



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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## **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>
Dec 11, 2015;	2014_346133_0010 (A3)	O-000211-14 AND TWO OTHER LOGS	Follow up

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

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE  
1750 Russell Road OTTAWA ON K1G 5Z6

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

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE  
1750 RUSSELL ROAD OTTAWA ON K1G 5Z6

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



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soins de longue durée**

JESSICA LAPENSEE (133) - (A3)

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

**The compliance date for compliance order #001 has been extended to  
December 31, 2015.**

**Issued on this 11 day of December 2015 (A3)**

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

**Original report signed by the inspector.**



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JESSICA LAPENSEE (133) - (A3)

**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): September 30th,  
October 2nd, October 3rd - 2014**

**During the course of the inspection, the inspector(s) spoke with The Director of Support Services, The Plant Services Supervisor, Commissionaires at the reception desk, the Property Services Coordinator, and a Personal Support Worker.**

**During the course of the inspection, the inspector(s) observed resident accessible doors leading to non residential areas, throughout the home. As well, the inspector tested door alarms throughout the home and observed door access alert equipment at the reception desk.**

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

**Safe and Secure Home**

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

**1 WN(s)**

**0 VPC(s)**

**2 CO(s)**

**0 DR(s)**

**0 WAO(s)**



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 9. (1)	CO #001	2014_304133_0006	133

### 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. (1).**

**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).**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**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).**

**Findings/Faits saillants :**



1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) iii in that the licensee has failed to ensure that the audible door alarms on applicable doors in the Perley center core are connected to the resident-staff communication and response system OR connected to an audio visual enunciator that is connected to the nurses' station nearest to the door.

Applicable doors are those that are resident accessible and lead to the outside of the home, and those that lead to stairways. This includes the home's front door, and the resident accessible staff exit door within the 1st level of the service area.

This is the licensee's 3rd consecutive finding of non-compliance, that includes a Compliance Order (CO), related to door alarms. In the past, non-compliance, including a CO, was issued on March 13th, 2013 (inspection #2013\_204133\_0005) and on February 21st, 2014 (inspection # 2014\_304133\_0004).

This ongoing non-compliance presents a widespread pattern of potential risk to the residents of the home, in particular to those residents who may be at risk of elopement, and who travel independently off the care units.

1.1 - The Perley Rideau and Veterans Health Centre is a 450 bed long term care home. The home consists of three 2 story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. The Perley building includes the resident pub, art programming rooms, common areas in which large group activities are held, service areas for residents such as the hairdresser, and administration offices visited by residents and their families.

From the Perley building, there is a new link corridor (entrance link), which opened in September 2013, that ultimately leads to the new front entrance/exit of the building complex, and which also connects with the new 139 unit apartment, known as the Perley Rideau Seniors Village.

Within this new entrance link, there is a reception desk, staffed by commissionaires, 7 days a week.

The level 1 sliding door that separates the Perley building from this new entrance link, is known as the level 1 door that segregates the two buildings address', 1750 Russell Road and 1720 Russell Road. There is a second sliding door that segregates the two buildings address', located on level 2 of the Perley building (directly above level 1).



Both of these sliding doors are considered as doors that lead outside of the home, and are subject to O. Reg. 79/10, s. 9 (1) in its entirety.

1.2 - For the purposes of this report, applicable doors within the link corridors (from care buildings to Perley) and within the Perley building will be referred to as the center core doors. As well, the level 1 door that segregates the two buildings address' will be referred to as the home's front door, and the level 2 sliding door will be referred to as the level 2 exit door.

1.3 - The inspector notes that all applicable doors, throughout all areas of the home, have now been equipped with audible doors alarms, yet those within the center core are not connected as required.

1.4 - Applicable center core doors, at the time of the inspection, are as follows: stairway A, B and C doors (both levels), the main staff exit, the exit door within Gatineau link, the exit door across from Lupton Hall, the exit door within Lupton Hall, 2 exit doors within the pub and the 2 exit doors within the cafeteria. The home's new front door and the level 2 exit door are also applicable center core doors.

