



**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 :	2012_054133_0028
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Jun 26, 27, 28, Jul 4, 5, 6, 2012
Licensee / Titulaire de permis :	CORPORATION OF THE TOWN OF KIRKLAND LAKE 3 KIRKLAND STREET WEST, POSTAL BAG 1757, KIRKLAND LAKE, ON, P2N-3P4
LTC Home / Foyer de SLD :	TECK PIONEER RESIDENCE 145A GOVERNMENT ROAD EAST, POSTAL BAG SERVICE 3800, KIRKLAND LAKE, ON, P2N-3P4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DONNA LEGROS

To CORPORATION OF THE TOWN OF KIRKLAND LAKE, 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**

**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

Order # /
Ordre no : 901 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

The licensee shall immediately audit the resident-staff communication and response system within the home, including residents' Versus badges, pull stations in resident rooms, resident washrooms, spa rooms and common areas and shall develop a plan that will be implemented to ensure they are on at all times and can be used by residents, staff and visitors at all times.

Grounds / Motifs :

1. The inspector observed on June 26, 2012 that call bell pull stations in the following areas in the Tobum unit did not activate when tested by the inspector: all residents' washrooms, the activity room, the Princess lounge next to the dining room and the resident washroom across from the dining room.

The inspector observed on June 26, 2012 that call bell pull stations in the following areas in the Teck unit did not activate when tested by the inspector: One resident washroom in Macassa Lane and five resident washrooms in Sylvanite Avenue, the Parklane Dining Room and the resident washroom across from the nurse's station.

The inspector observed on June 26, 2012 that the Versus badge attached to resident #001's clothing did not activate when tested by the inspector. The inspector brought this to the attention of staff member #S100 who confirmed that it was not functioning and required the batteries to be changed.

The licensee has failed to ensure the home is equipped with a resident-staff communication and response system that is on at all times. [O.Reg. 79/10, s.17(1)(b)] (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 03, 2012



**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

Order # /
Ordre no : 902 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

The licensee shall submit and implement their plan to achieve compliance with O. Reg. 79/10, s.17(1)

The plan must be submitted in writing to Long Term Care Homes Inspector Jessica Lapensee, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th floor, Ottawa, Ontario, K1S 3J4. The compliance plan may also be submitted by fax at (613) 569-9670. The plan must be received on or before July 10, 2012.

Grounds / Motifs :

1. The inspector observed on June 26, 2012 that call bell pull stations in the following areas in the Tobum unit did not activate when tested by the inspector: all residents' washrooms, the activity room, the Princess lounge next to the dining room and the resident washroom across from the dining room.

The inspector observed on June 26, 2012 that call bell pull stations in the following areas in the Teck unit did not activate when tested by the inspector: One resident washroom in Macassa Lane and five resident washrooms in Sylvanite Avenue, the Parklane Dining Room and the resident washroom across from the nurse's station.

The inspector observed on June 26, 2012 that the Versus badge attached to resident #001's clothing did not activate when tested by the inspector. The inspector brought this to the attention of staff member #S100 who confirmed that it was not functioning and required the batteries to be changed.

The licensee has failed to ensure the home is equipped with a resident-staff communication and response system that is on at all times. [O.Reg. 79/10, s.17(1)(b)] (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 10, 2012

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

Pursuant to / Aux termes de :



**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

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

The licensee shall immediately audit the resident-staff communication and response system within the home, including residents' Versus badges, pull stations in resident rooms, resident washrooms, spa rooms and common areas and shall develop a plan that will be implemented to ensure they are on at all times and can be used by residents, staff and visitors at all times.

