Ontario

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 durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Jul 13, 2016;	2015_189120_0093 (A1)	0008024, 8027, 8028, 8029-15	Follow up

Licensee/Titulaire de permis

NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH
413 Linwell Road St. Catharines ON L2M 7Y2

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

INA GRAFTON-GAGE HOME
413 Linwell Road St Catharines ON L2M 7Y2

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

BERNADETTE SUSNIK (120) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The attached amended Orders #001-004 include changes to compliance dates.

Issued on this 13 day of July 2016 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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

BERNADETTE SUSNIK (120) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 2, 2015

An inspection (2014-189120-0028) was previously conducted between April 28-30, 2014 at which time Order #001 (Door security), Order #002 (Bed safety), Order

#003, #004 & #006 (Resident-Staff Communication and Response System), Order #005 (Locks on bedroom doors) Order #007 (Lighting) and #008 (Elevator Access) were issued for non-compliance with compliance due dates between June and December 31, 2014 and November 16, 2015 for Order #007.

A follow up inspection (2014-181920-0053) was conducted on August 19, 2014 for the above noted Orders #004, #005 and #006, related to different aspects of the resident-staff communication and response system. Order #006 remained outstanding and was re-issued as Order #001.

A follow-up inspection (2014-189120-0064) was conducted on October 3, 2014 and Order #001 (Door Security) was complied with and the Order was closed.

A follow-up inspection (2015-189120-0022) was conducted on March 27, 2015 and Orders #001, #003, #004, #008 remained non-compliant, Order #007 (lighting) was not reviewed as it was not due until November 16, 2015 and Order #002 (Bed safety) was closed. Orders #001, #003 #004 and #008 were revised and re-issued as Order #001 (Resident-staff communication and response system), #002 (Door Security) and #003 (Elevator access). The compliance date set for these orders was September 30, 2015.

For this follow up inspection, confirmation was made that several Orders remained non-compliant. No changes or updates from the previous inspection were identified and the Orders listed below are being re-issued.

During the course of the inspection, the inspector(s) spoke with the Administrator and Environmental Services Supervisor.

During the course of the inspection, the 1st floor of Building "B" identified as the Long Term Care Home was toured and included random testing of doors to the outside, resident-staff communication and response system, elevators and lighting.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

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

- **4 WN(s)**
- **0 VPC(s)**
- **4 CO(s)**
- **4 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
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
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. 10. Elevators
Specifically failed to comply with the following:

s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

Findings/Faits saillants :

1. The licensee did not ensure that elevators in the home were equipped to restrict resident access to areas that were not to be accessed by residents.

Two elevators in the home (one located near the administrative offices and one near the hair salon) were identified to be accessible to residents of the home and were not equipped with a device or access codes to prevent resident access to either the basement or to the upper floors which were occupied by non long term care home tenants. These areas all led to unsecured outdoor areas via unsecured stairwells. [s. 10. (1)]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001

DR # 002 – The above written notification is also being referred to the Director for further action by the Director.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.
TABLE
Homes to which the 2009 design manual applies
Location - Lux
Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux
All other homes
Location - Lux
Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home - Minimum levels of 215.28 lux
Each drug cabinet - Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux
O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :

1. The licensee failed to ensure that the lighting requirements set out in the Table to this section were maintained.

The long term care home was built prior to 2009 and therefore the section of the lighting table that was applied is titled "in all other areas of the home". Non compliance was identified on July 18, 2012 and the licensee was required to have in place a voluntary plan of compliance. Lighting levels had not changed upon a return inspection on April 28, 2014 and levels were measured at that time. Non compliance in the form of an Order was issued with a compliance date of November 16, 2015. During this follow-up inspection, the Administrator and Environmental Services Supervisor confirmed that no changes had been made to

the various lighting fixtures, no fixtures were added (with the exception of one resident bedroom) and no plans to improve lighting levels were in place. Lighting levels were not re-measured during this follow up inspection, but the levels that were identified during the inspection completed in April 2015 were used.

