



**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**

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4^{ième} étage
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 28, 2015	2015_236572_0013	O-001471-15	Follow up

Licensee/Titulaire de permis

CARVETH NURSING HOME LIMITED
375 JAMES STREET GANANOQUE ON K7G 2Z1

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

CARVETH CARE CENTRE
375 JAMES STREET GANANOQUE ON K7G 2Z1

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

BARBARA ROBINSON (572)

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): April 27, 2015.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), a Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and Maintenance staff. The inspector(s) also toured the home, observed residents' care and services, reviewed education records as well as relevant policies and procedures.

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

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

1 WN(s)

0 VPC(s)

1 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 O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

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).

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.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

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).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9(1)1.1, whereby the licensee has failed to ensure that 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.

On an initial tour of the home on April 27, 2015 Inspector #572 observed a man working outside in the Veteran's Garden (an outdoor enclosed courtyard) through a window. Continuing the tour, the inspector pushed a door with a keypad lock that leads to the area and it opened easily; there was no one outside. There were no staff members

visible in the hallway. This courtyard door is located at the junction of Joyce Faye and Kingsley Earl unit halls where residents and family members walk frequently during the day. On three subsequent checks during the day, the door was locked. In an interview with the Maintenance staff #S105, he stated that the door has a lag time of 1.5 minutes to re-lock when opened and that the lag time can't be reduced to be less than 45 seconds. The door may have been recently opened when the inspector rounded the corner to check the door, and thus the lock had not yet re-engaged. In an interview with the Administrator and the DOC on April 27, 2015, they confirmed that the lock for the door has a brief lag time as described and that the lock has been functional since repaired in December, 2014. [s. 9. (1) 1.1.]

2. The licensee has failed to comply with O. Reg. 79/10, s. 9(1) 2 whereby the licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and to ensure that those doors are kept closed and locked when they are not being supervised by staff.

The following observations present a pattern of potential risk to residents in the home, particularly for those residents who exhibit behaviours such as wandering and/or exit-seeking:

#1- Door to Clean Utility room on Kingsley Earl Lane- The inspector found that this door was not fully closed in the morning of April 27, 2015. The door is equipped with a key pad lock, but the door did not close completely under its own weight. The room contained supplies such as dressing trays, mouth wash, soaps, catheters and a sink. When the inspector pulled the door closed, the lock engaged. Residents and family members were walking in this busy hallway; no staff were visible. The door was found again to be not fully closed during the early afternoon. Maintenance staff #S105 told the inspector that the door's closure had the speed increased, and demonstrated that the door now closed easily under its own weight. The door was fully closed later in the afternoon.

#2- Door to Dirty Utility room on North East Wing with sign "Eye Wash Station"- The inspector first found this door unlocked in the morning of April 27, 2015. While the door appeared to be fully closed, the door was opened by turning the knob beneath the handle and keypad. The room contained commodes, a hopper, equipment and other supplies. When the inspector pulled the door closed, the lock engaged. Residents were congregated in this hall; no staff were supervising this door. Maintenance staff #S105 observed the door unlocked and told the inspector that he could not determine the cause of the inconsistent lock so it will be replaced. The door was again unlocked and unsupervised when checked in the late afternoon.

#3- Door to Dirty Utility room on West Wing with sign "Eye Wash Station"- The inspector



first found this door unlocked in the afternoon of April 27, 2015. While the door appeared to be fully closed, the door was opened by turning the knob beneath the handle and keypad. The room contained equipment, supplies and a sink. When the inspector pulled the door closed, the lock engaged. Residents and family members were walking in the hall; no staff were supervising this door. Maintenance staff #S105 observed the door unlocked and told the inspector that he could not determine the cause of the inconsistent lock so it will also be replaced. The door was locked when checked in the late afternoon.

