Ontario

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

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

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, L1K-0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, L1K-0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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
Aug 22, 2014	2014_290551_0022	O-000710-14	Resident Quality Inspection

Licensee/Titulaire de permis

ALMONTE GENERAL HOSPITAL
75 SPRING STREET, ALMONTE, ON, K0A-1A0

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

FAIRVIEW MANOR
75 SPRING STREET, ALMONTE, ON, K0A-1A0

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

MEGAN MACPHAIL (551), ANANDRAJ NATARAJAN (573), JESSICA LAPENSEE (133), RUZICA SUBOTIC-HOWELL (548), SUSAN WENDT (546), WENDY PATTERSON (556)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): August 5, 6, 7, 8, 11, 12, 13, 14 and 15, 2014.

During the course of the inspection, the inspector(s) spoke with Residents, Family Members, the Chair of the Residents' Council, the Chair of the Family Council, Personal Support Workers (PSWs), Registered Nursing Staff, the Registered Dietitian (RD), Recreation Therapy Staff, a Dietary Aid, Maintenance Staff, Housekeeping Staff, the Maintenance Lead Hand, a Receptionist, the Assistant Director of Resident Care (ADRC), the Director of Resident Care (DRC), the Vice President of Corporate Services and the President & CEO.

During the course of the inspection, the inspector(s) reviewed residents' health care records, reviewed some of the home's policies and procedures, toured residential and non-residential areas, reviewed Resident Council minutes, observed medication passes, observed meal service, observed staff to resident interactions and observed the delivery of resident care.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care

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. 10. Elevators
Specifically failed to comply with the following:

s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 10 in that the home's elevator is not equipped to restrict resident access to areas that are not to be accessed by residents.

On August 5, 2014, during the initial tour of the RQI, Inspector #556 exited the elevator through the rear (1R) door on the first floor and entered into a non-residential

area. The elevator is not equipped to restrict resident access to this area. Inspector #556 found that door #1016B, that leads into the service corridor, was unlocked. Inspector #556 therefore gained unrestricted access to the service corridor, in which she found unsecured doors leading to a housekeeping storage room, a maintenance room, and a garbage room. Within the garbage room, Inspector #556 found a door leading to the outside of the home. All of these non-residential areas were accessible to the residents. Inspector #556 found this again on August 8th, 2014, and Inspector #551 and #548 also observed it.

2. Inspector #133 joined the RQI on August 14th, 2014 and observed that both of the home's elevators have the 1R button, allowing unrestricted access to the area behind the elevators. This area is known as the "Cart Marshalling" (CM) area. In addition to door #1016B noted above, within the CM area, there is a door into a storage closet, #1024, that was closed but not locked and not supervised when observed by Inspector #133. Within the CM area there is also a door to housekeeping room #1026 and a door to marking room #1022, both closed and locked at the time of observation. Finally, there is a door to the outside of the home, #1016F, that is locked, but not alarmed as is required for such a resident accessible door, as per O. Reg. 79/10, s.9 (1) 1. iii. This has been addressed as non-compliance in other areas of this inspection report.

The CM area is not an area that is to be accessed by residents.

Inspector #133 made numerous observations of door #1016B on August 14th, 2014. When the door is opened, it sometimes closes under its own weight, and other times the air pressure in the area prevents the door from closing fully. If the door is very nearly closed, the force of the magnetic locking device can pull the door shut when it reengages. If the door is left open slightly more, the magnetic lock device can not pull it shut. This depends on what other doors are being opened and closed at the time. This was observed in the company of the Director of Resident Care. This was discussed with the home's lead hand for maintenance, as well as with the Vice President of Corporate Support Services. It is acknowledged that this door is problematic, in that it does not consistently close under its own weight.

The lack of elevator door security presents a potential risk to residents of the home, particularly those who may exhibit wandering or exit seeking behaviors. Within the area behind the elevator, there is a door to the outside that is not alarmed. As well, there is a door that leads into a service corridor that does always not close and lock

under its own weight. [s. 10. (1)]

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. 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, 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).

