



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 24, 2014	2014_189120_0016	H-000086-14	Other

Licensee/Titulaire de permis

BLACKADAR CONTINUING CARE CENTRE INC.
101 CREIGHTON ROAD, DUNDAS, ON, L9H-3B7

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

BLACKADAR CONTINUING CARE CENTRE
101 CREIGHTON ROAD, DUNDAS, ON, L9H-3B7

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

BERNADETTE SUSNIK (120), IRENE PASEL (510)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): March 5 & 6, 2014

During the course of the inspection, the inspector(s) spoke with the Licensee (owner), Administrator, Environmental Services Supervisor, Director of Care, maintenance person, personal support workers and residents.

During the course of the inspection, the inspector(s) toured the whole home, measured lighting levels using a light meter, tested door security and resident-staff communication and response systems and reviewed the home's policies and procedures.

The following Inspection Protocols were used during this inspection:



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

Accommodation Services - Housekeeping
 Accommodation Services - Maintenance
 Infection Prevention and Control
 Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



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

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).

Findings/Faits saillants :



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

1. The licensee did not ensure that all doors leading to stairways were equipped with an audible door alarm and that the doors were connected to an audio visual enunciator that was connected to the nurse's station nearest to the door.

Two stairwells, one located on either side of the building, had 3 doors or points of access from within the building. These access points were located on the 1st, 2nd and 3rd floors. The doors were equipped with a door access control system (magnetic lock and keypad) which kept the doors locked during the inspection. However, the doors were not connected in any way to the audio visual enunciators located at the nurses' stations on the corresponding floors. An enunciator was not available on the 1st floor. None of the doors had an audible door alarm when tested. The wall mounted enunciators on both 2nd and 3rd floor were observed to contain just enough visual indicators for the rooms, tub room and exterior doors but not the interior stairwell doors. [s. 9(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. 17.
Communication and response system**

Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 17 (1).**
- (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
- (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
- (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
- (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
- (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
- (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).**



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

Findings/Faits saillants :

1. The resident-staff communication and response system (RSCRS) was not made available in every area accessible by residents. On March 5, 2014, observations were made that activation stations were not made available in the 1st, 2nd and 3rd floor dining rooms, 1st floor activity room and hair salon. Confirmation was also made by reviewing the existing enunciator panels located at the nurses' stations. The panels did not have any visual indicators for the areas identified without an activation station. [s. 17. (1) (e)]

2. The resident-staff communication and response system (RSCRS), which uses sound to alert staff, was not properly calibrated so that the level of sound was audible to staff. The home's current RSCRS only produced sound at the enunciator panel located at the 2nd and 3rd floor nurses' stations. The sound that was produced had to transmit from the nurses' station down a long corridor to the very last resident room. The sound was therefore very loud and bothersome for staff sitting at the nurses' desk who were observed taking phone calls. During the inspection, the sound could not be heard while in a resident's room, especially when other noises such as televisions and conversations were occurring. No additional speakers transmitting the sound was found in any of the corridors. The sound system, if spread along the corridors could be calibrated so that it produces a lower decibel of sound at the nurses' station and in general but could still be heard in resident rooms. [s. 17(1)(g)]

Additional Required Actions:

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



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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :



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

1. The licensee did not maintain the lighting requirements as set out in the lighting table.

Light illumination levels were taken of some areas of the home, using a self calibrating Sekonik Handy Lumi light meter, held at waist height with the light source either above the meter or in front of the meter. Outdoor conditions were sunny during the measurements. Areas not measured do not automatically indicate that they are compliant.

Second and third floor corridors were equipped with fluorescent tube lighting covered in an opaque cover attached to walls. Wall sconces were also provided, situated in between the tube lights. The lux levels were not a consistent and continuous 215.28 but fluctuated between 25 and 290 lux as the meter was carried down the corridor.

Resident bathrooms were measured to have various levels of lux, depending on the age of the light bulbs or the type of fixture in the bathroom. Bathroom #216 was measured to be 100 lux over the toilet area and 200 lux over the sink (under the light). Bathroom #207 was measured to have 10 lux over the toilet area and 100 lux over the sink area. A minimum general lux of 215.28 is required. When the meter was held in place centrally in the room, the lux levels fell well below the minimum requirement of 215.28 lux.