Grounds / Motifs :

1. NOTE: THE VERSION OF IQS APPLICATION IN USE AT THE TIME OF THIS INSPECTION DOES NOT ALLOW FOR THE CREATION OF AN INSPECTION REPORT IF THERE IS A PAST DUE IMMEDIATE CO. DURING THE ONSITE INSPECTION AT TECK PIONEER RESIDENCE, SPANNING JUNE 26TH-28TH 2012, TWO IMMEDIATE CO'S WERE SERVED ON THE LICENSEE. CO #901 HAD A DATE FOR COMPLIANCE OF JULY 3RD 2012 AND CO #902 HAS A DATE FOR COMPLIANCE OF JULY 10TH 2012. WHILE THE HOME'S ADMINISTRATOR HAS SUBMITTED A COMPLIANCE PLAN ASSERTING THAT THE ACTIONS REQUIRED IN CO #901 HAVE BEEN CARRIED OUT, AN INSPECTOR HAS NOT BEEN ON SITE TO FOLLOW UP AND THEREFORE CO #901 CAN NOT BE COMPLIED IN THE IQS APPLICATION. THEREFORE, THIS CO HAS BEEN CREATED IN ORDER TO ALLOW FOR THE COMPLETION OF THIS INSPECTION REPORT BUT IT WILL NOT BE SERVED ON THE LICENSEE ~~AND IT WILL NOT BE POSTED TO THE PUBLIC WEBSITE.~~ *Please disregard* WHEN THERE IS A FOLLOW UP INSPECTION, IT WILL BE THIS CO THAT IS COMPLIED OR REISSUED.

GROUND FOR CO # 901 WERE AS FOLLOWS:

The inspector observed on June 26, 2012 that call bell pull stations in the following areas in the Tobum unit did not activate when tested by the inspector: all residents' washrooms, the activity room, the Princess lounge next to the dining room and the resident washroom across from the dining room.

The inspector observed on June 26, 2012 that call bell pull stations in the following areas in the Teck unit did not activate when tested by the inspector: One resident washroom in Macassa Lane and five resident washrooms in Sylvanite Avenue, the Parklane Dining Room and the resident washroom across from the nurse's station.

The inspector observed on June 26, 2012 that the Versus badge attached to resident #001's clothing did not activate when tested by the inspector. The inspector brought this to the attention of staff member #S100 who confirmed that it was not functioning and required the batteries to be changed.

The licensee has failed to ensure the home is equipped with a resident-staff communication and response system that is on at all times. [O.Reg. 79/10, s.17(1)(b)] (133) (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 16, 2012



**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



**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

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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**

**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*

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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 6th day of July, 2012

**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

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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

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

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jun 26, 27, 28, Jul 4, 5, 6, 2012; 2012_054133_0028; Complaint

Licensee/Titulaire de permis

CORPORATION OF THE TOWN OF KIRKLAND LAKE
3 KIRKLAND STREET WEST, POSTAL BAG 1757, KIRKLAND LAKE, ON, P2N-3P4

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

TECK PIONEER RESIDENCE
145A GOVERNMENT ROAD EAST, POSTAL BAG SERVICE 3800, KIRKLAND LAKE, ON, P2N-3P4

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 Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Director of Care, the Maintenance Coordinator, the Clinical Coordinator, Registered and non registered nursing staff, housekeeping services staff and residents.

During the course of the inspection, the inspector(s) reviewed the vulnerable sector screening certificates for 3 staff, tested the resident-staff communication and response system in the Toburn and Teck units, reviewed various policies related to infection prevention and control and reviewed training and retraining records for 10 staff.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Infection Prevention and Control

Safe and Secure Home

Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 17. Communication and response system
Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;**
- (b) is on at all times;**
- (c) allows calls to be cancelled only at the point of activation;**
- (d) is available at each bed, toilet, bath and shower location used by residents;**
- (e) is available in every area accessible by residents;**
- (f) clearly indicates when activated where the signal is coming from; and**
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The inspector observed on June 26, 2012 that call bell pull stations in the following areas in the Toburn unit did not activate when tested by the inspector: all residents' washrooms, the activity room, the Princess lounge next to the dining room and the resident washroom across from the dining room.

The inspector observed on June 26, 2012 that call bell pull stations in the following areas in the Teck unit did not activate when tested by the inspector: One resident washroom in Macassa Lane and five resident washrooms in Sylvanite Avenue, the Parklane Dining Room and the resident washroom across from the nurse's station.

The inspector observed on June 26, 2012 that the Versus badge attached to resident #001's clothing did not activate when tested by the inspector. The inspector brought this to the attention of staff member #S100 who confirmed that it was not functioning and required the batteries to be changed.

