



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 prévue le Loi de 2007 les foyers de soins de longue

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 14, 18, 19, 21, 2012; 2012\_054133\_0038; Critical Incident

Licensee/Titulaire de permis

DUNDAS MANOR LIMITED 533 CLARENCE STREET, P.O. BOX 970, WINCHESTER, ON, K0C-2K0

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

DUNDAS MANOR NURSING HOME 533 CLARENCE STREET, P.O. BOX 970, WINCHESTER, ON, K0C-2K0

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Maintenance Lead and the Activity Programs and Services Director.

During the course of the inspection, the inspector(s) assessed door security at all resident accessible doors that lead to the outside of the home and to a stairwell and reviewed a Critical Incident report.

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

Table with 2 columns: Legend and Legendé. 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



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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.)

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

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 subsections:**

**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.**

**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. (1).**

**Findings/Faits saillants :**

1. In the front entrance area of the home there is a door that leads to a stairwell that goes down into the basement. This door also leads to a door which opens to a secure outdoor space (the patio). This door is accessible to residents and it is not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to the resident staff communication and response system, or 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.

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

2. There is a double door set up at the Unit 1, Unit 2 and Unit 4 exits. The inner doors are alarmed only and therefore the outer doors that leads to the outside of the home are accessible to residents. The outer doors are not equipped with a door access control system.

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

3. There is a double door set up at the Unit 1, Unit 2 and Unit 4 exits. The inner doors are alarmed only and therefore the outer doors that leads to the outside of the home are accessible to residents.

While the outer doors are kept closed, they are not kept locked.

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

4. There is a single exit door at the end of the hallway in Unit 3. This door is accessible to residents and leads to the outside of the home. This door is not equipped with a door access control system.

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

5. There is a single exit door at the end of the hallway in Unit 3. This door is accessible to residents and leads to the outside of the home. This door is kept closed but is not locked.

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

6. There is a single exit door in the common area known as the "living room". This door leads to a secure outside area (the gazebo). The door is not equipped with a lock to restrict unsupervised access to the secure outside area (the gazebo).

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

7. There is a double door set up at the exit which is across from room #25 in Unit 3. The inner door is alarmed but not locked and therefore the outer door that leads to a secure outside area (the patio) is accessible to residents.

The door is not equipped with a lock to restrict unsupervised access to the secure outside area (the patio).

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

8. The home's main delivery door is not equipped with a door access control system. This door is accessible to residents and leads directly to the outside of the home.

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

9. The home's main delivery door is kept closed but is not locked. This door is accessible to residents and leads directly to the outside of the home.

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

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

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**Findings/Faits saillants :**

1. At approximately 1pm on September 14th 2012, the inspector noted that the janitor room in the service corridor was unlocked. Hazardous substances were noted to be stored in the room. The room is accessible to residents as the door that leads into the service corridor is not locked. The inspector brought the Director of Care to the room who confirmed that that the room is to be locked at all times when not attended.

Hazardous substances were not kept inaccessible to residents at the time of the inspection.

The licensee has failed to comply with O. Reg. 79/10, s.91.



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*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 the requirement that all hazardous substances at the home are kept inaccessible to residents at all times, with a specific focus on ensuring that the janitor room and housekeeping carts are secured when not attended, to be implemented voluntarily.*

Issued on this 21st day of September, 2012

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

*Jessica Lapensee*



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

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Name of Inspector (ID #) /  
Nom de l'inspecteur (No) : JESSICA LAPENSEE (133)

Inspection No. /  
No de l'inspection : 2012\_054133\_0038

Type of Inspection /  
Genre d'inspection: Critical Incident

Date of Inspection /  
Date de l'inspection : Sep 14, 18, 19, 21, 2012

Licensee /  
Titulaire de permis : DUNDAS MANOR LIMITED  
533 CLARENCE STREET, P.O. BOX 970, WINCHESTER, ON, K0C-2K0

LTC Home /  
Foyer de SLD : DUNDAS MANOR NURSING HOME  
533 CLARENCE STREET, P.O. BOX 970, WINCHESTER, ON, K0C-2K0

Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur : ~~ROSS ALGUIRE~~ BERNARD BOULCHARD

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To DUNDAS MANOR LIMITED, 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**

**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

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**Order # /**  
**Ordre no :** 001

**Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**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.
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. (1).

