



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
July 6, 2011	2011-159120-0014	H-001180-11 Complaint

Licensee/Titulaire

The Regional Municipality of Niagara, 2201 St. David's Road, P.O. Box 344, Thorold, ON L2V 3Z3

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

Linhaven, 403 Ontario Street, St. Catharines, ON L2N 1L5

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

Bernadette Susnik - Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with the Administrator, Associate Director of Care, Maintenance personnel, personal service workers and an identified resident.

During the course of the inspection, the inspector conducted a walk-through of several home areas, tested the resident-staff communication response system, reviewed maintenance service and audit logs for the response system,

The following Inspection Protocols were used during this inspection:

- *Safe and Secure Home*
- *Reporting and Complaints*

There are findings of Non-Compliance as a result of this inspection. The following action was taken:

**1 WN
1 VPC**

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: *The licensee has failed to comply with O. Reg. 79/10, s. 17.(1).(a),(b), (f), and (g). 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;*
- (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.*

Findings:

The resident-staff communication and response activation station located in an identified resident's room, prior to June 14, 2011 was not functioning consistently and was therefore not "on" at all times and therefore could not be used. A suitable alternative system in compliance with subsection (a), (f) and (g) was not provided or was not available to residents, staff or visitors.

The malfunctioning activation station was identified by the resident's family in early January 2011, and reported several times to the employees working in a particular home area over the course of several months. Several employees confirmed during the inspection, that they did in fact know that the activation station was faulty and that they remedied the problem by "jiggling" the cable. No formal requests were reported by staff to the maintenance department informing them about this issue. A formal request for repair was made to the maintenance department in May 2011, after the resident's family member stated that the station was not working again.

The maintenance manager confirmed that certain activation stations are outdated and in need of replacement due to outdated components and their inability to repair them. The decision to begin replacing the stations began in early February 2011. The identified resident received a new station in mid June 2011.

The home did not have a suitable alternative system in place for residents with faulty stations. The identified resident received a small bell when family members reported in early June 2011 that the resident's station was not working again. The bell is an inappropriate solution as it is not audible to staff working in various parts of the home area, does not indicate clearly where the signal or sound is coming from and cannot be easily used by some residents (has to be placed on a hard surface such as a night table).

The home has now procured a sufficient number of newly rebuilt activation stations to replace the outdated stations.



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 in respect to ensuring 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; (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.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> <p><i>B. Susnik</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). <i>Aug. 17/11</i></p>