

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Original Public Report

**Report Issue Date:** October 11, 2024

**Inspection Number:** 2024-1518-0004

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Tri-County Mennonite Homes

**Long Term Care Home and City:** Greenwood Court, Stratford

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 1-4, 2024.

The following intake(s) were inspected:

- Intake: #00120378 / Critical Incident System (CIS) - Related to a missing resident with injuries.
- Intake: #00121144 - Complaint related to resident care.

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services  
Safe and Secure Home  
Infection Prevention and Control

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Doors in a Home Policy

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 12 (2)**

Doors in a home

s. 12 (2) The licensee shall ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

The licensee has failed to ensure there was a written policy specifying when doors to secure outside areas must be unlocked or locked to control unsupervised access by residents.

### Rationale and Summary

The home's policy that dealt with doors to secure outside areas stated that staff were to ensure that all doors leading to secure outside areas were kept locked at "specified times". The home's policy did not include specific times for when the doors were to be unlocked or locked.

Not having a written policy that dealt with when doors leading to secure outside areas must be unlocked or locked, increased risk that residents may not be supervised when accessing outside areas, which could lead to elopement or exposure to extreme weather conditions.

**Sources:** Review of the home's secure outside area policy, and staff interviews.

## WRITTEN NOTIFICATION: Infection Prevention and Control

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## Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control.

The licensee has failed to ensure the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, issued by the Director, was implemented.

The licensee has failed to ensure a staff member appropriately removed personal protective equipment (PPE) upon exiting a resident room under additional precautions, as required by section 9.1 (f): Additional Precautions, within the IPAC Standard.

### Rationale and Summary

A staff member was observed exiting a resident room on additional precautions. The staff member did not remove their PPE in the correct order. In an interview, the staff member was not able to list the correct order for removing PPE.

The staff member did not demonstrate or explain the correct order for removing PPE when exiting a resident room on additional precautions, which increased the risk of self-contamination and spreading a potentially infectious disease.

**Sources:** Observation of a staff member removing PPE, and staff interviews.

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## COMPLIANCE ORDER CO #001 Doors in a Home

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.**

Doors in a home

s. 12 (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,

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Develop a written process to ensure Courtyard A is secure after any maintenance.
- 2) Revise the home's policy on doors leading to secure outside areas to include:
  - a) Specific times when the door to Courtyard A must be unlocked or locked, including the time of day and time of year,
  - b) How the residents are supervised while in Courtyard A, and
  - c) A verification process that Courtyard A is secure prior to unlocking the door to the courtyard to allow resident access.
- 3) Retrain all applicable nursing staff on the revised policy on doors leading to secure outside areas.

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**Grounds**

The licensee has failed to ensure that a door was kept closed and locked to an unsecure outside area, allowing a resident to elope from the home.

**Rationale and Summary**

The exterior gate of Courtyard A was left unlocked after maintenance was completed. The resident entered the unsecure outside area through an unlocked door and eloped from the home through the unlocked exterior gate. The resident suffered injuries while they were missing from the home.

The unlocked door to Courtyard A, which was an unsecure area at the time of the incident, negatively impacted a resident by allowing them to elope from the home and sustain injuries. When the door to Courtyard A was left unlocked, there was risk of elopement to any residents who lived on the resident home area adjacent to Courtyard A.

**Sources:** Review of the home's incident investigation notes, and resident health care records, and staff interviews.

**This order must be complied with by** November 22, 2024

**COMPLIANCE ORDER CO #002 Doors in a Home**

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 2.**

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Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. 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.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

1) Ensure the two doors leading to Courtyard B are equipped with locks.

**Grounds**

The licensee has failed to ensure two doors leading to a secure outside area were equipped with locks to restrict unsupervised access.

**Rationale and Summary**

Two doors leading to Courtyard B, a secure outside area, were found unlocked. Multiple staff stated the doors were not equipped with locks to prevent unsupervised access to the outside area.

Having doors to an outside area without locks increased the risk of residents being unsupervised in the outside area, which could lead to elopement or exposure to extreme weather conditions.

**Sources:** Observations of Courtyard B, and staff interviews.

**This order must be complied with by** December 6, 2024



**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP 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, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3



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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).