Resident bedrooms did not have any general room lighting except for a reading light over the bed. When the window curtains were pulled and all the reading lights illuminated, the lux was 50 in the center of the room. The required general room lux of 215.28 was not maintained. [s. 18]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 19. Generators



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

Specifically failed to comply with the following:

s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Findings/Faits saillants :

1. The home did not have access to a generator on December 22, 2013 that could maintain the full heating system, elevator, dietary services equipment, such as refrigeration and hot holding equipment to store food at safe temperatures and food preparation equipment such as steamers, mixers, ovens and stoves. The home was without these essential services for approximately 6 hours, beginning at 1:30 p.m. when a local area power disruption occurred due to a winter storm. The home did have a smaller generator on site at the time but it was only able to provide power to the emergency lighting, some electrical outlets, magnetic locks on the stairwell and perimeter doors, hot water boiler pumps (which provided some heat) and the resident-staff communication and response system. The administrator reported that care and services were augmented to ensure residents remained safe and comfortable. [s. 19 (4)]

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 that the home has guaranteed access to a generator which will maintain all essential services and is operational within 3 hours of a power outage, to be implemented voluntarily.

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 87.
Housekeeping**



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

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee did not ensure that procedures were implemented with respect to the cleaning and disinfection of devices such as bed pans (slipper pans).

Dirty slipper pans (with fecal or urine stains or a heavy amount of dust) were identified in numerous resident rooms over a two day period. The pans were found under the sinks sitting on shelves. The home's procedures titled "Cleaning and disinfecting of equipment" requires staff to clean and disinfect the pans after each use using ED disinfectant. [s. 87(2)(b)]

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 that procedures are implemented with respect to the cleaning and disinfection of devices such as bed pans, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



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

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee did not ensure that all staff, including any service providers, who had entered into an agreement with the home and was therefore considered a staff member, participated in the implementation of the infection prevention and control program related to outbreak control measures.

On March 5, 2014, a foot care service provider who was conducting foot care for residents could not verify that they were sterilizing foot care instruments between resident use. Multiple nail clippers were observed sitting in a small plastic container in a clear liquid solution. The provider could not produce the liquid product for inspection and confirmation that the product was an approved sterilant. The provider conducted foot care for numerous residents in both the 2nd and 3rd floor the tub rooms, neither of which had a hand sink or sink in which to wash the instruments prior to immersion in a liquid sterilant. Inadequate cleaning and sterilization of foot care instruments which may come into contact with bodily fluids have the potential to spread blood-borne diseases such as Hepatitis B. [s. 229(4)]

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 that all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans



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

Specifically failed to comply with the following:

s. 230. (5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation. O. Reg. 79/10, s. 230 (5).
2. Lines of authority. O. Reg. 79/10, s. 230 (5).
3. Communications plan. O. Reg. 79/10, s. 230 (5).
4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).

Findings/Faits saillants :

1. The emergency plan related to a loss of power did not address the following components:

2. Lines of authority
3. Communications plan
4. Specific staff roles and responsibilities.
[s. 230(5)]

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 that the emergency plans address the required components, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :



1. The licensee did not have any schedules or preventive maintenance procedures in place for flooring condition and furnishings.

No remedial plan or schedule was in place for correcting the condition of the dishwasher room terrazzo floor. The concrete floor was identified to be eroded down to the exposed rock fragments, creating a rough surface that could not be cleaned. Terrazzo floors, without an adequate seal and proper floor maintenance is naturally porous and can become damaged by water and foot traffic as was identified.

No remedial plans or schedule was in place to address the cracking floor tiles identified in corridors at the transition points to various resident rooms 301, 302, 215, 207, 305. According to the maintenance person, the tiles are no longer available for purchase and new tiles would be thicker than the existing tiles.

Procedures were available for the condition of over bed tables which identified that they are to be annually audited, however three tables were found to be in poor condition (exposed and rough particle board) in rooms 214 and 215. A wardrobe or night table was in poor condition in room 203. Shelving was in poor condition in both soiled utility rooms, with exposed and rough particle board. [s. 90(1)(b)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,

- i. a breakdown or failure of the security system,**
- ii. a breakdown of major equipment or a system in the home,**
- iii. a loss of essential services, or**
- iv. flooding.**

O. Reg. 79/10, s. 107 (3).



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

Findings/Faits saillants :

1. The licensee did not inform the Director after an occurrence of an incident related to the loss of essential services which occurred on Dec. 22, 2013.

