



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

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347 Preston St, 4th Floor
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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 |
|--|---|--------------------------------|--|
| Nov 18, 2013 | 2013_178102_0023 | 000178-13 | Follow up |

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

BON AIR RESIDENCE
131 Laidlaw Street South, Cannington, ON, L0E-1E0

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

WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection



Ministry of Health and
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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): November 07, 2013.

The purpose of this follow up inspection was to determine whether actions taken to comply with a compliance order related to resident safety and security system requirements had been complied with.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, several staff and several residents.

During the course of the inspection, the inspector(s) checked the operation of the door security system; checked the resident staff communication and response system; reviewed Resident and Family Council meeting minutes; toured resident areas of the home.

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

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend | Legendé |
|------------------------------------|---------------------------------------|
| WN – Written Notification | WN – Avis écrit |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral | DR – Aiguillage au directeur |
| CO – Compliance Order | CO – Ordre de conformité |
| WAO – Work and Activity Order | WAO – Ordres : travaux et activités |



Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system Specifically failed to comply with the following:

- 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).**

Findings/Faits saillants :



1. Three toggle type switches were installed on wall surfaces in two resident common areas following inspection # 2013 178102 0010, conducted on February 13, 2013. Two switches were installed in the the large centrally located program/lounge space and one was installed in the program/lounge area labeled as "Life Enrichment". The switch plates each bear a printed label with the words "Nurse call".

During this follow up inspection conducted on November 07, 2013 the operation of the identified switches was checked. It was confirmed that the switches had been connected to the door alarm system and not to the resident staff communication and response system that is provided in the home.

The three "Nurse call" switches that were installed on walls in the identified resident accessible areas can not be cancelled at the point of activation. When the switches are activated, each can only be cancelled at an exit door by using a key and entering a code on a keypad which is provided for the door alarm system. [s. 17. (1) (c)]

2. The resident-staff communication and response system is not available in the following areas that are accessible by residents:

- the large centrally located program/lounge area (noted previously)
- the hair salon that adjoins the centrally located program/lounge area
- the "Life Enrichment" program/lounge area (noted previously)
- the dining room

The "Nurse Call" switches provided in the large program/lounge area and the Life Enrichment area are not connected to the resident staff communication and response system provided in the home. [s. 17. (1) (e)]

3. When switches labelled "Nurse Call" are activated in the large program/lounge area and in the Life Enrichment area, the signal alerts on the audio visual door alarm system as an exit door alert. The resident staff communication and response system does not identify that a signal has been activated or where it is coming from.

The lack of availability to residents, staff and visitors of a functional, easily seen and accessible resident staff communication and response system that clearly indicates where an activated signal is coming from and allows calls to only be cancelled at the point of activation in all resident accessible areas is a potential risk to the health, safety and well being of residents. [s. 17. (1) (f)]



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; 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. O. Reg. 79/10, s. 9. (1).

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



Findings/Faits saillants :

1. An audible alarm has been added to the resident accessible stairway door leading to the lower level of the home.

The alarm is connected to an audio enunciator located at the nurses' station. Visual alert was not confirmed.

The audible alarm alerts when the stairway door is held open for approximately 30 seconds; however, the door alarm self cancels when the door closes without being manually reset at a switch at the door. [s. 9. (1)]

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 alarm at the resident accessible stairway door does not self cancel when the door closes and that the alarm, when activated, alerts both audio and visual signals at the enunciator panel that is provided at the nurses' station, to be implemented voluntarily.

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:**

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|----------------------------------|--|--|---|
| O.Reg 79/10 s. 229. | WN | 2013_178102_0010 | 102 |



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Issued on this 18th day of November, 2013

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

A handwritten signature in cursive script that reads "Wendy Beuz". The signature is written in black ink on a white background within a rectangular box.



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) : WENDY BERRY (102)

Inspection No. / No de l'inspection : 2013_178102_0023

Log No. / Registre no: 000178-13

Type of Inspection / Genre d'inspection: Follow up

Report Date(s) / Date(s) du Rapport : Nov 18, 2013

Licensee / Titulaire de permis : CHARTWELL MASTER CARE LP 100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

LTC Home / Foyer de SLD : BON AIR RESIDENCE 131 Laidlaw Street South, Cannington, ON, L0E-1E0

Name of Administrator / Nom de l'administratrice ou de l'administrateur : SARAH ZONNENBERG HOLLY FARRELL

To CHARTWELL MASTER CARE LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and
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Ministère de la Santé et
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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 # / **Order Type /**
Ordre no : 001 **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre existant: 2013_178102_0010, CO #001;

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 will ensure that the resident-staff communication and response system:

- is available in every area of the long term care home that is accessible to residents including: the large centrally located program/lounge space, the hair salon that adjoins the central lounge, the "Life Enrichment" area, the dining room;
- can be easily seen, accessed and used by residents, staff and visitors
- allows calls to be cancelled only at the point of activation;
- clearly indicates where an activated signal is coming from.

Grounds / Motifs :

1. Three toggle type switches were installed on wall surfaces in two resident common areas following inspection # 2013 178102 0010, conducted on February 13, 2013. Two switches were installed in the the large centrally located program/lounge space and one was installed in the program/lounge area labeled as "Life Enrichment". The switch plates each bear a printed label with the words



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"Nurse call".

During this follow up inspection conducted on November 07, 2013 the operation of the identified switches was checked. It was confirmed that the switches had been connected to the door alarm system and not to the resident staff communication and response system that is provided in the home.

The three "Nurse call" switches that were installed on walls in the identified resident accessible areas can not be cancelled at the point of activation. When the switches are activated, each can only be cancelled at an exit door by using a key and entering a code on a keypad which is provided for the door alarm system. (102)

2. The resident-staff communication and response system is not available in the following areas that are accessible by residents:

- the large centrally located program/lounge area (noted previously)
- the hair salon that adjoins the centrally located program/lounge area
- the "Life Enrichment" program/lounge area (noted previously)
- the dining room

The "Nurse Call" switches provided in the large program/lounge area and the Life Enrichment area are not connected to the resident staff communication and response system provided in the home. (102)

3. When switches labelled "Nurse Call" are activated in the large program/lounge area and in the Life Enrichment area, the signal alerts on the audio visual door alarm system as an exit door alert. The resident staff communication and response system does not identify that a signal has been activated or where it is coming from.

The lack of availability to residents, staff and visitors of a functional, easily seen and accessible resident staff communication and response system that clearly indicates where an activated signal is coming from and allows calls to only be cancelled at the point of activation in all resident accessible areas is a potential risk to the health, safety and well being of residents. (102)



**Ministry of Health and
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de soins de longue durée*, L.O. 2007, chap. 8

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

Jan 31, 2014



**Ministry of Health and
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Order(s) of the Inspector
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section 154 of the *Long-Term Care
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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



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de l'article 154 de la *Loi de 2007 sur les foyers
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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.



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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.



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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 18th day of November, 2013

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

WENDY BERRY

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