On April 28 and 29, 2015 measurements were taken of the three main corridors consisting of resident rooms #1101 to #1139, resident bedrooms and washrooms, and one resident bed in the reading position. The outdoor conditions were sunny when corridors and bathrooms were tested and cloudy with rain when bedrooms and bathrooms were tested. A Sekonic Handi Lumi illumination meter with an accuracy range of +/- 5% was used to test the illumination levels, held 30 inches above and parallel to the floor level with the exception at the head of the bed.

On April 28, 2014, all three of the corridors were observed to be equipped with fluorescent tube lights behind wooden valences on one side of the three corridors where the rooms were located. No overhead lighting was provided. The carpets were dark in colour. While traveling along the longest corridor consisting of rooms #1107-#1122, a lux of 25-170 was measured along a portion of the corridor where the resident room doors were closed. The lighting was not maintained at a consistent and continuous level of 215.28 lux.

On April 29, 2014, all of the resident rooms were observed to be equipped with two wall mounted lighting fixtures (with 2 spiral fluorescent bulbs each) for overall room lighting. In room #1120, the available blinds on the windows were closed and all available lighting fixtures turned on. The two wall fixtures were both 125 lux when standing directly in front of them. Centrally, in the room at the bed, the lighting level was 20 lux. The minimum level required is 215.28 lux.

With respect to the level of lux for reading lights, this was difficult to confirm as the home did not provide residents with a standard reading light. Most residents had their own personal reading lamp which were all different in size, height and illumination levels.

On April 28, 2014, most of the resident washrooms were observed to be equipped with one pot light near the shower enclosure and one light was mounted on the wall over the vanities which consisted of two regular incandescent light bulbs. In the washroom of #1139, the lux was 20 central in the room and 115 lux over the vanity. Rooms #1137 & #1136 were both 110 lux over the vanity (each had one bulb burnt out). The minimum required lux level is 215.28.

No lighting measurements were taken in the activity room and tub room as the rooms appeared adequately lit. The dining room was very large with chandeliers and could not be measured due to the inability to control for natural light infiltration. [s. 18.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 002

DR # 004 – The above written notification is also being referred to the Director for further action by the Director.

WN #3: 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:
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).

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).

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).

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).

Findings/Faits saillants :

1. The licensee did not ensure that the following rules were complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that precluded exit by a resident, including balconies and terraces, or doors that residents did not have access to were not,

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 allowed calls to be canceled only at the point of activation and,

A. were connected to the resident-staff communication and response system.

Two sets of glass doors were located in the resident's dining room that were accessible to residents, led to an unsecure outdoor area that led to the rest of the property and a busy street. In addition, when tested, they were not locked, not equipped with a door access control system and not equipped with an audible door alarm that allowed calls to be canceled only at the door (point of activation). The Environmental Services Supervisor reported during a previous inspection that the dining room was usually kept locked between meals and residents would not have access to the glass doors. However, during this inspection, the dining room doors were observed to be open between breakfast and lunch.

2. The main door located in the lobby of the first floor was equipped with a magnetic locking system, however the system was not connected to the resident-staff communication and response system known as the Versus System. An enunciator panel was not available at the nurse's station as the alternative option in which to connect the doors. The staff pagers would therefore be required to alarm with the location of the breached door. The staff pagers were not programmed to accept any visual or audio signals from the main lobby door if breached for any particular reason.

3. Approximately six enclosed stairwells were identified in the building, two of which were secured on the main floor nearest the resident rooms (labeled as stairwell #1 & #2). The remaining four stairwells were not locked, equipped with a door access control system or equipped with an audible door alarm and were easily accessible to residents from the basement where an auditorium and bowling alley were available for their use. One stairwell which was an open stair located in the main lobby, was accessible to residents and provided them with direct access to the

unsecured basement area and other unsecured stairwells. [s. 9. (1)]

2. The licensee did not ensure that the following rules were complied with:

1.1. All doors leading to secure outside areas that precluded exit by a resident, including balconies and terraces, were equipped with locks to restrict unsupervised access to those areas by residents.