Due to a local area power outage related to a winter storm on Dec. 22, 2013, the home lost power for approximately 6 hours. The home's generator was able to supply some essential services such as emergency lighting, magnetic door locks, hot water boiler pumps, the resident-staff communication and response system and several electrical outlets. However the remaining required essential services such as heat, elevator, refrigeration and hot holding and food preparation equipment were not maintained. [s. 107(3)2]

Issued on this 24th day of March, 2014

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

B. Sosnik + I. Pasel



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) : BERNADETTE SUSNIK (120), IRENE PASEL (510)

Inspection No. /

No de l'inspection : 2014_189120_0016

Log No. /

Registre no: H-000086-14

Type of Inspection /

Genre
d'inspection: Other

Report Date(s) /

Date(s) du Rapport : Mar 24, 2014

Licensee /

Titulaire de permis : BLACKADAR CONTINUING CARE CENTRE INC.
101 CREIGHTON ROAD, DUNDAS, ON, L9H-3B7

LTC Home /

Foyer de SLD : BLACKADAR CONTINUING CARE CENTRE
101 CREIGHTON ROAD, DUNDAS, ON, L9H-3B7

Name of Administrator /

Nom de l'administratrice
ou de l'administrateur : Cindy Perrodou

To BLACKADAR CONTINUING CARE CENTRE INC., 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 : 001

Order Type /

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

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 :



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

The licensee shall prepare and submit a plan which identifies how and when the doors to the stairwells will be connected to 3 separate audio visual enunciator panels (one for each floor) and how and when the doors will be equipped with an audible door alarm.

The plan shall be submitted to Bernadette.susnik@ontario.ca by May 30, 2014.
The plan shall be implemented by February 15, 2015.

Grounds / Motifs :

1. The licensee did not ensure that all doors leading to stairways were equipped with an audible door alarm and that the doors were connected to an audio visual enunciator that was connected to the nurse's station nearest to the door.

Two stairwells, one located on either side of the building, had 3 doors or points of access from within the building. These access points were located on the 1st, 2nd and 3rd floors. The doors were equipped with a door access control system (magnetic lock and keypad) which kept the doors locked during the inspection. However, the doors were not connected in any way to the audio visual enunciators located at the nurses' stations on the corresponding floors. An enunciator was not available on the 1st floor. None of the doors had an audible door alarm when tested. The wall mounted enunciators on both 2nd and 3rd floor were observed to contain just enough visual indicators for the rooms, tub room and exterior doors but not the interior stairwell doors. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 15, 2015



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 : 002	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 prepare and submit a plan that identifies how and when the resident-staff communication and response system will be made available in every area accessible by residents.

The plan shall be submitted to Bernadette.susnik@ontario.ca by May 30, 2014.
The plan shall be implemented by December 31, 2014.

Grounds / Motifs :



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

1. The resident-staff communication and response system (RSCRS) was not made available in every area accessible by residents. On March 5, 2014, observations were made that activation stations were not made available in the 1st, 2nd and 3rd floor dining rooms, 1st floor activity room and hair salon. Confirmation was also made by reviewing the existing enunciator panels located at the nurses' stations. The panels did not have any visual indicators for the areas identified without an activation station. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2014



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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Order / Ordre :

The licensee shall prepare and submit a plan that identifies when and how the lighting levels will be increased to comply with the lighting requirements set out in the lighting table.

The plan shall be submitted to Bernadette.susnik@ontario.ca by June 30, 2014.
The plan shall be implemented by March 31, 2015.



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

Grounds / Motifs :

1. The licensee did not maintain the lighting requirements as set out in the lighting table.

Light illumination levels were taken of some areas of the home, using a self calibrating Sekonik Handy Lumi light meter, held at waist height with the light source either above the meter or in front of the meter. Outdoor conditions were sunny during the measurements. Areas not measured do not automatically indicate that they are compliant.

Second and third floor corridors were equipped with fluorescent tube lighting covered in an opaque cover attached to walls. Wall sconces were also provided, situated in between the tube lights. The lux levels were not a consistent and continuous 215.28 but fluctuated between 25 and 290 lux as the meter was carried down the corridor.

Resident bathrooms were measured to have various levels of lux, depending on the age of the light bulbs or the type of fixture in the bathroom. Bathroom #216 was measured to be 100 lux over the toilet area and 200 lux over the sink (under the light). Bathroom #207 was measured to have 10 lux over the toilet area and 100 lux over the sink area. A minimum general lux of 215.28 is required. When the meter was held in place centrally in the room, the lux levels fell well below the minimum requirement of 215.28 lux.

Resident bedrooms did not have any general room lighting except for a reading light over the bed. When the window curtains were pulled and all the reading lights illuminated, the lux was 50 in the center of the room. The required general room lux of 215.28 was not maintained. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2015



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

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



**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

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.



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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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

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 24th day of March, 2014

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office