Beyond the home's new front door, within the new entrance link, lies two unlocked doors that lead to exterior courtyards (not enclosed), and an unlocked stairway door (H1) that leads to an unlocked exit door. These doors are alarmed, but not connected in a way that satisfies O. Reg. 79/10, s. 9 (1) 1. iii. The buildings main exit door, that leads to the parking area for the complex, is not locked or alarmed, although the automatic opening and closing function of the door is controlled with a coded key pad at the door.

1.5 - At the time of the inspection, through observation and discussion, the following was ascertained:

a) Alarms now in place on applicable center core stairway doors, the newly installed front door, and the level 2 exit door, are connected to a new door access alert system (C. Cure 9000). This door alert system software displays on a dedicated computer console, console B, at the reception desk within the buildings entrance link. A sound is emitted when a door is alarming, and the location of the door is displayed. As well, an email alert is sent to the Plant Service Supervisor and to the commissionaire on duty, on their mobile communication device.

While the audible door alarms on center core stairway doors are connected to an





audio visual enunciator, the enunciator is not connected to the nurses' station nearest to any of the doors, as is required. As such, they are non-compliant.

b) Applicable center core doors (excluding stairways, the new front door, and the level 2 exit door) are connected to the old door access alert system (Card Access 3000). This door alert system software displays on computer console A, at the reception desk. There are multiple programs running on this console. The door alert system software is capable of emitting a sound. The software alerts when monitored doors throughout the LTC home, and other buildings on the grounds, such as the respite bungalows are opened. It also alerts when they are closed. In this way, the alerts are multiple and continuous, and not exclusive to applicable doors within the long term care home, that are subject to O. Reg. 79/10, s. 9 (1) 1 iii.

Applicable center core doors as referenced above have contacts on them, on a timer. They are timed to send an alert to the Card Access 3000 program when the door has been left open for the amount of time it should take for the door to alarm.

These door alarms are not connected to an audio visual enunciator. Even if the door alarms were truly connected to the audio visual enunciator at the reception desk, the enunciator is not connected to the nurses' station nearest to any of the doors, as is required. As such, they are non-compliant.

1.6 - On September 30th, 2014, at 2:25pm, Inspector #133 and the Plant Service Supervisor (PSS) went together to the front reception desk, while the Director of Support Services (DSS) went to the resident accessible staff exit door within the 1st level of the Perley center core service area, to cause the door to alarm. This door is connected to the old door access alert software (Card Reader 3000). The PSS and DSS were in communication via cell phone, and the DSS could be seen at the door on the video monitor on the reception desk. The DSS held the door open and it alarmed, but nothing came through on the Card Access 3000 program on console A. The DSS closed the door, reset the alarm, and then held it open to cause another alarm. Nothing came through on the Card Access 3000 program. The DSS closed the door and reset the alarm. After the door was closed, an alert came through indicating that the staff exit door was open. This served to illustrate that the door alarm was not connected to the enunciator, and this was confirmed by the PSS, who indicated some reprogramming of the door timer was needed. It is also noted that the audible alert function had been rendered essentially in-audible, as the sound had been turned down. The Inspector, DSS and PSS stepped away from the reception desk for a few minutes to discuss the situation, and then decided to test another door. The DSS went



to the exit door in the Gatineau link corridor, and the Inspector and the PSS returned to the reception desk. The PSS and DSS remained in contact via cell phone. It was observed that the commissionaire at the desk, staff #103, had minimized the Card Access 3000 screen and was working on an email. The DSS caused the Gatineau link corridor exit door to alarm, it could be heard on the cell phone. As the Card Access 3000 program had been minimized, it did not “pop up” to visually alert that a door of concern had been open for too long.

1.7 - On October 2, 2014, at 9:40am, the Inspector spoke with the Property Service Coordinator, #S102, who was working at the reception desk at that time. When the Inspector went behind the desk, it was noted that the Card Access 3000 program had been minimized. The quiet “ping” sound made when any of the multiple doors on the Card Access 3000 program could be heard continuously, but the program never popped up to visually display which doors were causing the alerts. Staff #S102 explained that she was working with the PM works program, as it is used as a resident directory. Staff #S102 explained that there is a constant need for this program, as there are frequent calls and requests from visitors as to a resident’s location within the home. At 9:57am, the commissionaire, staff #S104, returned to the desk, and he and staff #S102 acknowledged that they only know if a door has been open too long, based on what the Card Access 3000 displays. For doors that have been recently equipped with audible alarms, they can only assume that the door is alarming if there is a Card Access 3000 system alert. The door alarms are not connected to the Card Access 3000 program.

