



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ième</sup> étage  
London ON N6B 1R8

**Ministère de la Santé et des Soins de  
longue durée**

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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Licensee Copy/Copie du Titulaire       Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 5, 2011	2011_190_2301_05Jan110030	Critical Incident L-00003

**Licensee/Titulaire**  
1230839 Ontario Limited, 708 Wellington Street, Wallaceburg, ON N8A2Y6

**Long-Term Care Home/Foyer de soins de longue durée**  
Brouillette Manor, 11900 Brouillette Court, Tecumseh, ON N8N 4X8

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Sandra Fysh #190

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection related to an unexpected death.

During the course of the inspection, the inspector spoke with the Administrator and the Director of Care.

During the course of the inspection, the inspector reviewed the clinical record of one resident, conducted a visual inspection of exit doors and resident room areas.

The following Inspection Protocols were used in part or in whole during this inspection:

- Responsive Behaviours
- Critical Incident Response

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 2 WN
- 1 VPC
- 1 CO: CO # 001

### NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

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

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with O.Reg.79/10,s.8(1)(b) 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 license is required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) is complied with.

**Findings:**

- The licensee has a wander checklist policy (Nursing Administration Manual, Section 2, Subject: Wander Checklist, effective May 1998, revised May 2002)
- The policy states that wandering residents are to be monitored every hour by a HCA/PSW. This will be documented on the checklist, and the HCA/PSW will initial for accountability.
- This checklist had been implemented for a resident.
- The policy was not followed on a night shift as evidenced by completed signatures for each hour up to and including 0500 hours. A resident was discovered missing one night at approximately 0200 hours and was found at 0530 hours.

**Inspector ID #:** #190

**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 with ensuring that staff follow the wander checklist policy, to be implemented voluntarily.



WN #2: The Licensee has failed to comply with O.Reg.79/10,s.9(1)(iii) 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 must be, (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's station nearest to the door and has a manual reset switch at each door.

- Findings:
• During inspection conducted January 5, 2011, the Director of Care and Nursing Inspector exited the front doors and stood with the door open for an extended period of time and there was no audible alarm to indicate that the door was open.
• The Administrator and the Director of Care confirmed that there is not an audible door alarm system on the front door to the facility.

Inspector ID #: #190

Additional Required Actions:
CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

Table with 2 columns: Signature of Licensee or Representative of Licensee, Signature of Health System Accountability and Performance Division representative. Includes handwritten signature and date: January 26, 2011.



**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**

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

## 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*

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Inspector:</b>	Sandra Fysh	<b>Inspector ID #</b> 190
<b>Log #:</b>	L-00003	
<b>Inspection Report #:</b>	2011_190_2301_05Jan110030	
<b>Type of Inspection:</b>	Critical Incident	
<b>Date of Inspection:</b>	January 5, 2011	
<b>Licensee:</b>	1230839 Ontario Limited, 708 Wellington St. Wallaceburg, ON N8A 2Y6	
<b>LTC Home:</b>	Brouillette Manor 11900 Brouillette Court, Tecumseh, ON N8N 4X8	
<b>Name of Administrator:</b>	Nancy Comiskey	

To 1230839 Ontario Limited, you are hereby required to comply with the following order by the date set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<b>Pursuant to: O.Reg79/10,s.9(1)(iii)</b> 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 must be, (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.			
<b>Order:</b> The licensee is required to immediately ensure that the front door leading to the outside of the home is equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to an internal communication system.			
<b>Grounds:</b>			
<ul style="list-style-type: none"> <li>• During inspection conducted January 5, 2011, the Director of Care and Nursing Inspector exited the front doors and stood with the door open for an extended period of time and there was no audible alarm to indicate that the door was open.</li> <li>• The Administrator and the Director of Care confirmed that there is not an audible door alarm system on the front door to the facility.</li> </ul>			



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Direction de l'amélioration de la performance et de la conformité

**This order must be complied with by:** February 9, 2011

**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 service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

**Director**  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Ave. West  
Suite 800, 8<sup>th</sup> floor  
Toronto, ON M4V 2Y2  
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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board and the**  
Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

**Director**  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Claire Avenue, West  
Suite 800, 8<sup>th</sup> Floor  
Toronto, ON M4V 2Y2

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](http://www.hsarb.on.ca).

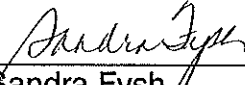


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Direction de l'amélioration de la performance et de la conformité

Issued on this <u>26<sup>th</sup></u> day of January, 2011.	
Signature of Inspector:	
Name of Inspector:	Sandra Fysh
Service Area Office:	London Service Area Office