



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**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**

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

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

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## **Amended Public Copy/Copie modifiée du public de permis**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 25, 2017;	2016_219211_0024 (A3)	013514-16	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

NORTH RENFREW LONG-TERM CARE SERVICES INC.  
47 Ridge Rd DEEP RIVER ON K0J 1P0

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

NORTH RENFREW LONG-TERM CARE SERVICES INC.  
47 RIDGE ROAD P.O. BOX 1988 DEEP RIVER ON K0J 1P0

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



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JOELLE TAILLEFER (211) - (A3)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**The compliance date for the compliance order #002 O. Reg 79/10, s. 9. (1) has been extended from August 1, 2017 to October 31, 2017.**

**Issued on this 25 day of July 2017 (A3)**

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

**Original report signed by the inspector.**



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



JOELLE TAILLEFER (211) - (A3)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): October 3, 4, 5, 6, 7, 2016.**

**During this inspection the following intakes were completed:**

- Critical Incident System (CIS) related to a fall and,**
- Anonymous complaint related to allegation of lack of staffing.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Services, Building Maintenance, Registered Nurses (RN), Registered Practical Nurse, Personal Support Workers (PSWs), a Housekeeper, residents and family members.**

**The inspector also conducted a tour of the resident care areas, reviewed residents' health care records, home's program related to Falls, Skin and Wound & Restraints, staff work routines and schedules, observed resident rooms, observed resident common areas, observed a Medication's room & cart, and observed the delivery of resident care and services, including resident-staff interactions.**

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



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**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Pain  
Residents' Council  
Safe and Secure Home  
Skin and Wound Care**

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

**2 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 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).**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

On October 4, 2016 at approximately 1608 hours, Inspectors #211 and #551 noted that the door leading to the service corridor was locked, but the lock was not engaged. The inspectors entered the service corridor and noted that no staff was



present. Inspector #211 entered the staff lounge and was able to open a door that provided unrestricted access to the outside of the building. Also accessible in the service corridor were a laundry room, the dirty utility room and the staff washroom.

At this time, it was noted that resident #012 was attempting to open the locked service doors which are used when receiving deliveries. The service doors and the service corridor are within close proximity.

Inspector #211 brought this to the attention of the Administrator who confirmed that the door to the service corridor should have been locked. The door latching mechanism was fixed by the following morning. [s. 9. (1)]

2. The licensee has failed to ensure that all resident accessible doors leading to the outside of the home were kept locked.

North Renfrew Long-Term Care Services Inc. is a three storey building, including one storey which is accessed off Ridge Road which houses administrative offices, the day program, the drop-in centre and a visiting professionals' office (which acts as the hair salon). An enclosed walkway joins the third storey to the ground level and second storey of the building.

The ground floor of the building houses twenty Long-Term Care (LTC) residents, and the second floor has ten supportive community apartments and one apartment for two respite residents, one of which is designated as a LTC respite bed.

An elevator provides unrestricted access to the second and third floors.

On October 6, 2016, the Administrator stated that the third floor was not considered to be a residential area for the LTC residents, but that the residents were encouraged to visit any area of the home of their choosing.

There is a link door in the enclosed walkway, and on the third floor there are three doors that exit to Ridge Road: the community/administrative entrance, in the drop-in centre and in the day program. According to the Administrator, the link door is locked at 1730 hours and is only reopened when there is a staff member to visually supervise the doors on the third floor.

The doors in the drop-in centre and the day program provide access to the outdoors by pushing on the push bar. The doors in the drop-in centre and in the





day-program are locked from the outside to restrict access into the building. These doors are not kept locked to restrict access out of the building. According to Administrator, these are fire doors and are never locked on the inside.

The community/administrative door consists of a set of push/pull doors that lead to a vestibule which lead to another set of doors. During regular business hours, the community/administrative door is not kept locked.

According to the Administrator, the doors are monitored visually by a staff member and locked at 1730 hours. [s. 9. (1)]

3. The licensee has failed to ensure that all resident accessible doors leading to stairwells and the outside of the home are equipped with an audible door alarm that allows calls to be cancelled at the point of activation, and is A. connected to the resident-staff communication and response system, 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 the door.

On the ground floor of the LTC home, there are several doors that are resident accessible; three emergency doors, the Brockhouse Way entrance (main entrance) and the service door. On the third floor there are three doors that are resident accessible: in the day program room, the drop-in centre and the community/administrative entrance.

