



**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**

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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Jan 17, 2017;	2016_346133_0002 (A2)	O-001190-14, O- 001886-15	Follow up

Licensee/Titulaire de permis

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

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

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

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



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JESSICA LAPENSEE (133) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

The compliance date for compliance order #001, related to the home's resident-staff communication and response system, has now been extended to June 30th, 2017. This extension has been granted following a request from the licensee. In support of the request, the licensee has now provided further detailed information regarding delays in the procurement process for a new home wide resident-staff communication and response system. The original compliance date was December 30th, 2016.

No other changes have been made to the Inspection Report.

Issued on this 17 day of January 2017 (A2)

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



JESSICA LAPENSEE (133) - (A2)

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): January 19th - 21st, 2016 (onsite)

This inspection was in follow up to two past due compliance orders.

Compliance Order (CO) #001, was issued pursuant to O. Reg. 79/10, s. 17 (1), as a result of inspection #2015_346133_0006. The CO was served on the licensee on March 27th 2015. This CO was related to the resident-staff communication and response system (the system), in that the system was not available in every area accessible by residents and was not available at each toilet location used by residents. As a result of this follow up inspection, the CO is reissued and additional non-compliance related to the system is issued.

The second order that was followed up was originally issued as a result of inspection #2013_204133_005, was related to the door alarm system, and was initially served on the licensee on March 13th, 2013. The order was subsequently reissued three times and the compliance date was extended three times. As a result of this follow up inspection, the CO related to the door alarm system is complied.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Chief Financial Officer, the Director of Support Services, the Manager of Support Services, registered and non registered nursing staff, and a



unit clerk.

The inspector worked with the Director of Support Services and the Manager of Support Services to verify the new door alarm system. The inspector observed all areas of the home with a focus on the availability of the resident-staff communication and response system (the system). The inspector tested the system in various resident bedrooms and common areas in order to verify if equipment associated with the system, such as activation cords and desk consoles, were in good repair and if the system was audible in the areas.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

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

3 WN(s)

3 VPC(s)

1 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_346133_0010	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. 17.
Communication and response system**



Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 17 (1) (e) in that the licensee has failed to ensure that the home is equipped with a resident – staff communication and response system that is available in every area accessible by residents.

This is the licensee's second consecutive finding of non-compliance that includes a Compliance Order, related to the resident – staff communication and response system.

Non-compliance, including a CO (CO #001), was issued on March 27th, 2015, as a result of inspection #2015_346133_0006, with a compliance date of September 28, 2015. Over the course of inspection #2015_346133_0006, inspector #133 had been informed by the home's Director of Support Services (DSS) that a Request for Proposals (RFP) was being developed, for the procurement of a new, facility wide, resident – staff communication and response system. The DSS had informed that the RFP would be submitted to the home's Chief Financial Officer (CFO) for April 1st, 2015, with expectation that it would go for tender mid April 2015.

On January 19th, 2016, Inspector #133 began a follow up inspection at the Perley



and Rideau Veterans' Health Center related to CO #001 referenced above. Inspector #133 was informed by the DSS that the RFP for a new resident – staff communication and response system (the system) had not gone for tender in April 2015. The DSS explained that the RFP was currently in a final review stage.

Related to corrective actions taken in response to CO #001, it was ascertained that the existing system had been installed in the resident accessible bathrooms within the finance area and within the dental and hearing clinic, in the Perley building. It was confirmed that the system remained unavailable in all other previously noted areas, as per inspection #2015_346133_0006, conducted in March 2015. In addition, further examples of areas in which the system was not available because it had been purposely decommissioned, and areas in which the system had never been available but was required, were noted. As per discussions with the Director of Support Services and the Manager of Support Services, the system had been decommissioned, mainly in resident lounge areas and family dining rooms, throughout the care buildings, as parts were required to make repairs to system activation consoles in resident bedrooms, and such parts could no longer be sourced for purchase due to the age of the system.

