



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 : 2013_204133_0004

Log No. /

Registre no: S-001196-12

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Mar 8, 2013

Licensee /

Titulaire de permis : REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /

Foyer de SLD : LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON,
P7E-1J2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

~~SHELEIGH MCMILLAN~~ JULIANA JASON

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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section 154 of the *Long-Term Care
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Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2012_053122_0014, CO #906;
2012_053122_0014, CO #907;
2012_051106_0025, CO #001;
2012_051106_0025, CO #002;

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 :



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The licensee will prepare, submit and implement a plan for achieving compliance with O. Reg 79/10, s. 9(1)1i,ii,iii and s.9(1)2. The plan will include detailed information regarding how the licensee will ensure that resident accessible doors that lead to stairways and that lead to unsecured outside areas are:

- 1- kept closed and locked
- 2- equipped with a door access control system
- 3- equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to the resident-staff communication and response system OR 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.

This plan will also detail how the licensee will achieve compliance with the requirement that resident accessible doors that lead to non-residential areas be equipped with locks to restrict unsupervised access to those areas by residents. Expected dates of completion must be identified within the plan, which must speak to each and every door identified within the grounds. The plan will describe in detail how the home is ensuring the day to day safety of its residents in light of the door security issues detailed in the grounds which support this Compliance Order. Managers responsible for this ongoing effort, and what they are doing specifically each day, will be included in the plan.

This plan may be submitted in writing to Long Term Care Home inspector Jessica Lapensée at 347 Preston Street, 4th floor, Ottawa, Ontario, K1S 3J4. Alternately, the plan may be faxed to the inspector's attention at (613) 569-9670. This plan must be received by Friday, March 15th, 2013. This plan must be fully implemented by June 10th 2013.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s.9(1)1.i in that not all resident accessible doors that lead to stairways or that lead to unsecured outside areas are kept closed and locked.

During the inspection, on February 5th 2013, the inspector noted that door into the North stairway on the main floor is accessible to residents. This stairway door is kept closed but it is not kept locked.



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This door has been the subject of two previous Compliance Orders (inspection #2012_053122_0014, CO #907 issued October 15th 2012 with compliance date of December 28th 2012 and inspection 2012_051106_0025, CO #001 issued October 17th 2012 with compliance date of December 28th 2012).

(133)

2. The licensee has failed to comply with O. Reg. 79/10, s.9(1)1.ii in that not all resident accessible doors that lead to stairways or that lead to unsecured outside areas are equipped with a door access control system.

During the inspection, on February 5th 2013, the inspector noted that door into the North stairway on the main floor is accessible to residents and is not equipped with a door access control system.

(133)

3. The licensee has failed to comply with O. Reg 79/10, s.9(1)1.iii in that none of the home's resident accessible doors that lead to stairways or that lead to unsecured outside areas are equipped with an audible door alarm. Door alarms must allow calls to be cancelled only at the point of activation and be connected to the resident-staff communication and response system OR be connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and have a manual reset switch at each door.

During the inspection, on February 5th 2013, the inspector noted that none of the home's resident accessible doors that lead to stairways and that lead to the outside of the home are equipped with alarms as is required. Specifically, the following resident accessible doors are not equipped with alarms as is required: the home's main front exit door, eleven stairways doors, the North exit door, the South shipping and receiving door and the South staff exit door.

In addition, at the time of the inspection, the home's roof top patio, which is accessed from a lounge space within the 2nd floor care unit, was under construction. The inspector was informed that while there used to be a railing around the perimeter of the patio, it has now been removed. As a result, the patio is not a secure outdoor space. The resident accessible door that leads to the patio is kept locked but is not equipped with an alarm as is required for such a door.

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4. The licensee has failed to comply with O. Reg 79/10, s. 9 (1)2 in that not all resident accessible doors that lead to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents.