On October 6, 2016, Inspector #551 asked the Maintenance Manager to test the alarm on the door of the main entrance with her. The Maintenance Manager stated that the doors in the home were not equipped with an audible alarm. He stated that when a resident wearing a alarm device came within five meters of the main entrance or service door, the alarm device would sound, and he showed the inspector the panel that staff would have to come to and enter a code in order to cancel the alarm. The Maintenance Manager stated that the alarm device system was only installed on the ground level of the home.

On the same day, the Administrator stated that the alarm system whose alarm sounded like a school bell acted as the home's audible alarm. She listed the residents who wore a alarm system, and stated that all others were checked on every thirty minutes.

On October 7, 2016, resident #012 who wears a alarm device was pushing on the



push bar of the locked main entrance door, and the alarm device was not sounding.

The Manager of Resident Services (MRS) stated that at the main entrance, a resident wearing a alarm device had to be there for a certain length of time or the door was opened, in order to set off the alarm. The MRS stated that the alarm of the service door was set off as soon as a resident wearing a alarm device got near.

PSW #104 stated that the alarm device did not ring to the pagers carried by staff. She stated that she would be alerted by the sound of the ringing alarm in the lounge. Maintenance manager stated that the alarms were disengaged by entering the code on the panel located in the chapel or next to the door leading the service corridor.

Within the home, the doors leading to stairwells are kept closed and are accessible only by using an access code, however these doors are not equipped with an alarm.

The severity of harm was determined to be "potential for actual risk" and the scope was identified as "pattern" as these above doors were identified as a risk for the residents living in the LTC home. [s. 9. (1)]

***Additional Required Actions:***

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

**(A3)The following order(s) have been amended:CO# 001**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**



**Specifically failed to comply with the following:**

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
  - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies.

On October 6, 2016, Inspector #211 observed that the locked medication refrigerator in the locked medication room of the Long-Term Care Unit contained one plate of two different kind of sandwiches as followed:

- egg sandwiches and,
- turkey sandwiches.

Interview with RN #108, and Manager of Resident Services confirmed that the food should not be stored in the medication refrigerator and only drugs and drug-related supplies should be kept in the medication refrigerator. [s. 129. (1) (a) (i)]



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**Issued on this 25 day of July 2017 (A3)**

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

**Original report signed by the inspector.**



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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
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2007, c. 8

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) :** JOELLE TAILLEFER (211) - (A3)

**Inspection No. /**

**No de l'inspection :** 2016\_219211\_0024 (A3)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** 013514-16 (A3)

**Type of Inspection /**

**Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Jul 25, 2017;(A3)

**Licensee /**

**Titulaire de permis :** NORTH RENFREW LONG-TERM CARE SERVICES  
INC.  
47 Ridge Rd, DEEP RIVER, ON, K0J-1P0

**LTC Home /**

**Foyer de SLD :** NORTH RENFREW LONG-TERM CARE  
SERVICES INC.  
47 RIDGE ROAD, P.O. BOX 1988, DEEP RIVER,  
ON, K0J-1P0



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foyers de soins de longue durée, L.  
O. 2007, chap. 8

**Name of Administrator /** Kim Rodgers  
**Nom de l'administratrice**  
**ou de l'administrateur :**

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To NORTH RENFREW LONG-TERM CARE SERVICES INC., you are hereby  
required to comply with the following order(s) by the date(s) set out below:

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<b>Order # /</b>	<b>Order Type /</b>
<b>Ordre no :</b> 001	<b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**



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O. 2007, chap. 8

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 :**



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
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foyers de soins de longue durée, L.  
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The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that the following requirements 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 must be kept closed and locked and 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.
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.

Specifically this plan shall include:

1. The doors latching mechanism must engaged properly to ensure that all doors leading to non-residential areas are kept closed and locked when they are not supervised by staff.
2. The link door in the enclosed walkway of the third floor heading to the second set of door leading to the outside of the home is kept locked.
3. All residents accessible doors leading to the emergency doors, the Brockhouse Way entrance, the service door on the ground floor and the link door in the enclosed walkway on the third floor are equipped with an audible door alarm that allows calls to be cancelled at the point of activation, and is
  - A. connected to the resident-staff communication and response system,
  - 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 the door.