On January 19th and 21st, 2016, Inspector #133 observed that the system was not available in the following areas that were accessible by residents at the time of the inspection:

Perley Centre building:

- Level #1 and #2 of the service area
- Staff exit area
- Hairdresser
- Barber
- Wood working room
- Arts studio

Rideau building:

- Linen storage rooms throughout the care units
- Outdoor courtyard
- R1S west resident lounge, next to the soiled holding room
- R1S west hallway TV lounge
- R1S family dining room #ES1032
- R1S east resident lounge #ES1071, next to the soiled holding room
- R1N activity room #EN1141(2)



R1N linen and equipment storage room #EN1033(1)
R2S west lounge, next to the soiled holding room
R2S west hallway lounge
R2S dining area across from the dining room/country kitchen
R2S family dining room , #ES2032
R2S east resident lounge #ES2071
R2N linen and equipment storage room #EN20331

Ottawa building:

Linen storage rooms throughout the care units
Outdoor courtyard
O1W north resident lounge #SW1095
O1W north hallway TV lounge
O1W dining area in front of the dining room/country kitchen
O1W music listening room #SW1033
O1W family dining room #SW1032
O1W south resident lounge
O1E south resident lounge #SE1095
O1E lounge area across from the country kitchen/physiotherapy room
O1E north resident lounge, next to the soiled holding room
O2W north resident lounge #SW2095
O2W dining area across from the dining room/country kitchen
O2W family dining room #SW2032
O2E south resident lounge #SE2095
O2E south hallway TV lounge
O2E lounge area across from the country kitchen
O2E family dining room #SE2032
O2E north resident lounge, next to the soiled holding room

Gatineau building:

Linen storage rooms throughout the care units
Outdoor courtyard
G1S east resident lounge, next to soiled holding WS1089
G1S sitting area across from the dining room/country kitchen
G1S west resident lounge #WS1071
G1N west hallway TV lounge
G1N sitting area across from the dining room/country kitchen
G1N east resident lounge, next to soiled holding WN1074



G2N west hallway TV lounge
G2N dining space across from the dining room/country kitchen
G2N east hallway TV lounge
G2N east resident lounge, next to soiled holding
G2S sitting area across from the dining room/country kitchen

Noted linen and equipment storage rooms were accessible to residents because in the past, the doors to these rooms had been removed. Within compliance order #001, served on the licensee as a result of inspection #2013_204133_0021, on August 30th, 2013, linen storage rooms were explicitly referenced, noting that system availability was a requirement if the licensee chose to remove the doors, as per discussion between Inspector #133 and the Director of Support Services at the time of that inspection. Over the course of inspection #2015_346133_0006, conducted in March 2015, the current Director of Support Services and the Manager of Support Services indicated to Inspector #133 that they intended to put the doors back on these storage rooms. Over the course of the follow up inspection, January 19th – 21st, 2016, the current Director of Support Services and the Manager of Support Services indicated that they still intended to replace the doors to the storage rooms.

Additional non-compliance relating to the system, including the additional required action of a voluntary plan of correction (VPC), has been issued in this inspection report, related to the poor repair of equipment associated with the system, and related to a lack of audibility of the system, in identified areas.

The widespread lack of availability of the resident-staff communication and response system in the areas identified within this report presents an ongoing potential risk to the safety of residents who reside in or access the areas. As per O. Reg 79/10, s. 17 (1) (a), the system is intended for use by residents, staff and visitors, to call for assistance if it is needed. [s. 17. (1) (e)]

2. The licensee has failed to comply with O. Reg. 79/10, s. 17 (1) (g) in that the licensee has failed to ensure the sound from the resident-staff communication and response system (the system) is audible in a portion of the Ottawa 1 West (O1W) unit, north hallway and in a portion of the Gatineau 1 South (G1S) unit, west hallway.

The system in place at the home uses sound to alert staff.



On January 21st, 2016, inspector #133 activated the system, from within bedroom #157 in O1W. The dome light outside of the bedroom illuminated, but there was very little sound in the immediate area. The inspector noted that the sound from the speaker in the ceiling outside of bedroom #151, at the beginning of the north hallway and before bedroom #157, was very faint when standing directly underneath it. The system console at the desk in the north hallway TV lounge, past bedroom #157, midway down the hallway, displayed the room number, but it did not emit a sound. The speaker in the ceiling outside of bedroom #170, towards the end of the hallway, did emit an audible sound. This was verbally reported to the Manager of Support Services (MSS), who later informed that upon his follow up it had been determined that the ceiling speaker outside of bedroom #151 had been turned down, and the system console at the desk was beyond repair related to the audio function. The MSS indicated that he had turned the ceiling speaker outside of bedroom #151 back up so as to be audible and that he would use a sound meter to calibrate the level of sound from the two ceiling speakers so that it would be audible to staff throughout the north hallway. The MSS indicated he would calibrate the sound from all system ceiling speakers, throughout all care units.