1.8 - In response to the licensee’s last (2nd) Compliance Order related to door alarms, a compliance plan was submitted to and accepted by Inspector #133. This plan outlined an accepted solution to the issue of how door alarms for centre core doors were to be connected. On September 30th, 2014, during the Follow-Up inspection, the Inspector was informed that the solution put forward in the compliance plan had not been implemented, due to software and equipment complications. The Director of Support Services (DSS) informed that the home is moving forward with a request for proposals for vendors of resident-staff communication and response systems. The DSS informed the Inspector that any new system they get will be able to be connected to resident accessible doors that lead to the outside, or that lead to stairways, within the center core. [s. 9. (1)]

2. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 2., in that the licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and that those



doors are kept closed and locked when they are not being supervised by staff.

Non-residential areas are those in which residents would not customarily receive care and/or services.

This is the licensee's 4th consecutive finding of non-compliance, that includes a Compliance Order (CO), related to doors leading to non-residential areas. In the past, non-compliance, including a CO, was issued on March 13th, 2013 (inspection #2013\_204133\_0005), on August 30th, 2013 (inspection # 2013\_204133\_0021), and on March 3, 2014 (inspection #2014\_304133\_0006).

This ongoing non-compliance presents a widespread pattern of potential risk to the residents of the home, in particular to those who travel independently to the Perley building.

2.1 - The Perley Rideau and Veterans Health Centre is a 450 bed long term care home. The home consists of three 2 story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. The Perley building includes the resident pub, art programming rooms, common areas in which large group activities are held, service areas for residents such as the hairdresser, administration offices visited by residents and their families.

The Perley building also includes a 2 level service area, that is fully resident accessible as the doors leading into the service areas are not secured. Residents and their families do access the upper level laundry area to bring clothing to be labelled.

2.2 - The inspector found non-compliant doors within the Perley building service area on September 30th and October 2nd, 2014. All identified doors have been noted in previous findings of non-compliance.

On September 30th, 2014, the Inspector noted that none of the 4 staff bathroom doors within the service area had been equipped with a lock to restrict unsupervised access by residents. These 4 doors are : CW2013, CW2030, CW1038, CW1039. The resident –staff communication system was not available in these bathrooms. The Director of Support Services confirmed to the Inspector that these are not intended for resident use, and as such are to be seen as non-residential areas. If these bathrooms were intended for resident use, the resident –staff communication system would be required in each of the 4 bathrooms, as per O. Reg. 79/10, s. 17 (1) (d) and (e).



On September 30th, 2014, at 11:41am, the Inspector found that door #CW2028, that leads into a linen room, was not closed and locked. This is within the 2nd level of the service area. The door is equipped with a lock. It is acknowledged that a staff person was seen by the inspector working within the back area of the neighbouring linen room, amongst the linen carts, however they were not visually supervising door #CW2028 and the area beyond the door. There was no other staff in the area supervising the door at the time of observation.

On September 30th, 2014, at 12pm, the Inspector found doors #CW1040 and #CW1042, which lead into linen rooms, were not closed and locked. These are within the 1st level of the service area. While both doors are equipped with a lock, neither was closed and locked to prevent unsupervised access by residents. There were no staff in the area at the time of observation.

On October 2nd, 2014, at 12:30pm, the Inspector again found door #CW2028, that leads into a linen room, was not closed and locked. There were not staff in the linen room or visible to the inspector within the area. The inspector quickly left the service area in order to get a new pen, and returned by 12:43pm, to find the door still not closed and locked. The Inspector went to find the Director of Support Services (DSS), whose office is around the corner from door #CW2028. Together, the Inspector and the DSS returned to door #CW2028, and found it was not closed and locked. The Inspector and the DSS then went down to the 1st floor of the service area, and found door #CW1040 and #CW1042, which lead into linen rooms, were not closed and locked (as previously noted by the Inspector on September 30th, 2014). There were not staff in the area supervising the doors at the time of observation. The DSS noted that the home's linen service company must be present and loading/off loading supplies, as there were many linen carts within the hallway.