Several glass doors were located throughout the home to which residents had access and were not equipped with locks to restrict unsupervised access to the outdoor courtyard. These doors were located in the activity room, main lobby and library/chapel. They were tested and found unlocked on December 2, 2015. The activity room door had a small knob on the door which could be turned to lock or unlock the door, however the lock would not restrict a resident from gaining unsupervised access to the outdoor courtyard. [s. 9. (1) 1.1.]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 003

DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the resident-staff communication and response system was easily seen or easily accessible to residents, staff and visitors at all times.

The home's resident-staff communication and response system (RSCRS) was comprised of wireless pendants worn by residents (at their discretion) and wall mounted activation stations in the tub rooms and resident washrooms. In order to activate the RSCRS, residents or staff were required to press a button on the resident's pendant or pull a cord on an activation station where available in order to alert other staff that assistance was required. During this visit, the activation stations were not located in the dining room, activity room, library/chapel, kitchenette/lounge, hair salon, cafe, outdoor courtyard, resident bedrooms or main foyer (sitting area), the basement auditorium, bowling alley and public washrooms for use by visitors, staff and residents. Visitors and staff were required to find a resident wearing a pendant in order to call for assistance and not all residents wore the pendant consistently.

At the time of this follow-up inspection, no changes to the system were observed to have been made and confirmation was made with Environmental Services Supervisor. [s. 17. (1) (a)]

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 004

DR # 003 – The above written notification is also being referred to the Director for further action by the Director.

Issued on this 13 day of July 2016 (A1)

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

Original report signed by the inspector.

Ontario

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

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Name of Inspector (ID #) / Nom de l'inspecteur (No) : BERNADETTE SUSNIK (120) - (A1)

Inspection No. / No de l'inspection : 2015_189120_0093 (A1)

Appeal/Dir# / Appel/Dir#:

Log No. / Registre no. : 0008024, 8027, 8028, 8029-15 (A1)

Type of Inspection / Genre d'inspection: Follow up

Report Date(s) / Date(s) du Rapport : Jul 13, 2016;(A1)

Licensee / Titulaire de permis : NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH
413 Linwell Road, St. Catharines, ON, L2M-7Y2

LTC Home / Foyer de SLD : INA GRAFTON-GAGE HOME
413 Linwell Road, St Catharines, ON, L2M-7Y2

Name of Administrator / Nom de l'administratrice ou de l'administrateur : PATRICK O'NEILL

Ontario

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

To NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

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

Linked to Existing Order / Lien vers ordre existant: 2015_189120_0022, CO #003;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

Order / Ordre :

(A1)
The licensee shall equip all elevators located on the first floor of the Long-term Care Home with access control limitations so that long term care residents who should not be permitted to use the elevators without supervision are not able to gain access to non-long term care areas of the home.

Grounds / Motifs :

1. The licensee did not ensure that elevators in the home were equipped to restrict resident access to areas that were not to be accessed by residents.

Two elevators in the home (one located near the administrative offices and one near the hair salon) were identified to be accessible to residents of the home and were not equipped with a device or access codes to prevent resident access to either the basement or to the upper floors which were occupied by non long term care home tenants. These areas all led to unsecured outdoor areas via unsecured stairwells. (120)

Ontario

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

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Aug 31, 2016(A1)

Order # /
Ordre no : 002

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

Linked to Existing Order /
Lien vers ordre existant: 2014_189120_0028, CO #007;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Order / Ordre :

(A1)
The licensee shall:

1. Increase the illumination levels in resident ensuite washrooms and resident bedrooms of the long term care home to a minimum level of 215.28 lux (excluding corners and along walls).
2. Increase the illumination levels of all corridors in the long term care home so that the minimum lux is a consistent and continuous level of 215.28 lux down the centre of the corridor.
3. Provide residents with a reading light that when the bed is in a reading position, the lux is a minimum of 376.73 lux.
4. Prior to starting the above noted work, submit a completed form titled "Operator's Guide to the Process for Alterations, Renovations or Additions to Existing LTC Homes, 2016" for approval by December 31, 2016.