On January 21st, 2016, inspector #133 activated the system, from within bedroom #196, in G1S. The dome light outside of the bedroom illuminated, yet there was no audible sound in the immediate area. The inspector noted that there was no sound coming from the ceiling speaker outside of bedroom #198/#199. The system console on the nurses' desk, midway down the hallway, did not display the room number, nor did it emit a sound. The ceiling speaker outside of bedroom #180, at the other end of the hallway, did emit an audible sound. This was reported via email to the MSS. The inspector was informed later that evening, via email from the MSS, that the G1S west speaker outside of bedroom #198/#199 had been adjusted at the unit so as to be audible again, and that the system console at the nurses' desk had required adjustment and was now functional. [s. 17. (1) (g)]

Additional Required Actions:

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



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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
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(A2)The following order(s) have been amended:CO# 001

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the requirements that where a resident-staff communication and response system (the system) uses sound to alert staff, such as the system that is in use at the Perley and Rideau Veteran's Health Centre, that the sound is properly calibrated, throughout all care units, so that the level of sound is audible to staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 5 in that the licensee has failed to ensure the home is a safe and secure environment for its residents, specifically related to an identified area, storage room #EN1033(1), within the Rideau 1 North unit.

The licensee has a history of non-compliance related to this area. As a result of inspection #2015_346133_0006, conducted in March 2015, a Written Notification (WN #2) was issued.

On January 19th, 2016, Inspector #133 observed that a storage room on Rideau 1 North, #EN1033(1), was accessible to residents because there was no door in place to prevent resident access. The Inspector observed that within the storage room, there was a large linen transfer cart, and an accumulation of resident mobility equipment, including a transfer lift, five walkers, and a wheelchair. The area was cluttered with the mobility equipment, and presented a potential risk for trips or falls to residents who may have gone into the room.

It was also noted that the resident-staff communication and response system (the system) was not available in the storage room. As per O. Reg. 79/10, s. 17 (1) (e), the system must be available in every area accessible by residents.

On January 20th, 2016, this concern was discussed with the home's Director of Support Services and the Manager of Support Services. The Inspector was informed that as had been originally stated by the DSS and MSS in March 2015, the intention remained to put the door to the storage rooms back on, to ensure that residents would not have unsupervised access to the storage room, as opposed to installing the system within the storage room. [s. 5.]

Additional Required Actions:



VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the requirement that the home is a safe and secure environment for its residents, specifically related to storage room #EN1033(1) within the Rideau 1 North unit, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 15.
Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 15 (2) (a) in that the licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary. This is specifically related to fabric folding dividing walls in dining rooms in identified areas.

The licensee has a history of non-compliance related to the cleanliness of the fabric diving walls. As a result of inspection #2014_362138_0003, a Written Notification (WN #1), with the additional required action of a Voluntary Plan of Action, was issued that included reference to the condition of the fabric dividing walls.

On January 19th, 2016, in the dining room/country kitchens within the Gatineau 1 North, Gatineau 2 South and Gatineau 2 North units, inspector #133 observed that the light beige fabric diving walls that separated the dining space from storage space were very heavily soiled with stains and dried matter of various colors, throughout the mid to lower sections.



On January 21st, 2016, in the dining room/country kitchen within the Ottawa 1 East unit, inspector #133 observed that the light beige fabric dividing wall the separated the dining space from storage space was soiled with stains and areas of dried matter of various colors. This was most pronounced at the ends with the handle, on both segments, with the heaviest soiling observed on the right segment [s. 15. (2)]

2. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 15 (2) (c) in that the licensee failed to ensure that equipment associated with the resident-staff communication and response system was maintained in a good state of repair.

On January 21st, 2016, at 11:31 inspector #133 attempted to activate the system from within bedroom #283 in the Ottawa 1 West unit by pulling the system activation cord at the console on the wall next to the toilet. This action failed to result in a call. This was verbally reported to nursing staff in the area, to the unit clerk, and to the Manager of Support Services (MSS). The wall console was repaired later that day and verified by Inspector #133 to be functional.

On January 21st, 2016, at 3:07pm, inspector #133 attempted to activate the system from within bedroom #283 in the Ottawa 2 West unit by pressing the red button at the end of the bedside system activation cord. This action failed to result in a call. This was verbally reported to nursing staff in the area and to the MSS, via email. The malfunctioning cord was replaced later that day and verified by Inspector #133 to be functional.