On October 2nd, 2014, at 3:18pm, the Inspector entered the back kitchen access and storage area, through door #CW1073, which was not locked and not being supervised by staff. This is within the 1st level of the Perley building service areas. #CW1051 is a door that leads to many other non-residential areas. The Inspector observed doors along the corridor, all of which were locked, with the exception of door #CW1082(a), which leads into a dry goods storage room. At 3:24pm, the Inspector entered the back of the kitchen unseen, and went through door #CW1071(a1) into the "Day Store" room. In this room the inspector noted there was a desk, some shelves with canned food supplies, counters and a sink. At 3:27pm, the Inspector entered the "cold preparation" area through an unlocked door, beyond the "Day Store" room. In this



area there were counters, stacks of food storage containers, a sink, an unplugged meat slicer at the sink, and other food preparation surfaces and equipment. The Inspector returned back to the “Day Store” room and sat at the desk. The Inspector was found at 3:45pm by the home’s Food and Nutrition Manager, staff member #S100. With the exception of staff #S100, the Inspector was not seen by any other staff person while in the non-residential areas beyond door #CW1073.

Discussion was had with the Director of Support Services (DSS) about the complications of locking doors such as #CW1073 during the day shift, as dietary staff who work as food receivers go from the loading docks into the back kitchen area throughout the day shift. The Inspector noted that this complication only serves to further highlight that these areas are non-residential, and that residents should never have unsupervised access to these areas. The DSS explained that because there was a dietary supervisor on shift during the day, it was thought that this would serve to qualify as supervision of all areas that lie beyond door #CW1073. The dietary supervisor does not visually supervise door #CW1073, which is kept unlocked during the day shift, at all times. This allows for the possibility of unsupervised resident access to any/all areas beyond door # CW1073. Their presence in some area of the kitchen does not qualify as supervision of door #CW1073. Similar discussion was held with regards to the laundry area linen room doors on both levels of the Perley building service area.

2.3 - The Inspector found a non-complaint door leading to a non-residential area in the Rideau building. This identified door has been noted in previous findings of non-compliance.

On September 30th, 2014, at 12:26pm, the Inspector found that the door leading into the Rideau 2 North (R2N) “country kitchen”, from the physiotherapy room, was not locked. Although closed and equipped with a lock, the lock was not functional. There was no staff present supervising the door or the area. The inspector returned to check the door and the area at 12:50pm, and found the same thing. The Inspector found that the power to the stove within the country kitchen was on, and therefore the elements and oven could be turned on. Also within the country kitchen, there was a commercial dishwasher, a microwave, a locked fridge, and unlocked fridge that contained staff lunch bags and some condiments. The inspector then spoke with a Personal Support Worker, #S101, within the R2N unit, about this room. Staff #S101 confirmed that the country kitchen is used by staff, and that residents are not to have access to the room. The Inspector notified the Director of Support Services of this lock malfunction immediately, via email communication, and it was discussed later that day during an in



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person meeting. [s. 9. (1) 2.]

***Additional Required Actions:***

CO # - 001, 002 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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**Issued on this 11 day of December 2015 (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  
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

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

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JESSICA LAPENSEE (133) - (A3)

**Inspection No. /**

**No de l'inspection :** 2014\_346133\_0010 (A3)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** O-000211-14 AND TWO OTHER LOGS (A3)

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Dec 11, 2015;(A3)

**Licensee /**

**Titulaire de permis :** THE PERLEY AND RIDEAU VETERANS' HEALTH  
CENTRE  
1750 Russell Road, OTTAWA, ON, K1G-5Z6

**LTC Home /**

**Foyer de SLD :** THE PERLEY AND RIDEAU VETERANS' HEALTH  
CENTRE  
1750 RUSSELL ROAD, OTTAWA, ON, K1G-5Z6





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**Order(s) of the Inspector**

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

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section 154 of the Long-Term  
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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

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Akos Hoffer

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To THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE, you are hereby  
required to comply with the following order(s) by the date(s) set out below:

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<b>Order # / Ordre no :</b> 001	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
<b>Linked to Existing Order / Lien vers ordre existant:</b>	2014_304133_0004, CO #002;

**Pursuant to / Aux termes de :**



**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  
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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).