During the inspection, on February 5th 2013, the inspector noted that there is a door from the main dining room (labelled "M North") that leads into a small hallway. The door is not equipped with a lock and therefore it is always unlocked. Within the hallway beyond the door, the inspector found: an unlocked, un-alarmed door into the North stairway, a locked door labelled "fire door" that leads into a storage area for the kitchen's hot water tank, the North exit door which is locked but not alarmed and an unlocked door that leads into the kitchen. Staff within the kitchen locked the door from the inside after it was opened by the inspector. The door from the main dining room, labelled "M North", is a door which leads to a non-residential area, and it is not equipped with a lock to restrict unsupervised access to the area by residents.

During the inspection, on February 5th 2013, the inspector noted that in the main lobby area there is a door that is to the Left of the elevators that leads into a small hallway. The door is not equipped with a lock and is therefore always unlocked. Within this hallway the inspector found: a locked door that leads into the laundry room, the South shipping and receiving exit door which is locked but not alarmed and an unlocked door labelled "chemical storage room" that contained large sealed containers of kitchen cleaning chemicals and which had many flattened boxes piled up in front of it. The Environmental Services Manager, who accompanied the inspector during the door security assessment, locked the door after it was discovered to be unlocked. The door into the hallway, to the Left of the elevators in the main lobby area, is a door which leads to a non-residential area, and it is not equipped with a lock to restrict unsupervised access to the area by residents.

During the inspection, on February 6th 2013, the inspector noted that the doors that open to the small closet/room in which laundry chutes are located, on all resident care units (floors 2-6), were not locked because they are not equipped with a lock. These laundry chute access doors lead to a non-residential area, and they are not equipped with a lock to restrict unsupervised access to the area by residents.



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These doors have been the subject of two previous Compliance Orders (inspection #2012_053122_0014, CO #906 issued October 15th 2012 with compliance date of December 28th 2012 and inspection 2012_051106_0025, CO #002 issued October 17th 2012 with compliance date of December 28th 2012).
(133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 10, 2013



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Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

Order / Ordre :

The licensee will prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s.13. The compliance plan shall include detailed information regarding how the licensee will ensure that every resident bedroom occupied by more than one resident within the home has sufficient privacy curtains to provide full privacy to each resident and will include expected dates of completion. Every resident bedroom occupied by more than one resident must be reassessed. Any visual gap that may be created by the configuration of privacy curtain ceiling tracks must be addressed and rectified. This plan will also outline in detail how the home in ensuring that each and every resident affected by either insufficient privacy curtain coverage or by a total absence of privacy curtains around their bed space are being provided with privacy in treatment, in caring for their personal needs, and at any other time they wish to have complete privacy within their bed space. The plan will describe communication and consultation with affected residents as to how this is to be accomplished and will identify managers responsible for ensuring these residents are being provided with privacy, as described above, and will identify how the managers are following up on this daily.

This plan may be submitted in writing to Long Term Care Home inspector Jessica Lapensée at 347 Preston Street, 4th floor, Ottawa, Ontario, K1S 3J4. Alternately, the plan may be faxed to the inspector's attention at (613) 569-9670. This plan must be received by Friday, March 15, 2013. This plan must be fully implemented by May 31, 2013.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg 79/10, s.13 in that not every



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resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

During the inspection, on February 6th and 7th, the inspector observed that in thirty four resident bedrooms occupied by more than one resident, sufficient privacy curtains are not in place to provide privacy to one or more of the residents. Forty seven residents are affected. Thirty two residents had privacy curtains around their bed space, but the curtains were not wide enough and there was a resulting gap in coverage, ranging from approximately 0.5ft to approximately 5ft. Three residents did not have any privacy curtain around their bed space.

The lack of privacy curtain coverage affecting the remaining twelve residents is a result of the home's sprinkler installation project. Preparations for the installation of the water pipes began in August 2012 and the installation was complete in January 2013. For two residents, the inspector observed that the privacy curtain track around the bed space had been removed and therefore there was no privacy curtain available for the resident's use. For ten residents, the inspector observed that a portion of the ceiling track above their bed space has been cut short or detached and bent inwards/outwards in order to make way for the water pipes that run along the ceiling. In two of these ten cases, there was no privacy curtain hanging on the modified track. For the remaining eight residents, the privacy curtain cannot be extended fully around the bed space and a gap of approximately 0.5ft to several feet has been created. In one such room, the inspector noted that the privacy curtain had been affixed to the adjacent wall with a thumb tack which served to close the gap.