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

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s.9 (1) 1. iii. in that not all resident accessible doors leading to the outside of the home or to stairways are equipped with a door alarm as specifically prescribed. This is related to eight doors -

four stairway doors, the inner front exit door, the inner back exit door, the door leading from the home into the hospital cafeteria, and the exit door within the Cart Marshalling area.

1.1 - On August 14th, 2014, Inspector #133 joined the RQI. As the Inspector was addressing door security concerns that had been observed by Inspector #556 on August 5th and 8th, 2014, it was noted that there is an audio visual enunciator panel at the Garden Walk nursing station, as well as in the business office, that is linked to all secured doors in the home. On these panels, there is a toggle for each door on the system. Through testing, it was determined that when a door has been opened and is sounding an alarm, the alarm can be cancelled by pressing the associated toggle down. As well, in the absence of a sounding alarm, by pressing the associated toggle down, both the locking function and alarm function for that door is disabled. This does not comply with the requirement that door alarms can only be cancelled at the point of activation.

1.2 - Further to the above, it was observed that a door alarm stops sounding as soon as the door closes.The alarms self-cancel. Where door alarms are connected to an audio visual enunciator that is connected to the nurses' station nearest to the door, there must be a manual reset switch at each door. The intention of this requirement is that the alarm be cancelled by a person, not by the door itself. The person who cancels the alarm is to verify that there has not been unintended exiting through the door, such as by a resident that is exit seeking.

1.3 - Finally, it is noted that with regards to nurse stations, there is only one audio visual enunciator. It is in the Garden Walk care unit, at the nurse station. This is not the closest nurse station to all doors that require an alarm, for example, the stairway door at the back of the Heritage/Old Mill Place care units.

1.4 - As noted elsewhere in this inspection report, neither of the home's two elevators are equipped to restrict resident access to the area behind the elevators, known as the cart marshalling (CM) area.

1.5 - As the elevators are not secured, the CM area is resident accessible. The CM area is a service area, with housekeeping, storage, and laundry marking rooms. Within the CM area there is also a door that leads to the outside of the home, to the rear of the building, that is locked. The door is not however equipped with an alarm.

1.6 - In addition to the elevator doors, the CM area can be accessed by two doors, one of which is next to the DOC's office. The other door is at the end of a corridor, behind the chapel, next to the volunteer services door. At 10:26am on August 14th, 2014, Inspector #133 found that the door (behind the chapel, next to the volunteer services door) was not locked, although it is equipped with a locking mechanism. There were no staff within visual range at the time of observation. This is an area that sees heavy staff traffic, and staff do not stay in the area until the locking mechanism reengages, after they have gone through the door. The inspector entered into the CM area and did not find any staff present, supervising the area. As a result, the CM area was accessible to residents, as was the door to the outside, by way of this unsecured door, at the time of observation.

1.7 - These widespread door alarm deficiencies present potential risk to residents, particularly to those who may exhibit responsive behaviors, such as wandering or exit seeking. [s. 9. (1)]

2. The licensee has failed to comply with O. Reg. 79/10, s.9 (1) 1. i. in that not all resident accessible doors leading to the outside of the home are kept closed and locked. This is related to the door within a garbage room.

On August 5, 2014, during the initial tour of the RQI, Inspector #556 exited one of the elevators through the rear (1R) door on the first floor and entered into a vestibule known as the cart marshalling (CM) area. The elevator is not equipped to restrict resident access to this area, as is required by O. Reg. 79/10, s. 10, which is captured as non-compliance in other areas of this inspection report. As a result, all doors that lie beyond the elevator were resident accessible, and door security requirements therefore applicable.

In the CM area, Inspector #556 found door #1016B, that leads into a service corridor. This door is equipped with a lock, but it was not locked, and it was not supervised by staff. As a result, all areas beyond door #1016B were resident accessible.

Within the service corridor, beyond door #1016B, one of the areas that Inspector #556 gained access to was a garbage room. The door leading into this room is equipped with a lock, but it was not locked. Within the garbage room, Inspector #556 found an unlocked exit door, that leads to the outside of the home, to the rear of the building. The area was not being supervised by staff.