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(A1)

The licensee will prepare, submit and implement a plan for achieving compliance with the requirement that all resident accessible doors leading to stairways, and all resident accessible doors leading to the outside of the home, other than doors leading to secure outside area that preclude exit by a resident, are 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.

As well, in accordance with O. Reg. 79/10, s.9(1)4, the plan will outline how the licensee will ensure that alarms that are installed for resident accessible doors that lead to the outside are connected to the home's generator.

All applicable doors must be alarmed as prescribed, and connected to the generator, by April 28, 2015

The plan must be submitted by November 5th, 2014.

The plan is to be submitted in writing to Long-Term Care Home Inspector Jessica Lapensee, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th floor, ON, K1S-3J4. Alternately, this plan may be faxed to the inspector's attention at (613) 569-9670.

**Grounds / Motifs :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) iii in that the licensee has failed to ensure that the audible door alarms on applicable doors in the Perley center core are connected to the resident-staff communication and response system OR connected to an audio visual enunciator that is connected to the nurses' station nearest to the door.

Applicable doors are those that are resident accessible and lead to the outside of the home, and those that lead to stairways. This includes the home's front door, and the resident accessible staff exit door within the 1st level of the service area.



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This is the licensee's 3rd consecutive finding of non-compliance, that includes a Compliance Order (CO), related to door alarms. In the past, non-compliance, including a CO, was issued on March 13th, 2013 (inspection #2013\_204133\_0005) and on February 21st, 2014 (inspection # 2014\_304133\_0004).

This ongoing non-compliance presents a widespread pattern of potential risk to the residents of the home, in particular to those residents who may be at risk of elopement, and who travel independently off the care units.

2. The Perley Rideau and Veterans Health Centre is a 450 bed long term care home. The home consists of three 2 story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. The Perley building includes the resident pub, art programming rooms, common areas in which large group activities are held, service areas for residents such as the hairdresser, and administration offices visited by residents and their families.

From the Perley building, there is a new link corridor (entrance link), which opened in September 2013, that ultimately leads to the new front entrance/exit of the building complex, and which also connects with the new 139 unit apartment, known as the Perley Rideau Seniors Village.

Within this new entrance link, there is a reception desk, staffed by commissionaires, 7 days a week.

The level 1 sliding door that separates the Perley building from this new entrance link, is known as the level 1 door that segregates the two buildings address', 1750 Russell Road and 1720 Russell Road. There is a second sliding door that segregates the two buildings address', located on level 2 of the Perley building (directly above level 1). Both of these sliding doors are considered as doors that lead outside of the home, and are subject to O. Reg. 79/10, s. 9 (1) in its entirety.

3. For the purposes of this report, applicable doors within the link corridors (from care buildings to Perley) and within the Perley building will be referred to as the center core doors. As well, the level 1 door that segregates the two buildings address' will be referred to as the home's front door, and the level 2 sliding door will be referred to as the level 2 exit door.

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4. The inspector notes that all applicable doors, throughout all areas of the home, have now been equipped with audible doors alarms, yet those within the center core are not connected as required.

5. Applicable center core doors, at the time of the inspection, are as follows: stairway A, B and C doors (both levels), the main staff exit, the exit door within Gatineau link, the exit door across from Lupton Hall, the exit door within Lupton Hall, 2 exit doors within the pub and the 2 exit doors within the cafeteria. The home's new front door and the level 2 exit door are also applicable center core doors.

Beyond the home's new front door, within the new entrance link, lies two unlocked doors that lead to exterior courtyards (not enclosed), and an unlocked stairway door (H1) that leads to an unlocked exit door. These doors are alarmed, but not connected in a way that satisfies O. Reg. 79/10, s. 9 (1) 1. iii. The buildings main exit door, that leads to the parking area for the complex, is not locked or alarmed, although the automatic opening and closing function of the door is controlled with a coded key pad at the door.

6. At the time of the inspection, through observation and discussion, the following was ascertained:

a) Alarms now in place on applicable center core stairway doors, the newly installed front door, and the level 2 exit door, are connected to a new door access alert system (C. Cure 9000). This door alert system software displays on a dedicated computer console, console B, at the reception desk within the buildings entrance link. A sound is emitted when a door is alarming, and the location of the door is displayed. As well, an email alert is sent to the Plant Service Supervisor and to the commissioner on duty, on their mobile communication device.