On January 21st, 2016, at 4pm, inspector #133 activated the system, from within bedroom #196, in G1S. The dome light outside of the bedroom illuminated, yet there was no audible sound in the immediate area. The system console on the nurses' desk, midway down the hallway, did not display the room number, nor did it emit a sound. This was reported via email to the MSS. The inspector was informed later that evening, via email from the MSS, that "the master unit at the nursing desk was not set to transfer so that is why the substation phones were dormant" and that the issue was now resolved.

On January 21st, 2016, at 4:22pm, inspector #133 attempted to activate the system from within bedroom #108 in the Gatineau 1 North unit by pressing the red button at the end of the bedside system activation cord. This action failed to result in a call. This was verbally reported to nursing staff in the area and to the MSS via



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Soins de longue durée

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le Loi de 2007 les foyers de
soins de longue durée

email. The inspector was advised later that evening, via email from the MSS, that the malfunctioning cord had been replaced. [s. 15. (2) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the requirement that equipment associated with the resident - staff communication and response system (the system) be maintained in a safe condition and in a good state of repair. This is specifically related to system activation cords and system wall consoles within resident bedrooms and system consoles within the care units. To be implemented voluntarily.

As well, pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8, s. 152(2), the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the requirement that the home, furnishings and equipment are kept clean and sanitary, specifically related to the fabric dividing walls in the G1N, G2S, G2N and O1E country kitchen dining rooms, to be implemented voluntarily.



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Issued on this 17 day of January 2017 (A2)

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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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JESSICA LAPENSEE (133) - (A2)

Inspection No. /

No de l'inspection : 2016_346133_0002 (A2)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : O-001190-14, O-001886-15 (A2)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jan 17, 2017;(A2)

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

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Akos Hoffer



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

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:

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
Linked to Existing Order / Lien vers ordre existant:	2015_346133_0006, CO #001;

Pursuant to / Aux termes de :

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

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

Order / Ordre :

In order to comply with O. Reg. 79/10, s. 17 (1) (e), the licensee will ensure that the resident-staff communication and response system is available in every area of the home that is accessible by residents, including, but not limited to, all of the areas identified within this report.

The licensee will ensure that the Perley, Rideau, Gatineau and Ottawa buildings, and all defined areas within the link corridors (i.e. art rooms) are audited in their entirety, and that every area accessible by residents is captured in planning for the new resident-staff communication and response system.



**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

The licensee will ensure that a documented monthly auditing process for the existing resident-staff communication and response system (the system) is implemented. This process is to include every area in which the system is available, including all resident bedrooms (bed and toilet locations), tub and shower rooms, dining rooms, activity rooms, lounges, all common areas and all common bathrooms, throughout all buildings. The auditing process must also include the system display wall and desk consoles within the care units and at the main nursing desks, to ensure that they are correctly displaying the room numbers from which calls are made and emitting an audible sound, if that component remains operable. The auditing process must also include verification that the system ceiling speakers within the care units have not been turned off or turned down so as to be inaudible throughout the immediate area. The audit document must clearly specify the testing location, the results of the testing in every location, and must include any actions taken. The audit documents must be reviewed by the manager with responsibility for the respective buildings, including the Perley building and then submitted to the Director of Support Services, monthly, who will ultimately ensure completion of the required process.

The licensee will confirm with the MOHLTC, in writing, when the RFP for the procurement of a new resident-staff communication and response system goes for tender.

The licensee will inform the MOHLTC if there is deviation from the RFP proposed schedule of events, as provided to inspector #133 by the Director of Support Services via email on February 4th, 2016.

The licensee will submit a written progress report to the MOHLTC for August 15th, 2016, related to the new resident-staff communication and response system project. At this time, the licensee will also submit the documented audits for the resident-staff communication and response system, from February – July 2016.

The requested communication, progress report and audit documents may be emailed to the following email address: OttawaSAO@ontario.ca, with a cc to inspector #133 at the following email address: jessica.lapensee@ontario.ca. Alternately, the information may be faxed to inspector #133's attention at the following fax number: (613) 569-5602.



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

Until such time as compliance is achieved with O. Reg. 79/10, s. 17 (1), the licensee will develop and implement measures to ensure resident safety in those areas that are accessible by residents and the system is not available, either because it was never installed or because it has been purposely decommissioned.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 17 (1) (e) in that the licensee has failed to ensure that the home is equipped with a resident – staff communication and response system that is available in every area accessible by residents.

This is the licensee's second consecutive finding of non-compliance that includes a Compliance Order, related to the resident – staff communication and response system.