Inspector #556 brought the unrestricted access to the service corridor, via door #1016B, to the attention of the Maintenance Lead Hand, who stated that someone had turned the magnetic locking device (mag lock) off. The mag lock was reset, and the door leading into the service corridor was secured, thereby rendering the garbage room door inaccessible to residents.

On August 8, 2014, Inspector #556 again exited the elevator through the rear (1R) door on the first floor, entered into the CM area, and found door #1016B not fully closed. The latch on the door had not engaged, and therefore all doors beyond were resident accessible. Inspector #556 again gained unrestricted access into the service corridor, and noted that the door leading into the garbage room was not locked. Inspector #556 again found that within the garbage room, the door leading to the outside of the home was not locked. Inspector #551 and #548 also observed this.

It is noted that door #1016B is known to be problematic, in that it does not always close and latch under its own weight, due to air pressure issues presented when certain doors in the area are opened at the same time as door #1016B is closing.

The door leading to the outside of the home, within the garbage room, that was resident accessible on two occasions during the RQI, was not kept closed and locked as is required for such a door. That this door was found unsecured and unsupervised presented potential risk to residents, particularly for any resident that may exhibit responsive behaviours such as wandering or exit seeking.

2.1 - The licensee has failed to comply with O. Reg. 79/10, s.9 (1) 1. i. in that not all resident accessible doors leading to the outside of the home are kept closed and locked. This is related to the door that leads into the hospital cafeteria.

On August 14th, 2014, at 11:13am, Inspector #133 was able to pull open door #1048A, that leads to the hospital cafeteria, which is considered as outside of the home. While this door is equipped with a lock, the door was not locked. There were no staff within visual range of this door or within the area at the time. This door sees heavy staff traffic, and staff do not stay in the area after going through this door to ensure the lock reengages. It is likely that a staff person had recently gone through the door, and had made it through the area by the time the inspector arrived. Going through this door, #1048A, the inspector walked through the cafeteria, then into the link corridor, behind the hospital kitchen. Further along the link corridor, the inspector found an elevator, and in the elevator, the 2R button can be pressed which opens the

back elevator door, giving unrestricted access to the shipping/receiving room, in which there was an unsecured door to the outside. In the immediate area of the elevator, there is an unsecured stairwell (#2) door, and within the stairwell there was an unsecured door to the outside. Further down the corridor, is the entry into a surgical/medical unit, and within this unit, stairwell #4. This stairwell is not secured, and within the stairwell, there is an unsecured door to the outside.

Door #1048A, leading into the hospital cafeteria from the home, is a critical barrier. The hospital cafeteria is considered as outside of the home. That this door was found unsecured and unsupervised presented potential risk to residents, particularly for any resident that may exhibit responsive behaviours such as wandering or exit seeking. [s. 9. (1)]

3. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 2. in that the licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and that those doors are be kept closed and locked when they are not being supervised by staff.

Non-residential areas are those in which residents do not customarily receive care and/or services.

On August 5, 2014 during the initial tour of the RQI Inspector #556 exited the elevator through the rear (1R) door on the first floor. This led the inspector into a vestibule (known as the cart marshalling area), in which door #1016B was unlocked and not being supervised by staff. Through door #1016B, Inspector #556 had unrestricted access into a service corridor. As a result, all doors within the service corridor were resident accessible, and should have been closed and locked if not supervised by staff.

In the service corridor, Inspector #556 found an unsecured door, leading into the chemical storage room, #E1009, that was not being supervised by staff. Although equipped with a lock, the lock had not been engaged. The room contained a variety of cleaning products.

In the service corridor, Inspector #556 found a second unsecured door, leading into a maintenance room, #E1023, that was not being supervised by staff. Although equipped with a lock, the lock had not been engaged. The room contained tools.

In the service corridor, Inspector #556 found a third unsecured door, leading into the garbage room, #1019, that was not being supervised by staff. Although equipped with a lock, the lock had not been engaged. Within this room, the inspector found an unlocked door, leading to the outside of the home. This resident accessible exit door, leading to the outside, was in no way secured, which has been addressed in other areas of this inspection report.

Inspector #556 brought the unrestricted access to the service corridor, via door #1016B, to the attention of the Maintenance Lead Hand, who stated that someone had turned the magnetic locking device (mag lock) off. The mag lock was reset, and the door leading into the service corridor was secured.

