

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: November 8, 2024

Inspection Number: 2024-1236-0005

Inspection Type:

Critical Incident

Licensee: Revera Long Term Care Inc.

Long Term Care Home and City: Telfer Place, Paris

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 5 and 6, 2024.

The following intake was completed during this Critical Incident (CI) inspection:

- Intake: #00130277 / CI #2742-000028-24 related to a missing resident for less than three hours.

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

Safe and Secure Home
Infection Prevention and Control

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Doors in a home

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. 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.

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

a) Develop and implement a written process to ensure the doors to non-residential area A remain closed and locked when the doors are not being supervised by staff.

b) Retrain specific staff on the written process to ensure the doors to non-residential area A remain closed and locked when these doors are not being supervised by staff.

c) Develop and implement a written process to ensure the door to non-residential area B remains closed and locked when the door is not being supervised by staff.

Grounds

The licensee failed to ensure two doors to non-residential areas were kept closed and locked when they were not being supervised by staff.

Rationale and Summary

1) The doors to non-residential area A were left unlocked and unsupervised by staff.

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A resident entered the non-residential area and exited the building through an unlocked door. The resident was found off the grounds after crossing multiple streets.

The resident's plan of care indicated they had interventions in place due to being an elopement risk. The resident was previously found wandering in the non-LTC section of the building. A staff member reported redirecting the resident from the non-LTC section after the resident had walked through non-residential area A.

During inspection, the resident was observed waiting for staff to leave the area before attempting to enter the unlocked door to non-residential area A, but was redirected by staff working in non-residential area A.

A staff member stated the back exit door from non-residential area A, near the non-LTC section's open main entrance, remains unlocked. The door from the LTC into non-residential area A was the only barrier to the outside. Leaving this door unlocked posed a risk to the resident's safety.

2) During the initial inspection tour, a staff member opened an unlocked door to non-residential area B. The room contained supplies, including hazardous substances and sharp medical objects. The staff member acknowledged that the door should always have been locked due to the supplies inside. During inspection, a wandering resident entered through the unlocked door into non-residential area B.

The unlocked door to non-residential area B posed a risk of residents accessing the supplies and potentially injuring themselves.

Sources: observations of residents, non-residential area A doors, and non-residential area B; review of CI #2742-000028-24, resident health care records, and

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staff coaching letters; and staff interviews.

This order must be complied with by November 29, 2024

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.