**Order / Ordre :**

The licensee will ensure that all resident accessible doors leading to secure outside areas that preclude exit by a resident are equipped with locks to restrict unsupervised access to those areas by residents. The licensee will ensure that all resident accessible doors leading to stairways and to the outside of the home (other than doors that lead to secure outside areas) are kept closed and locked, are equipped with a door access control system that is kept on at all times and are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident staff communication and response system, or, 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.

Door hardware must conform to all relevant provincial and municipal codes and regulations.

**Grounds / Motifs :**



**Ministry of Health and  
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Pursuant to section 153 and/or  
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Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
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**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 home's main delivery door is kept closed but is not locked. This door is accessible to residents and leads directly to the outside of the home.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.i. (133)

2. The home's main delivery door is not equipped with a door access control system. This door is accessible to residents and leads directly to the outside of the home.

The licensee has failed to comply with O. Reg. 79/10, s. 9. (1) 1. ii. (133)

3. There is a double door set up at the exit which is across from room #25 in Unit 3. The inner door is alarmed but not locked and therefore the outer door that leads to a secure outside area (the patio) is accessible to residents. The door is not equipped with a lock to restrict unsupervised access to the secure outside area (the patio).

The licensee has failed to comply with O. Reg. 79/10, s. 9(1)1.1. (133)

4. There is a single exit door in the common area known as the "living room". This door leads to a secure outside area (the gazebo). The door is not equipped with a lock to restrict unsupervised access to the secure outside area (the gazebo).

The licensee has failed to comply with O. Reg. 79/10, s.9(1)1.1. (133)

5. There is a single exit door at the end of the hallway in Unit 3. This door is accessible to residents and leads to the outside of the home. This door is kept closed but is not locked.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.i. (133)

6. There is a single exit door at the end of the hallway in Unit 3. This door is accessible to residents and leads to the outside of the home. This door is not equipped with a door access control system.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.ii. (133)

7. There is a double door set up at the Unit 1, Unit 2 and Unit 4 exits. The inner doors are alarmed only and therefore the outer doors that leads to the outside of the home are accessible to residents. While the outer doors are kept closed, they are not kept locked.

The licensee has failed to comply with O. Reg. 79/10, s. 9(1)1. i. (133)

8. There is a double door set up at the Unit 1, Unit 2 and Unit 4 exits. The inner doors are alarmed only and therefore the outer doors that leads to the outside of the home are accessible to residents. The outer doors are not equipped with a door access control system.

The licensee has failed to comply with O. Reg. 79/10, s. 9(1)1. ii. (133)

9. In the front entrance area of the home there is a door that leads to a stairwell that goes down into the basement. This door also leads to a door which opens to a secure outdoor space (the patio). This door is accessible to residents and it is not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to the resident staff communication and response system, or 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.

The licensee has failed to comply with O. Reg. 79/10, s.9(1)1. iii. (133)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Jan 07, 2013



**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**  
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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, 11<sup>th</sup> Floor  
Toronto ON M5S 2B1  
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 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, 11<sup>th</sup> 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](http://www.hsarb.on.ca).





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Ordre(s) de l'inspecteur  
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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, 11e étage  
Toronto ON M5S 2B1  
Télécopieur: (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.

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  
Toronto ON M5S 2B1  
Télécopieur: (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](http://www.hsarb.on.ca).

Issued on this 21st day of September, 2012

Signature of Inspector /  
Signature de l'inspecteur :

Name of Inspector /  
Nom de l'inspecteur :

JESSICA LAPENSEE

Service Area Office /  
Bureau régional de services :

Ottawa Service Area Office