On August 8, 2014 Inspector #556 again exited the elevator through the rear (1R) door on the first floor, entered into the vestibule known as the cart marshalling area (CM), and found door #1016B not fully closed. The latch on the door had not engaged, and therefore all doors beyond were resident accessible.

Inspector #556 again gained unrestricted access into the service corridor, and found that the doors leading into the chemical room, #E1009, the maintenance room, #E1023, and the garbage room, #1019, were not locked and were not being supervised by staff. Inspector #556 again found that within the garbage room, the door leading to the outside of the home was not locked. Inspector #551 and #548 also observed this.

In an interview with Housekeeping staff #S116 stated to Inspector #556 that there have been previous occasions when door #1016B has not fully closed and locked, but that the door should be locked.

Maintenance staff #115 stated to Inspector #556 that door #1016B has been malfunctioning for at least six months and that it has brought to the attention of the Maintenance Lead Hand who has had an outside contractor in to try to fix it, but the door continues to malfunction.

Inspector #556 went back and forth through door #1016B six times, two of those times with the Maintenance staff #115, and the door did not close and lock. [s. 9. (1) 2.]

4. The area behind the elevators is commonly known as the cart marshalling (CM) area. Inspector #133 made numerous observations of door #1016B on August 14th,

2014, within the CM area. When the door is opened, it sometimes closes under its own weight, and other times the air pressure in the area prevents the door from closing fully. If the door is very nearly closed, the force of the magnetic locking device can pull the door shut when it reengages. If the door is left open slightly more, the magnetic lock device can not pull it shut. This depends on what other doors are being opened and closed at the time. This was observed in the company of the Director of Resident Care. This was discussed with the Maintenance Lead Hand, as well as with the Vice President of Corporate Support Services. It is acknowledged that this door is problematic, in that it does not consistently close under its own weight. This door, #1016B, does not serve as a reliable barrier to the service corridor, and therefore it is critical that all doors beyond be kept closed and locked when not being supervised by staff. The CM area is resident accessible via the unrestricted elevators.

4.1 - In addition to the elevator doors, the CM area can be accessed by two doors, one of which is next to the DOC's office. The other door is at the end of a corridor, behind the chapel, next to the volunteer services door. At 10:26am on August 14th, 2014, Inspector #133 found that the door(behind the chapel, next to the volunteer services door) was not locked, although it is equipped with a locking mechanism. There were no staff within visual range at the time of observation. This is an area that sees heavy staff traffic, and staff do not stay in the area until the locking mechanism reengages, after they have gone through the door. The inspector entered into the CM area and did not find any staff present, supervising the area. As a result, the CM area was accessible to residents, as was door #1016B that leads to the service corridor, by way of this unsecured door, at the time of observation.

That doors leading to non-residential areas were found to be unlocked and unsupervised presents as a potential risk to residents of the home, particularly to those who may exhibit responsive behaviors such as wandering or exit seeking. [s. 9. (1) 2.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".
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 resident accessible doors that lead to the outside of the home be kept closed and locked, as per O. Reg. 79/10, s. 9 (1) 1. i. This is specifically related to two doors. The garbage room (#1019) door was resident accessible due to preceeding door failures and the fact that the elevators are not secured as is required. Door #1048A, that leads from the home into the hospital, was unlocked likely because a staff person had recently gone through the door and not waited for the lock to reengage before leaving the area. The licensee is to ensure that residents can not access the garbage room, or ensure that at all times the door is kept closed and locked. The licensee is to ensure that staff supervise the area beyond door #1048A after they go through it, until the locking mechanism re-engages, so that residents never have unsupervised access to this door when it is not locked. This plan is, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. O. Reg 79/10, s. 68 (2) (a) states that the organized program of nutrition care and dietary services and the organized program of hydration include the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services

and hydration.

The Hydration and Nutrition Monitoring policy and procedure (V-11-I-10.08, Date revised: June 2014) states "All resident's hydration and nutrition will be monitored and recorded daily and, unless specific care plans indicate a restriction, residents are offered a minimum fluid intake as per assessed daily needs in a variety of consistencies".

