Building Operations informed the inspector that the outer exit door has been unlocked between 7:30 am – 8:00 pm ever since the building was occupied, in December 2013. He explained that the reception desk, located in the immediate area of the exit door, is staffed between 7:30am and 8:30pm. Outside of these hours, the door access control system, which is activated by use of a swipe card, is programmed so as to lock the outer exit door. When the outer exit door is not locked, the door alarm system is inactive. As a result, if the outer exit door failed to close properly after a person exited, staff would not be made aware. O. Reg. 79/10, s. 9 (1) 1. iii. requires that audible door alarms be in place on all resident accessible exit doors that lead to the outside of the home, with the exception of doors that lead to secured outdoor spaces, such as balconies or a fenced in area.

When the main door is locked, between 8:00 pm and 7:30 am, only persons with a swipe card can unlock it in order to exit or enter the building. The Payroll and IT Coordinator explained to the inspector that, upon request, some family members and other visitors have been issued a swipe card. As well, a few residents have been issued swipe cards. All staff have swipe cards.

On June 3rd, 2014, the inspector had noted in passing that there were times throughout the day that there was no one sitting at the reception desk. It was not ascertained if the assigned person was simply in the immediate vicinity but out of sight, such as in the room behind the desk, or for how long they were away from the desk. At these times, however, there was no one visually monitoring the exit doors.

At approximately 4pm, on June 4th, 2014, as the inspector was concluding their



**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

inspection day, the VP of Building Operations provided the inspector with a copy of a note that he was about to affix to the wall next to the exit doors. The note indicated that effective June 5th, 2014, the main exit/entrance door would be locked at all times. The VP explained they were going to reprogram the door access control system so that this door is never unlocked. The VP explained that the management team had been working on a communication plan and swipe card distribution plan ever since initial discussion with the inspector had occurred that morning. (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 09, 2014



**Ministry of Health and
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Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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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
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



**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
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.



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

Order(s) of the Inspector
Pursuant to section 153 and/or
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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
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.



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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Homes Act, 2007*, S.O. 2007, c.8

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

Ordre(s) de l'inspecteur

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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.

Issued on this 9th day of June, 2014

Signature of Inspector /

Signature de l'inspecteur :

Jessica Lapensee

Name of Inspector /

Nom de l'inspecteur :

JESSICA LAPENSEE

Service Area Office /

Bureau régional de services : Ottawa Service Area Office