



**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 4, 2015	2015_195166_0017	O-002318-15	Other

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF DURHAM
605 Rossland Road East WHITBY ON L1N 6A3

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

FAIRVIEW LODGE
632 DUNDAS STREET WEST P.O. BOX 300 WHITBY ON L1N 5S3

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

CAROLINE TOMPKINS (166), PATRICIA MATA (571)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): July 28, 2015

Complaint Log O-002450-15, Critical Incident Logs O-002490-15 and O-002516-15 were inspected concurrently.

During the course of the inspection, the inspector(s) spoke with Residents, Family members, Personal Support Workers, Registered Practical Nurses, Registered Nurses, Nurse Practitioner, Adjuvant, Activity Aide, Maintenance staff, Dietary Aide, Director of Care, Resident Care Coordinators, Administrator , Assistant Administrator, Security Guards, Occupational Therapist and the Physiotherapist. During the course of this inspection , the inspectors toured the home, and observed staff to resident interactions

Ad-hoc notes were used during this inspection.

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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. (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. Log O-002318-15

Doors in a home

The licensee failed to ensure that the following rules are complied with:

All doors leading to non-residential areas must be kept closed and locked when they are not being supervised by staff. O.Reg. 79/10, s.9.(1)2

On July 28 2015, the main door in the lobby was found to be unlocked and was able to be pushed open. This door is presently not in use for the public as the area outside the door remains a construction site and is off limits, other than to contractor personnel.

Interview with the Assistant Administrator and Reception indicated the expectation is that this door is to be locked at all times.

On July 28, 2015, Inspector #571 was able to enter the Great Room and Chapel area which is still under construction. There was no construction personnel in the area . Accessible items included: open paint cans, drill, shovel, spray paint, heavy duty cleaner, hardware, wood pieces.

The inspector was in the room for 8 minutes before construction personnel entered. Interview with the Assistant Administrator and the construction personnel indicated that door to Great Room/Chapel is to be kept locked when there is no construction personnel working in the room.

July 28, 2015 at approximately 1430 hrs , the internal door to the receiving area was observed to be open and Inspector #166 and #571 were able to go through the doors into the Staff Only Area, where boxes, supplies and equipment are kept. This door remained opened until a maintenance personnel came into the area and indicated the door was left open so some boxes could be moved.

Dietary Area.(ground floor)

July 28, 2015 at approximately 1450 hrs , the doors to the dietary area were open and no staff were visible. Inspector #166 and 571 were able to enter the designated Staff Only Area. The inspectors continued to walk through a maintenance area, workshop and electrical rooms and into the receiving area and exit out the Staff Only Area by the entrance/exit door.

During the change of shift the door to dietary department was observed to be locked. A dietary staff was heard to request of another staff member to keep the door(to the dietary area) opened until she returned as she had lost her key. The door remained opened for approximately 3 minutes .



Review of Pre-Occupancy report dated June 11, 2015 and interview with the Administrator and the Assistant Administrator indicated that all doors leading into service areas are to be locked at all times. [s. 9. (1) 2.]

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 following rules are complied with: All doors leading to non-residential areas must be kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :



1. Log # O-002516-15

The licensee has failed to ensure that an incident of a resident, who was missing for less than three hours and who returned to the home with no injury or adverse change in condition, was reported to the Director no later than one business day.

Review of clinical documentation and interview with Staff #113 indicated that Resident #9 had been able to exit the building into the parking lot without staff knowledge. The resident was returned to the home by Staff #140 who was coming into the building.

Interview with Staff #113 and the Administrator indicated a critical incident report related to the missing resident incident was not submitted to the Director until nine days post incident. [s. 107. (3) 1.]

Issued on this 4th day of August, 2015

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

Original report signed by the inspector.