Resident #013 was assessed as consuming an inadequate amount of fluids in the past five Minimum Data System (MDS) assessments.

Resident #013's care plan in effect at the time of the inspection stated that he/she is at high nutritional risk in part due to inadequate fluid intakes and constipation. His/her daily fluid requirement was stated as a specific amount per day.

The RD was interviewed and stated that Resident #013 would be expected to meet his/her fluid requirement from beverages consumed, from foods eaten, from foods or beverages given during medication passes and from daily routine.

S#134 was interviewed and stated that the PSWs are expected to document the intake of each resident's food and fluids at each meal and snack. S#135 was interviewed and stated that it is the responsibility of the registered staff to ensure that the food and fluid flow sheets are filled out by the PSWs.

Resident #013's Daily Food and Fluid Intake Record and Nourishment Intake Record from August 1-13, 2014 were reviewed. These records track the resident's intake of fluids six times daily (breakfast, AM, lunch, PM, supper, HS).

Between August 1 and 13, 2014, Resident #113's intake of fluids was not recorded 15/78 times or 19%.

Resident #113's documented average intake of fluids between August 1 and 13, 2014 was below his/her care planned requirement.

The Hydration and Nutrition Monitoring policy and procedure was not complied with as it relates to the recording of the Resident #013's hydration and offering a minimum fluid intake as per assessed need. [s. 8. (1) (b)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

On August 6, 2014, Inspector #551 observed that Resident #001's wheelchair frame was unclean, and that Resident #017's wheelchair frame and wheels were unclean and with debris.

On August 7, 2014, Inspector #551 observed that Resident #002's wheelchair frame was unclean, and that Resident #005's wheelchair wheels were unclean. On August 7, 2014, Inspector #548 observed that Resident #018's wheelchair around the seat was unclean and with debris.

Four of the five residents reside on Garden Walk.

S#122 and S#123 were interviewed by Inspector #548 and indicated that it was the responsibility of the PSWs working the night shift to clean the residents' wheelchairs. S#122 indicated that there is a weekly cleaning list for each resident's wheelchair. S#122 indicated that once the wheelchair is cleaned, the PSW initials the Wheelchair and Walker Cleaning document indicating that the task has been completed.

On August 13, 2014, the Director of Resident Care (DRC) provided Inspector #548 with Wheelchair and Walker Cleaning Lists for Garden Walk dated August 11, 2014 and July 2014. The DRC indicated that the Wheelchair and Walker Cleaning List is used for the full month, and that there are scheduled cleaning days for each resident

who has a wheelchair or walker. The DRC indicated that it is expected that the night registered nurse verify that the wheelchairs and walkers have been cleaned, and that the PSWs initial the document when the task is completed.

On August 13, 2014, the DRC indicated that she had spoken to the night nurse to verify that the wheelchairs had been cleaned on Garden Walk.

According to the DRC's statement that the Wheelchair and Walker Cleaning List is used for the full month, and specific to the residents on Garden Walk, Resident #001 and #017's wheelchairs would have been cleaned two days prior to Inspector #551's observation on August 6, 2014 (on August 4, 2014) and again on August 11, 2014.

According to the Wheelchair and Walker Cleaning List for July 2014, Resident #002's wheelchair was cleaned on July 30, 2014 and Resident #005's wheelchair was cleaned on July 31, 2014. Both wheelchairs were scheduled to be cleaned the following week.

On August 13, 2014 it was observed by Inspector #548 that Resident #001's and #005's wheelchairs remained in the same state of uncleanliness as previously observed on August 6 and 7, 2014, respectively. [s. 15. (2) (a)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that residents are offered immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedules.

Inspector #548 reviewed Resident #014, #015 and #016's health care records and was not able to find documentation indicating that these residents were offered immunization against tetanus and diphtheria following admission to the home.

The home's admission package was reviewed. Immunization against tetanus and diphtheria is not listed among the testing and vaccinations offered to residents on admission to the home.

The DRC was interviewed on August 14, 2014 and informed Inspector #548 that the home does not offer residents immunization against tetanus and diphtheria. [s. 229. (10) 3.]