On the 5th floor, outside of one of the rooms in which the privacy curtain track has been cut short, a nursing staff member, #S100, indicated to the inspector that they had started working on that care unit in September 2012 and the track had been modified at that time. On that care unit, the inspector found maintenance requisitions ("Physical Plant Service Requisition") on a clipboard at the nurse station. Another staff member explained that if staff members see something that needs to be repaired/replaced, they write it on these forms which are then to be reviewed by maintenance workers. The inspector found one dated October 29th, related to five bedrooms, with the following service request "privacy curtain rods need to be fixed (no privacy)". The inspector found another such requisition, on the 3rd floor, dated October 30th, related to 3 specific



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bedrooms. The inspector found another such requisition, on the 2nd floor, dated November 1st, related to four specific bedrooms.

Resident #001, who has a privacy curtain gap at the foot of their bed unrelated to the sprinkler project, told the inspector that when they are lying down in their bed at night and the washroom door is open, they have a direct view of the toilet. Resident #001 indicated they would like to have a privacy curtain that extends the full way around their bed space so they could have full privacy at night.

Resident #002, whose roommate has no privacy curtain due to the sprinkler project, told the inspector that they recently had several visitors in their room and the roommate suddenly began vomiting. Resident #002 explained that when staff came in to the bedroom to assist the roommate, there was no privacy curtain around the bed space to pull so they could treat the roommate privately. The visitors were asked to stay behind resident #002's privacy curtain, which is not wide enough with a resulting gap of several feet at the foot of the bed. Resident #002's lack of privacy is unrelated to the sprinkler project.

Please note that the inspector did not inspect all resident bedrooms within the home.

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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 31, 2013



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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 8th day of March, 2013

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

JESSICA LAPENSEE

Service Area Office /

Bureau régional de services : Sudbury Service Area Office



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**

**Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133**

**Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133**

**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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 8, 2013	2013_204133_0004	S-001196-12	Follow up

Licensee/Titulaire de permis

**REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2**

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

**LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2**

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 5,6,7 - 2013

This inspection addressed the following log numbers: S-001364-12, S-001225-12, S-001361-12 and S-001196-12.

This inspection was in follow up to six past due Compliance Orders.

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care, the Environmental Services Manager, registered and non registered nursing staff and residents.

During the course of the inspection, the inspector(s) reviewed documentation related to the "Safety in Ambulating Lifting and Transferring" training program for nursing staff, assessed door security throughout the home, inspected resident bedrooms and common areas throughout the home, observed staff to resident interactions throughout the inspection.

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	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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**Ministère de la Santé et des
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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.

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. (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 :



1. The licensee has failed to comply with O. Reg. 79/10, s.9(1)1.i in that not all resident accessible doors that lead to stairways or to unsecured outside areas are kept closed and locked.

During the inspection, on February 5th 2013, the inspector noted that door into the North stairway on the main floor is accessible to residents. This stairway door is kept closed but it is not kept locked.

This door has been the subject of two previous Compliance Orders (inspection #2012_053122_0014, CO #907 issued October 15th 2012 with compliance date of December 28th 2012 and inspection 2012_051106_0025, CO #001 issued October 17th 2012 with compliance date of December 28th 2012) [s. 9. (1) 1. i.]

2. The licensee has failed to comply with O. Reg. 79/10, s.9(1)1.ii in that not all resident accessible doors that lead to stairways or to unsecured outside areas are equipped with a door access control system.

During the inspection, on February 5th 2013, the inspector noted that door into the North stairway on the main floor is accessible to residents and is not equipped with a door access control system. [s. 9. (1) 1. ii.]

3. The licensee has failed to comply with O. Reg 79/10, s.9(1)1.iii in that none of the home's resident accessible doors that lead to stairways or that lead to unsecured outside areas are equipped with an audible door alarm. Door alarms must allow calls to be cancelled only at the point of activation and be connected to the resident-staff communication and response system OR be connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and have a manual reset switch at each door.