#4- Door to maintenance storage room at the end of North Wing- The inspector found this door closed but unlocked in the afternoon of April 27, 2015. The door was closed and equipped with a lock, but the knob was turned and the door was unlocked. This storage room contained chemicals such as bleach and supplies. Two residents were in the hall; no staff were in the vicinity. RN # S110 locked the door and noted that it is always kept locked. Maintenance staff #S105 stated that a student may have left the room unlocked and that the room is always kept locked. The room was closed and locked when checked in the late afternoon.

In an interview on April 27, 2015, the Administrator and the DOC reviewed the list of areas where doors to non-residential areas were open, unlocked and unsupervised. They confirmed that these areas should be closed and locked when unsupervised.

Non-compliance was previously identified under O. Reg. 79/10, s. 9(1)1.1 and s. 9(1)2. during the RQI completed on January 2, 2015, Inspection # 2014_236572_0031. [s. 9. (1) 2.]

Additional Required Actions:

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

Issued on this 1st day of May, 2015

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



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Original report signed by the inspector.



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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

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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) : BARBARA ROBINSON (572)

Inspection No. /

No de l'inspection : 2015_236572_0013

Log No. /

Registre no: O-001471-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Apr 28, 2015

Licensee /

Titulaire de permis : CARVETH NURSING HOME LIMITED
375 JAMES STREET, GANANOQUE, ON, K7G-2Z1

LTC Home /

Foyer de SLD : CARVETH CARE CENTRE
375 JAMES STREET, GANANOQUE, ON, K7G-2Z1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

To CARVETH NURSING HOME LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

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) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2014_236572_0031, CO #001;**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 :

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In order to achieve compliance with O. Reg. 79/10 s. 9(1)1.1, the licensee will ensure that the door is locked, or supervised until locked, to restrict unsupervised access to the Veteran's Garden, a secure outside area.

In order to achieve compliance with O. Reg. 79/10 s. 9(1)2, the licensee will ensure that the doors to the Clean Utility Room on Kingsley Earl Lane, the Utility Rooms on the North East Wing and the West Wing as well as the Maintenance Storage room on the North Wing are kept closed and locked when they are not being supervised by staff.

The licensee will ensure that a routine monitoring system for all doors leading to non-residential areas is put in place, so as to ensure ongoing compliance with this section.

The licensee will take corrective, appropriate and timely actions when non-compliance is identified.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9(1)1.1, whereby the licensee has failed to ensure that 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.

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In an interview with the Maintenance staff #S105, he stated that the door has a lag time of 1.5 minutes to re-lock when opened and that the lag time can't be reduced to be less than 45 seconds. The door may have been recently opened when the inspector rounded the corner to check the door, and thus the lock had not yet re-engaged.

In an interview with the Administrator and the DOC on April 27, 2015, they confirmed that the lock for the door has a brief lag time as described and that the lock has been functional since repaired in December, 2014.

(572)

2. The licensee has failed to comply with O. Reg. 79/10, s. 9(1) 2 whereby the

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#4- Door to Maintenance Storage room at the end of North Wing- The inspector found this door closed but unlocked in the afternoon of April 27, 2015. The door



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was closed and equipped with a lock, but the knob was turned and the door was unlocked. This storage room contained chemicals such as bleach and supplies. Two residents were in the hall; no staff were in the vicinity. RN # S110 locked the door and noted that it is always kept locked. Maintenance staff #S105 stated that a student may have left the room unlocked and that the room is always kept locked. The room was closed and locked when checked in the late afternoon. In an interview on April 27, 2015, the Administrator and the DOC reviewed the list of areas where doors to non-residential areas were open, unlocked and unsupervised. They confirmed that these areas should be closed and locked when unsupervised.

Non-compliance was previously identified under O. Reg. 79/10, s. 9(1)1.1 and s. 9(1)2. during the RQI completed on January 2, 2015, Inspection # 2014_236572_0031. (572)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 26, 2015



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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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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 28th day of April, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Barbara Robinson

Service Area Office /

Bureau régional de services : Ottawa Service Area Office