While the audible door alarms on center core stairway doors are connected to an audio visual enunciator, the enunciator is not connected to the nurses' station nearest to any of the doors, as is required. As such, they are non-compliant.

b) Applicable center core doors (excluding stairways, the new front door, and the level 2 exit door) are connected to the old door access alert system (Card Access 3000). This door alert system software displays on computer console A, at the reception desk. There are multiple programs running on this console. The door alert system software is capable of emitting a sound. The software alerts when monitored



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doors throughout the LTC home, and other buildings on the grounds, such as the respite bungalows are opened. It also alerts when they are closed. In this way, the alerts are multiple and continuous, and not exclusive to applicable doors within the long term care home, that are subject to O. Reg. 79/10, s. 9 (1) 1 iii.

Applicable center core doors as referenced above have contacts on them, on a timer. They are timed to send an alert to the Card Access 3000 program when the door has been left open for the amount of time it should take for the door to alarm.

These door alarms are not connected to an audio visual enunciator. Even if the door alarms were truly connected to the audio visual enunciator at the reception desk, the enunciator is not connected to the nurses' station nearest to any of the doors, as is required. As such, they are non-compliant.

7. On September 30th, 2014, at 2:25pm, Inspector #133 and the Plant Service Supervisor (PSS) went together to the front reception desk, while the Director of Support Services (DSS) went to the resident accessible staff exit door within the 1st level of the Perley center core service area, to cause the door to alarm. This door is connected to the old door access alert software (Card Reader 3000). The PSS and DSS were in communication via cell phone, and the DSS could be seen at the door on the video monitor on the reception desk. The DSS held the door open and it alarmed, but nothing came through on the Card Access 3000 program on console A. The DSS closed the door, reset the alarm, and then held it open to cause another alarm. Nothing came through on the Card Access 3000 program. The DSS closed the door and reset the alarm. After the door was closed, an alert came through indicating that the staff exit door was open. This served to illustrate that the door alarm was not connected to the enunciator, and this was confirmed by the PSS, who indicated some reprogramming of the door timer was needed. It is also noted that the audible alert function had been rendered essentially in-audible, as the sound had been turned down. The Inspector, DSS and PSS stepped away from the reception desk for a few minutes to discuss the situation, and then decided to test another door. The DSS went to the exit door in the Gatineau link corridor, and the Inspector and the PSS returned to the reception desk. The PSS and DSS remained in contact via cell phone. It was observed that the commissionaire at the desk, staff #103, had minimized the Card Access 3000 screen and was working on an email. The DSS caused the Gatineau link corridor exit door to alarm, it could be heard on the cell phone. As the Card Access 3000 program had been minimized, it did not "pop up" to visually alert that a door of concern had been open for too long.



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8. On October 2, 2014, at 9:40am, the Inspector spoke with the Property Service Coordinator, #S102, who was working at the reception desk at that time. When the Inspector went behind the desk, it was noted that the Card Access 3000 program had been minimized. The quiet "ping" sound made when any of the multiple doors on the Card Access 3000 program could be heard continuously, but the program never popped up to visually display which doors were causing the alerts. Staff #S102 explained that she was working with the PM works program, as it is used as a resident directory. Staff #S102 explained that there is a constant need for this program, as there are frequent calls and requests from visitors as to a resident's location within the home. At 9:57am, the commissioner, staff #S104, returned to the desk, and he and staff #S102 acknowledged that they only know if a door has been open too long, based on what the Card Access 3000 displays. For doors that have been recently equipped with audible alarms, they can only assume that the door is alarming if there is a Card Access 3000 system alert. The door alarms are not connected to the Card Access 3000 program.

9. In response to the licensee's last (2nd) Compliance Order related to door alarms, a compliance plan was submitted to and accepted by Inspector #133. This plan outlined an accepted solution to the issue of how door alarms for centre core doors were to be connected. On September 30th, 2014, during the Follow-Up inspection, the Inspector was informed that the solution put forward in the compliance plan had not been implemented, due to software and equipment complications. The Director of Support Services (DSS) informed that the home is moving forward with a request for proposals for vendors of resident-staff communication and response systems. The DSS informed the Inspector that any new system they get will be able to be connected to resident accessible doors that lead to the outside, or that lead to stairways, within the center core.