The licensee has failed to ensure the home is equipped with a resident-staff communication and response system that is on at all times. [O.Reg. 79/10, s.17(1)(b)]

Additional Required Actions:

CO # - 901, 902 were served on the licensee. ~~CO # - 901 will be served on the licensee.~~ Refer to the "Order(s) of the Inspector".
Please disregard JL

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 219. Retraining

Specifically failed to comply with the following subsections:

s. 219. (4) The licensee shall ensure that the training and retraining for staff in infection prevention and control required under paragraph 9 of subsection 76 (2) and subsection 76 (4) of the Act includes,

- (a) hand hygiene;
- (b) modes of infection transmission;
- (c) cleaning and disinfection practices; and
- (d) use of personal protective equipment. O. Reg. 79/10, s. 219 (4).

Findings/Faits saillants :

1. During the on site inspection the inspector reviewed the 2011 training records for 3 staff members of housekeeping services (S101,S102,S103) and 7 staff members of the nursing department (S104-S110). These records were provided to the inspector by the current Clinical Coordinator, whose role includes delivering the staff training and retraining program and who has been in the position of Clinical Coordinator since March 2012.

As per the "staff tracking and mandatory training" forms reviewed, one of these ten staff persons (S105) had training in infection prevention and control in 2011 that includes the four required topics. Of the nine remaining staff persons, six (S101,S103, S104, S106, S108, S109) had training in infection prevention and control in 2011 that covered only one of the four required topics (modes of infection transmission) and three (S102, S107, S110) did not have training in any of the required topics in infection prevention and control.

On July 5th 2012 the inspector interviewed the current Assistant Director of Care (ADOC) who is the former Clinical Coordinator and whose role included delivering the staff training and retraining program in 2011. The ADOC confirmed that there are no other training records to be reviewed and that the "staff tracking and mandatory training" forms reflect the education that was provided in 2011.

The licensee has failed to ensure that the training and retraining for staff in infection prevention and control includes hand hygiene, modes of infection transmission, cleaning and disinfection practices and use of personal protective equipment. [O. Reg. 79/10, s.219 (4)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following subsections:

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).

Findings/Faits saillants :

1. On the evening of June 26th 2012 the inspector noted that the exit door in the Teck Unit dining room was not locked. This door is equipped with a magnetic lock which can be engaged/disengaged with a key pad on the wall. This door leads to an unsecured outdoor area behind the home. The inspector reported this unlocked door to the nurse in charge of the building. The charge nurse informed the inspector that during the summer months this door is intentionally left unlocked to allow residents and visitors unhindered access to the sitting area outside of the dining room. The charge nurse informed the inspector that the door is locked each night, by 11pm, and then unlocked again in the morning. The inspector raised concerns about this, explaining that O. Reg 79/10 requires this door be locked. The charge nurse then locked the door. The inspector spoke with the Administrator the following morning who confirmed that this door was intentionally left unlocked during the summer months. The Administrator stated that this door would now be kept locked at all times.

The licensee has failed to ensure that all doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident or doors that residents do not have access to, are kept locked [O. Reg 79/10, s.9.(1)1.i]

2. On the evening of June 26th 2012 the inspector noted that the exit door at the end of Sylvanite Avenue in the Teck Unit was not locked. This door is equipped with a magnetic lock which can be engaged/disengaged with a key pad on the wall. This door leads to an unsecured outdoor area behind the home. The inspector reported this unlocked door to the nurse in charge of the building. The charge nurse was unable to lock the door because they did not know the numeric code to use. Approximately 2 hours later the charge nurse received a call from a colleague who informed them of the code to use to lock the door. The inspector spoke with the Maintenance Coordinator the following morning who indicated the door security system had been disengaged on the afternoon of June 26th to allow for some maintenance work to occur on the exterior of the building in that area and that it appeared that the door security system had not been reengaged after the work was completed.

The licensee has failed to ensure that all doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident or doors that residents do not have access to, are kept locked [O. Reg 79/10, s.9.(1)1.i]



**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
prévus le Loi de 2007 les
foyers de soins de longue**

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 doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident or doors that residents do not have access to, must be kept closed and locked, to be implemented voluntarily.

Issued on this 13th day of July, 2012

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

Jessica Lapensee