During the inspection, on February 5th 2013, the inspector noted that none of the home's resident accessible doors that lead to stairways and that lead to the outside of the home are equipped with alarms as is required. Specifically, the following resident accessible doors are not equipped with alarms as is required: the home's main front exit door, eleven stairways doors, the North exit door, the South shipping and receiving door and the South staff exit door.

In addition, at the time of the inspection, the home's roof top patio, which is accessed



from a lounge space within the 2nd floor care unit, was under construction. The inspector was informed that while there used to be a railing around the perimeter of the patio, it has now been removed. As a result, the patio is not a secure outdoor space. The resident accessible door that leads to the patio is kept locked but is not equipped with an alarm as is required for such a door. [s. 9. (1) 1. iii.]

4. The licensee has failed to comply with O. Reg 79/10, s. 9 (1)2 in that not all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents.

During the inspection, on February 5th 2013, the inspector noted that there is a door from the main dining room (labeled "M North") that leads into a small hallway. The door is not equipped with a lock and therefore it is always unlocked. Within the hallway beyond the door, the inspector found: an unlocked, un-alarmed door into the North stairway, a locked door labelled "fire door" that leads into a storage area for the kitchen's hot water tank, the North exit door which is locked but not alarmed and an unlocked door that leads into the kitchen. Staff within the kitchen locked the door from the inside after it was opened by the inspector. The door from the main dining room, labelled "M North", is a door which leads to a non-residential area, and it is not equipped with a lock to restrict unsupervised access to the area by residents.

During the inspection, on February 5th 2013, the inspector noted that in the main lobby area there is a door that is to the Left of the elevators that leads into a small hallway. The door is not equipped with a lock and is therefore always unlocked. Within this hallway the inspector found: a locked door that leads into the laundry room, the South shipping and receiving exit door which is locked but not alarmed and an unlocked door labelled "chemical storage room" that contained large sealed containers of kitchen cleaning chemicals and which had many flattened boxes piled up in front of it. The Environmental Services Manager, who accompanied the inspector during the door security assessment, locked the door after it was discovered to be unlocked. The door into the hallway, to the Left of the elevators in the main lobby area, is a door which leads to a non-residential area, and it is not equipped with a lock to restrict unsupervised access to the area by residents.

During the inspection, on February 6th 2013, the inspector noted that the doors that open to the small closet/room in which laundry chutes are located, on all resident care units (floors 2-6), were not locked because they are not equipped with a lock. These



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laundry chute access doors lead to a non-residential area, and they are not equipped with a lock to restrict unsupervised access to the area by residents.

These doors have been the subject of two previous Compliance Orders (inspection #2012_053122_0014, CO #906 issued October 15th 2012 with compliance date of December 28th 2012 and inspection 2012_051106_0025, CO #002 issued October 17th 2012 with compliance date of December 28th 2012). [s. 9. (1) 2.]

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. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg 79/10, s.13 in that not every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

During the inspection, on February 6th and 7th, the inspector observed that in thirty four resident bedrooms occupied by more than one resident, sufficient privacy curtains are not in place to provide privacy to one or more of the residents. Forty seven residents are affected. Thirty two residents had privacy curtains around their bed space, but the curtains were not wide enough and there was a resulting gap in coverage, ranging from approximately 0.5ft to approximately 5ft. Three residents did not have any privacy curtain around their bed space.

The lack of privacy curtain coverage affecting the remaining twelve residents is a result of the home's sprinkler installation project. Preparations for the installation of the water pipes began in August 2012 and the installation was complete in January 2013. For two residents, the inspector observed that the privacy curtain track around the bed space had been removed and therefore there was no privacy curtain available for the resident's use. For ten residents, the inspector observed that a portion of the ceiling track above their bed space has been cut short or detached and bent inwards/outwards in order to make way for the water pipes that run along the ceiling. In two of these ten cases, there was no privacy curtain hanging on the modified track. For the remaining eight residents, the privacy curtain cannot be extended fully around the bed space and a gap of approximately 0.5ft to several feet has been created. In one such room, the inspector noted that the privacy curtain had been affixed to the adjacent wall with a thumb tack which served to close the gap.