This plan must be submitted in writing by February 3, 2017 to: Megan MacPhail LTCH Inspector by fax at 613-569-9670.

**Grounds / Motifs :**





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1. The licensee has failed to ensure that all resident accessible doors leading to stairwells and the outside of the home are equipped with an audible door alarm that allows calls to be cancelled at the point of activation, and is A. connected to the resident-staff communication and response system, 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 the door.

On the ground floor of the LTC home, there are several doors that are resident accessible; three emergency doors, the Brockhouse Way entrance (main entrance) and the service door. On the third floor there are three doors that are resident accessible: in the day program room, the drop-in centre and the community/administrative entrance.

On October 6, 2016, Inspector #551 asked the Maintenance Manager to test the alarm on the door of the main entrance with her. The Maintenance Manager stated that the doors in the home were not equipped with an audible alarm. He stated that when a resident wearing a alarm device came within five meters of the main entrance or service door, the alarm device would sound, and he showed the inspector the panel that staff would have to come to and enter a code in order to cancel the alarm. The Maintenance Manager stated that the alarm device system was only installed on the ground level of the home.

On the same day, the Administrator stated that the alarm device system whose alarm sounded like a school bell acted as the home's audible alarm. She listed the residents who wore the alarm device, and stated that all others were checked on every thirty minutes.

On October 7, 2016, resident #012 who wears a alarm device was pushing on the push bar of the locked main entrance door, and the alarm device was not sounding.  
(551)

2. The licensee has failed to ensure that all resident accessible doors leading to the outside of the home were kept locked.

North Renfrew Long-Term Care Services Inc. consists of a three storey building,



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including one storey which is accessed off Ridge Road which houses administrative offices, the day program, the drop-in centre and a visiting professionals' office (which acts as the hair salon). An enclosed walkway joins the third storey to the ground level and second storey of the building.

The ground floor of the building houses twenty Long-Term Care (LTC) residents, and the second floor has ten supportive community apartments and one apartment for two respite residents, one of which is designated as a LTC respite bed.

An elevator provides unrestricted access to the second and third floors.

On October 6, 2016, the Administrator stated that the third floor was not considered to be a residential area for the LTC residents, but that the residents were encouraged to visit any areas of the home of their choosing.

There is a link door in the enclosed walkway, and on the third floor there are three doors that exit to Ridge Road: the community/administrative entrance, in the drop-in centre and in the day program. According to the Administrator, the link door is locked at 1730 hours and is only reopened when there is a staff member to visually supervise the doors on the third floor.

The doors in the drop-in centre and the day program provide access to the outdoors by pushing on the push bar. The doors in the drop-in centre and in the day-program are locked from the outside to restrict access into the building. These doors are not kept locked to restrict access out of the building. According to Administrator, these are fire doors and are never locked on the inside.

The community/administrative door consist of a set of push/pull doors that lead to a vestibule which lead to another set of doors. During regular business hours, the community/administrative door is not kept locked.

According to the Administrator, the doors are monitored visually by a staff member and locked at 1730 hours. (551)



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3. The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

On October 4, 2016 at approximately 1608 hours, Inspectors #211 and #551 noted that the door leading to the service corridor was locked, but the lock was not engaged. The inspectors entered the service corridor and noted that no staff was present. Inspector #211 entered the staff lounge and was able to open a door that provided unrestricted access to the outside of the building. Also accessible in the service corridor were a laundry room, the dirty utility room and the staff washroom.

At this time, it was noted that resident #012 was attempting to open the locked service doors which are used when receiving deliveries. The service doors and the service corridor are within close proximity.

Inspector #211 brought this to the attention of the Administrator who confirmed that the door to the service corridor should have been locked. The door latching mechanism was fixed by the following morning.

The severity of harm was determined to be "potential for actual risk" and the scope was identified as "pattern" as these above doors were identified as a risk for the residents living in the LTC home. (551)

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

Oct 31, 2017(A3)



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O.  
2007, c. 8

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

**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



**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

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

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foyers de soins de longue durée, L.  
O. 2007, chap. 8

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).

**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



**Ministry of Health and  
Long-Term Care**

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foyers de soins de longue durée, L.  
O. 2007, chap. 8

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](http://www.hsarb.on.ca).

**Issued on this 25 day of July 2017 (A3)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :**

JOELLE TAILLEFER - (A3)

**Service Area Office /  
Bureau régional de services :**

Ottawa