Grounds / Motifs :

1. The licensee failed to ensure that the lighting requirements set out in the Table to this section were maintained.

The long term care home was built prior to 2009 and therefore the section of the lighting table that was applied is titled "in all other areas of the home". Non compliance was identified on July 18, 2012 and the licensee was required to have in place a voluntary plan of compliance. Lighting levels had not changed upon a return inspection on April 28, 2014 and levels were measured at that time. Non compliance in the form of an Order was issued with a compliance date of November 16, 2015. During this follow-up inspection, the Administrator and Environmental Services Supervisor confirmed that no changes had been made to the various lighting fixtures, no fixtures were added (with the exception of one resident bedroom) and no plans to improve lighting levels were in place. Lighting levels were not re-measured during this follow up inspection, but the levels that were identified during the inspection completed in April 2015 were used.

On April 28 and 29, 2015 measurements were taken of the three main corridors consisting of resident rooms #1101 to #1139, resident bedrooms and washrooms, and one resident bed in the reading position. The outdoor conditions were sunny when corridors and bathrooms were tested and cloudy with rain when bedrooms and bathrooms were tested. A Sekonic Handi Lumi illumination meter with an accuracy

range of +/- 5% was used to test the illumination levels, held 30 inches above and parallel to the floor level with the exception at the head of the bed.

On April 28, 2014, all three of the corridors were observed to be equipped with fluorescent tube lights behind wooden valences on one side of the three corridors where the rooms were located. No overhead lighting was provided. The carpets were dark in colour. While traveling along the longest corridor consisting of rooms #1107-#1122, a lux of 25-170 was measured along a portion of the corridor where the resident room doors were closed. The lighting was not maintained at a consistent and continuous level of 215.28 lux.

On April 29, 2014, all of the resident rooms were observed to be equipped with two wall mounted lighting fixtures (with 2 spiral fluorescent bulbs each) for overall room lighting. In room #1120, the available blinds on the windows were closed and all available lighting fixtures turned on. The two wall fixtures were both 125 lux when standing directly in front of them. Centrally, in the room at the bed, the lighting level was 20 lux. The minimum level required is 215.28 lux.

With respect to the level of lux for reading lights, this was difficult to confirm as the home did not provide residents with a standard reading light. Most residents had their own personal reading lamp which were all different in size, height and illumination levels.

On April 28, 2014, most of the resident washrooms were observed to be equipped with one pot light near the shower enclosure and one light was mounted on the wall over the vanities which consisted of two regular incandescent light bulbs. In the washroom of #1139, the lux was 20 central in the room and 115 lux over the vanity. Rooms #1137 & #1136 were both 110 lux over the vanity (each had one bulb burnt out). The minimum required lux level is 215.28.

No lighting measurements were taken in the activity room and tub room as the rooms appeared adequately lit. The dining room was very large with chandeliers and could not be measured due to the inability to control for natural light infiltration. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Ontario

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

Mar 31, 2017(A1)

Order # / Ordre no : 003

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

Linked to Existing Order / Lien vers ordre existant: 2015_189120_0022, CO #002;

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 :

(A1)
The licensee shall;

1. Connect the main foyer door to the resident-staff communication and response system and install a back-up alarm at the door.
2. Equip the glass exit doors located in the dining room with a door access control system, an audible back up alarm at each door and connect each set of doors to the resident-staff communication and response system.
3. Equip the glass exit doors leading to the enclosed courtyard located in the activity room, main foyer and library/chapel with a locking system that cannot be easily manipulated by residents.
4. Secure the open staircase in the main foyer so that residents cannot gain access to the basement unsupervised or without assistance.
5. Secure the non-residential area known as Building "A" from the long-term care home located in Building "B".
6. Stairwell doors to which residents have access are to be secured by equipping them with a door access control system, back up door alarm and connected to the resident-staff communication and response system.