On the 5th floor, outside of one of the rooms in which the privacy curtain track has been cut short, a nursing staff member, #S100, indicated to the inspector that they had started working on that care unit in September 2012 and the track had been modified at that time. On that care unit, the inspector found maintenance requisitions ("Physical Plant Service Requisition") on a clipboard at the nurse station. Another staff member explained that if staff members see something that needs to be repaired/replaced, they write it on these forms which are then to be reviewed by maintenance workers. The inspector found one dated October 29th, related to five bedrooms, with the following service request "privacy curtain rods need to be fixed (no privacy)". The inspector found another such requisition, on the 3rd floor, dated October 30th, related to 3 specific bedrooms. The inspector found another such



requisition, on the 2nd floor, dated November 1st, related to four specific bedrooms.

Resident #001, who has a privacy curtain gap at the foot of their bed unrelated to the sprinkler project, told the inspector that when they are lying down in their bed at night and the washroom door is open, they have a direct view of the toilet. Resident #001 indicated they would like to have a privacy curtain that extends the full way around their bed space so they could have full privacy at night.

Resident #002, whose roommate has no privacy curtain due to the sprinkler project, told the inspector that they recently had several visitors in their room and the roommate suddenly began vomiting. Resident #002 explained that when staff came in to the bedroom to assist the roommate, there was no privacy curtain around the bed space to pull so they could treat the roommate privately. The visitors were asked to stay behind resident #002's privacy curtain, which is not wide enough with a resulting gap of several feet at the foot of the bed. Resident #002's lack of privacy is unrelated to the sprinkler project.

Please note that the inspector did not inspect all resident bedrooms within the home.
[s. 13.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 305.

Construction, renovation, etc., of homes

Specifically failed to comply with the following:

- s. 305. (4) A licensee who is applying for the Director's approval under subsection (3) shall provide the Director with,**
- (a) plans or specifications relating to the work to be done; and O. Reg. 79/10, s. 305 (4).**
 - (b) a work plan describing how the work will be carried out, including how residents will be affected and what steps will be taken to address any adverse effects on residents. O. Reg. 79/10, s. 305 (4).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg 79/10, s. 305(4)(b) in that a work plan describing how the sprinkler project work would be carried out that was submitted and approved by the Director did not include how residents would be affected by a loss of privacy curtain coverage and did not include steps to be taken to address any adverse effects on these residents.

The home has recently installed a sprinkler system. Preparations for the installation of the water pipes began in August 2012 and the installation was completed in January 2013. In January 2012, the Licensee submitted a work plan describing how the work would be carried out. The plan received approval from the Director of the Ministry of Health and Long Term Care based on the information presented within it. While conducting the inspection, February 5th-7th 2013, the inspector noted that in twelve resident bedrooms occupied by more than one resident, a portion of the ceiling track for the privacy curtains above one of the resident's bed space have been cut short or detached and bent inwards or outwards in order to make way for water pipes that have been installed along the ceiling in each bedroom. As a result, the privacy curtains cannot be fully extended along the track, around the bed space. For these residents, the result is a privacy gap which ranges from approximately 0.5 feet to several feet. In two bedrooms occupied by more than one resident, the inspector found that the privacy curtain track above one of the beds had been completely removed. As per O. Reg 70/10, s.13, every licensee of a long term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

The work plan that was submitted and approved did not indicate that some residents would lose full privacy curtain coverage around their bed space. The work plan did not explain how residents would be affected, for a prolonged period of time, by the sprinkler installation project. The work plan did not outline steps that were to be taken to address any adverse effects on residents, which in this case is a loss of privacy. [s. 305. (4)]

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE
BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES
SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**



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COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #908	2012_053122_0014	133
O.Reg 79/10 s. 36.	CO #001	2012_104196_0028	133

Issued on this 8th day of March, 2013

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

Jessica Lopensée