



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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 10, 2016	2016_293554_0014	015625-16, 015828-16, 019664-16	Critical Incident System

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

BALLYCLIFFE LODGE NURSING HOME
70 STATION STREET AJAX ON L1S 1R9

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

KELLY BURNS (554)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 20-22, 24, 28-30, and July 04-05, 2016

Intakes reviewed and inspected upon were # 015625-16, #015828-16, and #019664-16

Summary of Intakes:

- 1) #015625-16 - Critical Incident Report - incident that causes injury to a resident for which the resident is taken to hospital and which results in a significant change in the resident's health; specific to resident #027.**
- 2) #015828-16 - Critical Incident Report - missing person <= three hours; specific to resident #001.**
- 3) #019664-16 - Critical Incident Report - staff to resident verbal abuse allegation; specific to resident #028.**

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Chartwell Nurse Consultant, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Housekeeping Staff, Environmental Services Manager, Behaviour Support Staff, RAI-Coordinator, Quality Nurse, Residents and Families.

During the course of the inspection, the inspector, toured the home, reviewed clinical health records, correspondence between resident substitute decision maker and specific management staff, the home's investigational notes, door code audits, service repair invoices for a identified date, observed staff to resident interactions, reviewed home specific policies, specifically Emergency Response-Code Yellow, Resident Abuse -Abuse Prevention Program, Resident Falls.

The following Inspection Protocols were used during this inspection:



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**Critical Incident Response
Falls Prevention
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA, 2007, s. 5, by not ensuring that the home is a safe and secure environment for its residents.

The Director of Care submitted a Critical Incident Report (CIR) to the Director on a specific date, regarding a missing resident. The incident was said to have occurred the day prior to CIR submission. This incident involved resident #001, who has a cognition impairment, and is at risk for falls.

Details of the incident are as follows:

Registered Nurse (RN) #101 indicated that it was reported to him/her, that resident #001 was missing from the long-term care home. A Personal Support Worker reported that a co-resident had witnessed resident #001 exiting the doors of the long-term care home.

A code yellow was initiated and resident #001 was located. Resident #001 cooperatively returned to the long-term care home accompanied by staff. According to the CIR, and interviews with Registered Nursing Staff and Management, resident #001 did not sustain injury.

During the home's investigation of the incident, which occurred, it was determined that the meg-lock on the west corridor exit malfunctioned and meg-lock (coded door and alarm) was giving a false reading that the door was secure.

Registered Nurse #101 and the Environmental Services Manager indicated that "a draft of wind" was preventing the meg-lock (coded door and alarm), on the west corridor door, from latching and or locking properly. Both indicated that the west corridor exit alarm was showing a false reading; the door appeared secure, but it was in actuality not locking due to the draft of wind, hence resident #001 was permitted to push on the door and exit the home into the courtyard. Registered Nurse #101 and the Environmental Services Manger further indicated that the gate beyond the courtyard was also not locked, which intern allowed resident #001 to leave the long-term care home's property.

Registered Nurse #101, the Environmental Services Manager and the Administrator, all indicated that the west corridor exit, as well as the courtyard gate should have both been locked and or secured. [s. 5.]



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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 to ensure there is a process in place and monitored, to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.

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; O. Reg. 363/11, s. 1 (1, 2).**

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

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

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

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1), by not ensuring all doors leading to stairways and to the outside of the home other than doors leading to a secured outside area that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be, kept closed and locked.

Resident #001 has a history which includes cognitive impairment. Resident #001 exhibits known responsive behaviours.

The clinical health record, for Resident #001, was reviewed for the period of approximately seven months. The review identified the following:

- on a specified date – Resident #001 was found in the stairwell, coming up from the basement to the first floor, unaccompanied.
- on a specified date – Resident #001 was found by housekeeping staff walking up the northwest stairwell from the basement.

Registered Practical Nurses (RPN) #120 and #121, both indicated that the northwest door, which exits from the resident home area, into the stairwells has been problematic; both indicated the meg-lock (coded door and alarm) doesn't always latch/lock properly and hence allows residents to exit the resident home area and enter the stairwells. RPN's indicated that there is a sign on the doors reminding staff to ensure the door latches or locks upon use of the said door.

Registered Practical Nurse #105, who is the Charge Nurse on the resident home area, confirmed that the northwest door is to be locked to prevent residents from exiting the resident home area, but at times the door, which is to be secured doesn't always latch/lock, rendering the northwest door to not be secured.

The Environmental Services Manager, and the Director of Care, both indicated it is an expectation that doors leading to stairways and or doors that residents do not have access to must be, kept closed and secured/locked. [s. 9. (1)]



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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 to ensure there is a process in place and monitored, ensuring that all doors leading to stairways or doors that residents do not have access to, must be, kept closed and locked, to be implemented voluntarily.

Issued on this 11th day of August, 2016

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

Original report signed by the inspector.