Issued on this 22nd day of August, 2014

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

Ontario

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

Ministére 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

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) :	MEGAN MACPHAIL (551), ANANDRAJ NATARAJAN (573), JESSICA LAPENSEE (133), RUZICA SUBOTIC-HOWELL (548), SUSAN WENDT (546), WENDY PATTERSON (556)
Inspection No. / No de l'inspection :	2014_290551_0022
Log No. / Registre no:	O-000710-14
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Aug 22, 2014
Licensee / Titulaire de permis :	ALMONTE GENERAL HOSPITAL 75 SPRING STREET, ALMONTE, ON, K0A-1A0
LTC Home / Foyer de SLD :	FAIRVIEW MANOR 75 SPRING STREET, ALMONTE, ON, K0A-1A0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Mary Wilson Trider

To ALMONTE GENERAL HOSPITAL, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

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

Ministére 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. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

Order / Ordre :

The licensee shall ensure that both elevators are equipped to restrict resident access to the area, known as the cart marshalling, behind the elevators, that is not to be accessed by residents. Until such time as the elevators are secured, the licensee will implement measures to ensure resident safety, related to the possibility of unsupervised access to this area.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 10 in that the home's elevator is not equipped to restrict resident access to areas that are not to be accessed by residents.

On August 5, 2014, during the initial tour of the RQI, Inspector #556 exited the elevator through the rear (1R) door on the first floor and entered into a non-residential area. The elevator is not equipped to restrict resident access to this area. Inspector #556 found that door #1016B, that leads into the service corridor, was unlocked. Inspector #556 therefore gained unrestricted access to the service corridor, in which she found unsecured doors leading to a housekeeping storage room, a maintenance room, and a garbage room. Within the garbage room, Inspector #556 found a door leading to the outside of the home. All of these non-residential areas were accessible to the residents. Inspector #556 found this again on August 8th, 2014, and Inspector #551 and #548 also observed it.

2. Inspector #133 joined the RQI on August 14th, 2014 and observed that both of the home's elevators have the 1R button, allowing unrestricted access to the area behind the elevators. This area is known as the "Cart Marshalling" (CM) area. In addition to door #1016B noted above, within the CM area, there is a

door into a storage closet, #1024, that was closed but not locked and not supervised when observed by Inspector #133. Within the CM area there is also a door to housekeeping room #1026 and a door to marking room #1022, both closed and locked at the time of observation. Finally, there is a door to the outside of the home, #1016F, that is locked, but not alarmed as is required for such a resident accessible door, as per O. Reg. 79/10, s.9 (1) 1. iii. This has been addressed as non-compliance in other areas of this inspection report.

The CM area is not an area that is to be accessed by residents.

Inspector #133 made numerous observations of door #1016B on August 14th, 2014. When the door is opened, it sometimes closes under its own weight, and other times the air pressure in the area prevents the door from closing fully. If the door is very nearly closed, the force of the magnetic locking device can pull the door shut when it reengages. If the door is left open slightly more, the magnetic lock device can not pull it shut. This depends on what other doors are being opened and closed at the time. This was observed in the company of the Director of Resident Care. This was discussed with the home's lead hand for maintenance, as well as with the Vice President of Corporate Support Services. It is acknowledged that this door is problematic, in that it does not consistently close under its own weight.

The lack of elevator door security presents a potential risk to residents of the home, particularly those who may exhibit wandering or exit seeking behaviors. Within the area behind the elevator, there is a door to the outside that is not alarmed. As well, there is a door that leads into a service corridor that does always not close and lock under its own weight. (133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Nov 24, 2014

Order # / Ordre no : 002

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 shall ensure that all resident accessible doors that lead to stairways, or resident accessible doors that lead to the outside of the home are equipped with an alarm as prescribed. At the time of the RQI, this was applicable to 8 doors.

