



**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 28, 2014	2014_189120_0033	H-000258- 14/H-000259 -14	Follow up

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)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 21, 2014

An inspection(2014-191107-0004)was previously conducted between January 13 and 23, 2014 at which time Orders #001 and #002 were issued related to door security and resident access to hot steam tables two dining rooms. For this visit, the conditions of the Orders were identified to have been met and the Orders cleared.

During the course of the inspection, the inspector(s) spoke with acting Administrator and Environmental Services Supervisor.

During the course of the inspection, the inspector(s) toured the courtyard, tested the door access control system to the courtyard, toured the dining rooms on both 2nd and 3rd floors and reviewed the home's policy and procedure on use of outdoor areas.

**The following Inspection Protocols were used during this inspection:
Safe and Secure Home**

Findings of Non-Compliance were found during this inspection.



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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.)

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.



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

Specifically failed to comply with the following:

s. 9. (2) The licensee shall ensure there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. O. Reg. 363/11, s. 1 (3).

Findings/Faits saillants :

1. The licensee did not ensure that there was a written policy that addressed when doors leading to secure outdoor areas must be locked or unlocked to permit or restrict unsupervised access to those areas by residents.

The door leading to the partially secured courtyard (outdoor delivery gate is closed but not locked) on the main level was confirmed to be locked at the time of inspection. A key pad was available on the wall next to the door which released the doors when a code was entered on the key pad. Instructions were available on the wall advising residents and staff of the code and times when the door would be locked from the outside. The information provided during the inspection however regarding some of the home's rules for their courtyard were not available in the homes policy OPER-04-02-10 titled "Secure Outdoor Areas & Balconies" dated October 2011. [s. 9(2)]

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

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



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #002	2014_191107_0004	120
O.Reg 79/10 s. 9. (1)	CO #001	2014_191107_0004	120

Issued on this 28th day of May, 2014

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