(133)

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

Dec 31, 2015(A3)



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<b>Order # /</b>	<b>Order Type /</b>
<b>Ordre no :</b> 002	<b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
<b>Linked to Existing Order /</b>	2014_304133_0004, CO #001;
<b>Lien vers ordre existant:</b>	

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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).

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The licensee will prepare, submit and implement a plan for achieving compliance with the requirement that all resident accessible doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and that those doors are kept closed and locked when they are not being supervised by staff, in order to achieve compliance with O. Reg. 79/10, s.9.(1) 2. The focus of this non-compliance is primarily, but not entirely, related to doors in the Perley Center service areas. The plan must address all identified areas of concern.

The plan must speak to immediate actions taken to achieve compliance, and longer terms actions that will be taken in order to sustain compliance with O. Reg. 79/10, s.9 (1) 2.

The plan must include an explanation of, and provisions for, adequate supervision of frequently used service doors (i. e - into kitchen areas and linen rooms) in the Perley center service areas, that will ensure a resident could never have unsupervised access to those non-residential areas.

The plan must be submitted by November 5th, 2014.

The plan is to be submitted in writing to Long-Term Care Home Inspector Jessica Lapensee, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th floor, ON, K1S-3J4. Alternately, this plan may be faxed to the inspector's attention at (613) 569-9670.

**Grounds / Motifs :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 2., in that the licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and that those doors are kept closed and locked when they are not being supervised by staff.

Non-residential areas are those in which residents would not customarily receive care and/or services.

This is the licensee's 4th consecutive finding of non-compliance, that includes a



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Compliance Order (CO), related to doors leading to non-residential areas. In the past, non-compliance, including a CO, was issued on March 13th, 2013 (inspection #2013\_204133\_0005), on August 30th, 2013 (inspection # 2013\_204133\_0021), and on March 3, 2014 (inspection #2014\_304133\_0006).

This ongoing non-compliance presents a widespread pattern of potential risk to the residents of the home, in particular to those who travel independently to the Perley building.

2. The Perley Rideau and Veterans Health Centre is a 450 bed long term care home. The home consists of three 2 story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. The Perley building includes the resident pub, art programming rooms, common areas in which large group activities are held, service areas for residents such as the hairdresser, administration offices visited by residents and their families.

The Perley building also includes a 2 level service area, that is fully resident accessible as the doors leading into the service areas are not secured. Residents and their families do access the upper level laundry area to bring clothing to be labelled.

3. The inspector found non-compliant doors within the Perley building service area on September 30th and October 2nd, 2014. All identified doors have been noted in previous findings of non-compliance.

On September 30th, 2014, the Inspector noted that none of the 4 staff bathroom doors within the service area had been equipped with a lock to restrict unsupervised access by residents. These 4 doors are : CW2013, CW2030, CW1038, CW1039. The resident –staff communication system was not available in these bathrooms. The Director of Support Services confirmed to the Inspector that these are not intended for resident use, and as such are to be seen as non-residential areas. If these bathrooms were intended for resident use, the resident –staff communication system would be required in each of the 4 bathrooms, as per O. Reg. 79/10, s. 17 (1) (d) and (e).

On September 30th, 2014, at 11:41am, the Inspector found that door #CW2028, that leads into a linen room, was not closed and locked. This is within the 2nd level of the

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service area. The door is equipped with a lock. It is acknowledged that a staff person was seen by the inspector working within the back area of the neighboring linen room, amongst the linen carts, however they were not visually supervising door #CW2028 and the area beyond the door. There was no other staff in the area supervising the door at the time of observation.

On September 30th, 2014, at 12pm, the Inspector found doors #CW1040 and #CW1042, which lead into linen rooms, were not closed and locked. These are within the 1st level of the service area. While both doors are equipped with a lock, neither was closed and locked to prevent unsupervised access by residents. There were no staff in the area at the time of observation.