Grounds / Motifs :

1. The licensee did not ensure that the following rules were complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that precluded exit by a resident, including balconies and terraces, or doors that residents did not have access to were not,

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 allowed calls to be canceled only at the point of activation and,

A. were connected to the resident-staff communication and response system.

Two sets of glass doors were located in the resident's dining room that were accessible to residents, led to an unsecure outdoor area that led to the rest of the property and a busy street. In addition, when tested, they were not locked, not equipped with a door access control system and not equipped with an audible door

alarm that allowed calls to be canceled only at the door (point of activation). The Environmental Services Supervisor reported during a previous inspection that the dining room was usually kept locked between meals and residents would not have access to the glass doors. However, during this inspection, the dining room doors were observed to be open between breakfast and lunch.

2. The main door located in the lobby of the first floor was equipped with a magnetic locking system, however the system was not connected to the resident-staff communication and response system known as the Versus System. An enunciator panel was not available at the nurse's station as the alternative option in which to connect the doors. The staff pagers would therefore be required to alarm with the location of the breached door. The staff pagers were not programmed to accept any visual or audio signals from the main lobby door if breached for any particular reason.

3. Approximately six enclosed stairwells were identified in the building, two of which were secured on the main floor nearest the resident rooms (labeled as stairwell #1 & #2). The remaining four stairwells were not locked, equipped with a door access control system or equipped with an audible door alarm and were easily accessible to residents from the basement where an auditorium and bowling alley were available for their use. One stairwell which was an open stair located in the main lobby, was accessible to residents and provided them with direct access to the unsecured basement area and other unsecured stairwells. (120)

2. The licensee did not ensure that the following rules were complied with:

1.1. All doors leading to secure outside areas that precluded exit by a resident, including balconies and terraces, were equipped with locks to restrict unsupervised access to those areas by residents.

Several glass doors were located throughout the home to which residents had access and were not equipped with locks to restrict unsupervised access to the outdoor courtyard. These doors were located in the activity room, main lobby and library/chapel. They were tested and found unlocked on December 2, 2015. The activity room door had a small knob on the door which could be turned to lock or unlock the door, however the lock would not restrict a resident from gaining unsupervised access to the outdoor courtyard. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Oct 31, 2016(A1)

Order # /
Ordre no : 004

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

Linked to Existing Order /
Lien vers ordre existant: 2015_189120_0022, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

(A1)
The licensee shall;

1. Install a functional wall mounted activation station in a visible location in the dining room, in the activity room, library/chapel, main foyer (sitting area) hair salon, outdoor courtyard, small lounge/kitchen and any other common area to which residents have access.
2. A wireless and functional pendant shall be made available in each resident bedroom so that it can be easily seen and accessed by anyone. An alternative option would be to install a functional wall mounted activation station next to each resident bed.
3. If the above options are not completed, and a different proposal is being considered such as replacing the existing resident-staff communication and response system with a different system, submit a completed form titled "Operator's Guide to the Process for Alterations, Renovations or Additions to Existing LTC Homes, 2016" for approval before beginning the installation process.

Grounds / Motifs :

1. The licensee did not ensure that the resident-staff communication and response system was easily seen or easily accessible to residents, staff and visitors at all times.

The home's resident-staff communication and response system (RSCRS) was comprised of wireless pendants worn by residents (at their discretion) and wall mounted activation stations in the tub rooms and resident washrooms. In order to activate the RSCRS, residents or staff were required to press a button on the resident's pendant or pull a cord on an activation station where available in order to alert other staff that assistance was required. During this visit, the activation stations were not located in the dining room, activity room, library/chapel, kitchenette/lounge, hair salon, cafe, outdoor courtyard, resident bedrooms or main foyer (sitting area), the basement auditorium, bowling alley and public washrooms for use by visitors, staff and residents. Visitors and staff were required to find a resident wearing a pendant in order to call for assistance and not all residents wore the pendant consistently.

At the time of this follow-up inspection, no changes to the system were observed to have been made and confirmation was made with Environmental Services Supervisor. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Oct 31, 2016(A1)

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
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th 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

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

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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.

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

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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
Inspection de soins de longue durée
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.

Issued on this 13 day of July 2016 (A1)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /
Bureau régional de services : Hamilton