Ontario

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

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

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

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


**Health System Accountability and Performance Division**
**Performance Improvement and Compliance Branch**
**Division de la responsabilisation et de la performance du système de santé**
**Direction de l'amélioration de la performance et de la conformité**

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255


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| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|---|---|
| Dec 13, 16, 2011; Jan 18, 2012 | 2011_060127_0055 | Critical Incident |

**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

NORTHRIDGE
496 POSTRIDGE DRIVE, OAKVILLE, ON, L6H-7A2

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

RICHARD HAYDEN (127)

## Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Critical Incident inspection.**

**During the course of the inspection, the inspector(s) spoke with the associate director of care, environmental services manager, registered and non-registered staff regarding H-002274-11.**

**During the course of the inspection, the inspector(s) reviewed management's documentation of the incident and verified door security throughout the home.**

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

**Safe and Secure Home**

**Findings of Non-Compliance were found during this inspection.**

## NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

| Legend | Legendé |
|---|---|
| WN – Written Notification | WN – Avis écrit |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral | DR – Alguillage au directeur |
| CO – Compliance Order | CO – Ordre de conformité |
| WAO – Work and Activity Order | 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.)<br><br>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.<br><br>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 subsections:**

**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.**
**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. (1).**

**Findings/Faits saillants :**

1. On December 13, 2011, the inspector confirmed the following information:
An identified resident exited the home without staff knowledge in 2011, through a magnetically-locked door leading to a stairway and then through a fire-alarmed door. All doors in the home were audited by an outside contractor approximately two weeks prior to the incident. No issues were identified with the doors at that time. Staff reported that one identified door was not closing properly two days following the incident and it was repaired later that same day. The door was not identified as improperly closing prior to the incident. The associate director of care advised that a personal support worker (PSW) first went through this identified door to go to the first floor. The PSW failed to ensure the door fully closed behind him/her and that the magnetic lock had engaged. The alarm sounded but staff who cleared it assumed it was set off due to the door failing to fully close and not because a resident had left. No one responded to the fire-alarmed door leading to the outside until after the resident was returned to the home by staff who had found him/her outside as they were coming on shift. The alarm on the door leading to the outside sounded for more than 56 minutes before it was cleared.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

**Findings/Faits saillants :**

1. On December 13, 2011, the inspector observed the door to Soiled Utility Room A-204 in Post House resident home area was left unsecured. The door knob was locked but paper towel had been stuffed into the door jamb to prevent the tumbler from latching into the door frame. A hazardous substance, namely a bottle of Everyday Disinfectant, was accessible to residents in this room. The label on the bottle indicated the product was, "Very Toxic. Highly Irritating. Corrosive."

**Issued on this 18th day of January, 2012**

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