On October 2nd, 2014, at 12:30pm, the Inspector again found door #CW2028, that leads into a linen room, was not closed and locked. There were not staff in the linen room or visible to the inspector within the area. The inspector quickly left the service area in order to get a new pen, and returned by 12:43pm, to find the door still not closed and locked. The Inspector went to find the Director of Support Services (DSS), whose office is around the corner from door #CW2028. Together, the Inspector and the DSS returned to door #CW2028, and found it was not closed and locked. The Inspector and the DSS then went down to the 1st floor of the service area, and found door #CW1040 and #CW1042, which lead into linen rooms, were not closed and locked (as previously noted by the Inspector on September 30th, 2014). There were not staff in the area supervising the doors at the time of observation. The DSS noted that the home's linen service company must be present and loading/off loading supplies, as there were many linen carts within the hallway.

On October 2nd, 2014, at 3:18pm, the Inspector entered the back kitchen access and storage area, through door #CW1073, which was not locked and not being supervised by staff. This is within the 1st level of the Perley building service areas. #CW1051 is a door that leads to many other non-residential areas. The Inspector observed doors along the corridor, all of which were locked, with the exception of door #CW1082(a), which leads into a dry goods storage room. At 3:24pm, the Inspector entered the back of the kitchen unseen, and went through door #CW1071(a1) into the "Day Store" room. In this room the inspector noted there was a desk, some shelves with canned food supplies, counters and a sink. At 3:27pm, the Inspector entered the "cold preparation" area through an unlocked door, beyond the "Day Store" room. In this area there were counters, stacks of food storage containers, a sink, an unplugged meat slicer at the sink, and other food preparation



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surfaces and equipment. The Inspector returned back to the "Day Store" room and sat at the desk. The Inspector was found at 3:45pm by the home's Food and Nutrition Manager, staff member #S100. With the exception of staff #S100, the Inspector was not seen by any other staff person while in the non-residential areas beyond door #CW1073.

Discussion was had with the Director of Support Services (DSS) about the complications of locking doors such as #CW1073 during the day shift, as dietary staff who work as food receivers go from the loading docks into the back kitchen area throughout the day shift. The Inspector noted that this complication only serves to further highlight that these areas are non-residential, and that residents should never have unsupervised access to these areas. The DSS explained that because there was a dietary supervisor on shift during the day, it was thought that this would serve to qualify as supervision of all areas that lie beyond door #CW1073. The dietary supervisor does not visually supervise door #CW1073, which is kept unlocked during the day shift, at all times. This allows for the possibility of unsupervised resident access to any/all areas beyond door # CW1073. Their presence in some area of the kitchen does not qualify as supervision of door #CW1073. Similar discussion was held with regards to the laundry area linen room doors on both levels of the Perley building service area.

4. The Inspector found a non-complaint door leading to a non-residential area in the Rideau building. This identified door has been noted in previous findings of non-compliance.

On September 30th, 2014, at 12:26pm, the Inspector found that the door leading into the Rideau 2 North (R2N) "country kitchen", from the physiotherapy room, was not locked. Although closed and equipped with a lock, the lock was not functional. There was no staff present supervising the door or the area. The inspector returned to check the door and the area at 12:50pm, and found the same thing. The Inspector found that the power to the stove within the country kitchen was on, and therefore the elements and oven could be turned on. Also within the country kitchen, there was a commercial dishwasher, a microwave, a locked fridge, and unlocked fridge that contained staff lunch bags and some condiments. The inspector then spoke with a Personal Support Worker, #S101, within the R2N unit, about this room. Staff #S101 confirmed that the country kitchen is used by staff, and that residents are not to have access to the room. The Inspector notified the Director of Support Services of this lock malfunction immediately, via email communication, and it was discussed later



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that day during an in person meeting.  
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**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Dec 15, 2014



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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and 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  
Performance Improvement and Compliance 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  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

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

**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

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  
Direction de l'amélioration de la performance et de la conformité  
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**

**Ministère de la Santé et des  
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**Order(s) of the Inspector**

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2007, c. 8

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l'article 154 de la Loi de 2007 sur les  
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  
Direction de l'amélioration de la performance et de la  
conformité  
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 11 day of December 2015 (A3)**

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

**Name of Inspector /  
Nom de l'inspecteur :** JESSICA LAPENSEE - (A3)

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