In order to achieve this, the licensee shall specifically ensure the following:

a) The audible door alarm can only be cancelled at the point of activation, which is the door. Door alarms cannot be cancelled from the panels located in the business office and in the Garden Walk unit. Access to the panel door toggles must be restricted to key management personnel only.

b) All applicable doors shall be equipped with a manual reset switch that serves to cancel a sounding alarm. Door alarms cannot self cancel, when the door closes. A person must cancel a sounding alarm from the door which has activated it.

c) If the cart marshalling (CM) area, behind the elevators, is to remain resident accessible, then the door leading to the outside in the area (#1016F) be equipped with a door alarm as fully prescribed. It was the RQI inspector's understanding that the licensee intends to ensure the cart marshalling area is fully secured, and is not to be a resident accessible area. Until such time as the CM area is fully secured, the licensee must implement measures to ensure resident safety related to access to this unalarmed exit door.

d) Every door alarm must be connected to an audio visual enunciator that is connected to the nurses' station nearest to the door. Specifically, this is in question for the second level stairway doors, but must be assessed for each door.

It is noted that the licensee had in place an audio visual enunciator at the Garden Walk nurse station, at the time of the RQI, implying the intent to comply with O. Reg. 79/10, s. 9 (1) 1 option B. Should the licensee choose to implement option A (audible doors alarms be connected to the resident-staff communication and response system), then the licensee must ensure full compliance with O. Reg. 79/10, s. 17.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s.9 (1) 1. iii. in that not

all resident accessible doors leading to the outside of the home or to stairways are equipped with a door alarm as specifically prescribed. This is related to eight doors - four stairway doors, the inner front exit door, the inner back exit door, the door leading from the home into the hospital cafeteria, and the exit door within the Cart Marshalling area.

1.1 - On August 14th, 2014, Inspector #133 joined the RQI. As the Inspector was addressing door security concerns that had been observed by Inspector #556 on August 5th and 8th, 2014, it was noted that there is an audio visual enunciator panel at the Garden Walk nursing station, as well as in the business office, that is linked to all secured doors in the home. On these panels, there is a toggle for each door on the system. Through testing, it was determined that when a door has been opened and is sounding an alarm, the alarm can be cancelled by pressing the associated toggle down. As well, in the absence of a sounding alarm, by pressing the associated toggle down, both the locking function and alarm function for that door is disabled. This does not comply with the requirement that door alarms can only be cancelled at the point of activation.

1.2 - Further to the above, it was observed that a door alarm stops sounding as soon as the door closes.The alarms self-cancel. Where door alarms are connected to an audio visual enunciator that is connected to the nurses' station nearest to the door, there must be a manual reset switch at each door. The intention of this requirement is that the alarm be cancelled by a person, not by the door itself. The person who cancels the alarm is to verify that there has not been unintended exiting through the door, such as by a resident that is exit seeking.

1.3 - Finally, it is noted that with regards to nurse stations, there is only one audio visual enunciator. It is in the Garden Walk care unit, at the nurse station. This is not the closest nurse station to all doors that require an alarm, for example, the stairway door at the back of the Heritage/Old Mill Place care units.

1.4 - As noted elsewhere in this inspection report, neither of the home's two elevators are equipped to restrict resident access to the area behind the elevators, known as the cart marshalling (CM) area.

1.5 - As the elevators are not secured, the CM area is resident accessible. The CM area is a service area, with housekeeping, storage, and laundry marking rooms. Within the CM area there is also a door that leads to the outside of the

home, to the rear of the building, that is locked. The door is not however equipped with an alarm.

1.6 - In addition to the elevator doors, the CM area can be accessed by two doors, one of which is next to the DOC's office. The other door is at the end of a corridor, behind the chapel, next to the volunteer services door. At 10:26am on August 14th, 2014, Inspector #133 found that the door (behind the chapel, next to the volunteer services door) was not locked, although it is equipped with a locking mechanism. There were no staff within visual range at the time of observation. This is an area that sees heavy staff traffic, and staff do not stay in the area until the locking mechanism reengages, after they have gone through the door. The inspector entered into the CM area and did not find any staff present, supervising the area. As a result, the CM area was accessible to residents, as was the door to the outside, by way of this unsecured door, at the time of observation.

1.7 - These widespread door alarm deficiencies present potential risk to residents, particularly to those who may exhibit responsive behaviors, such as wandering or exit seeking. (133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 24, 2014

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

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.

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, 11e 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.

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 22nd day of August, 2014

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Megan MacPhail

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