Non-compliance, including a CO (CO #001), was issued on March 27th, 2015, as a result of inspection #2015_346133_0006, with a compliance date of September 28, 2015. Over the course of inspection #2015_346133_0006, inspector #133 had been informed by the home's Director of Support Services (DSS) that a Request for Proposals (RFP) was being developed, for the procurement of a new, facility wide, resident – staff communication and response system. The DSS had informed that the RFP would be submitted to the home's Chief Financial Officer (CFO) for April 1st, 2015, with expectation that it would go for tender mid April 2015.

On January 19th, 2016, Inspector #133 began a follow up inspection at the Perley and Rideau Veterans' Health Center related to CO #001 referenced above. Inspector #133 was informed by the DSS that the RFP for a new resident – staff communication and response system (the system) had not gone for tender in April 2015. The DSS explained that the RFP was currently in a final review stage.

Related to corrective actions taken in response to CO #001, it was ascertained that the existing system had been installed in the resident accessible bathrooms within the finance area and within the dental and hearing clinic, in the Perley building. It was confirmed that the system remained unavailable in all other previously noted areas, as per inspection #2015_346133_0006, conducted in March 2015. In



**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.
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Aux termes de l'article 153 et/ou de
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foyers de soins de longue durée, L.
O. 2007, chap. 8

addition, further examples of areas in which the system was not available because it had been purposely decommissioned, and areas in which the system had never been available but was required, were noted. As per discussions with the Director of Support Services and the Manager of Support Services, the system had been decommissioned, mainly in resident lounge areas and family dining rooms, throughout the care buildings, as parts were required to make repairs to system activation consoles in resident bedrooms, and such parts could no longer be sourced for purchase due to the age of the system.

On January 19th and 21st, 2016, Inspector #133 observed that the system was not available in the following areas that were accessible by residents at the time of the inspection:

Perley Centre building:

Level #1 and #2 of the service area
Staff exit area
Hairdresser
Barber
Wood working room
Arts studio

Rideau building:

Linen storage rooms throughout the care units
Outdoor courtyard
R1S west resident lounge, next to the soiled holding room
R1S west hallway TV lounge
R1S family dining room #ES1032
R1S east resident lounge #ES1071, next to the soiled holding room
R1N activity room #EN1141(2)
R1N linen and equipment storage room #EN1033(1)
R2S west lounge, next to the soiled holding room
R2S west hallway lounge
R2S dining area across from the dining room/country kitchen
R2S family dining room , #ES2032
R2S east resident lounge #ES2071
R2N linen and equipment storage room #EN20331

Ottawa building:



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

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

Order(s) of the Inspector

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Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
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foyers de soins de longue durée, L.
O. 2007, chap. 8

Linen storage rooms throughout the care units
Outdoor courtyard
O1W north resident lounge #SW1095
O1W north hallway TV lounge
O1W dining area in front of the dining room/country kitchen
O1W music listening room #SW1033
O1W family dining room #SW1032
O1W south resident lounge
O1E south resident lounge #SE1095
O1E lounge area across from the country kitchen/physiotherapy room
O1E north resident lounge, next to the soiled holding room
O2W north resident lounge #SW2095
O2W dining area across from the dining room/country kitchen
O2W family dining room #SW2032
O2E south resident lounge #SE2095
O2E south hallway TV lounge
O2E lounge area across from the country kitchen
O2E family dining room #SE2032
O2E north resident lounge, next to the soiled holding room

Gatineau building:

Linen storage rooms throughout the care units
Outdoor courtyard
G1S east resident lounge, next to soiled holding WS1089
G1S sitting area across from the dining room/country kitchen
G1S west resident lounge #WS1071
G1N west hallway TV lounge
G1N sitting area across from the dining room/country kitchen
G1N east resident lounge, next to soiled holding WN1074
G2N west hallway TV lounge
G2N dining space across from the dining room/country kitchen
G2N east hallway TV lounge
G2N east resident lounge, next to soiled holding
G2S sitting area across from the dining room/country kitchen

Noted linen and equipment storage rooms were accessible to residents because in the past, the doors to these rooms had been removed. Within compliance order



**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

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

#001, served on the licensee as a result of inspection #2013_204133_0021, on August 30th, 2013, linen storage rooms were explicitly referenced, noting that system availability was a requirement if the licensee chose to remove the doors, as per discussion between Inspector #133 and the Director of Support Services at the time of that inspection. Over the course of inspection #2015_346133_0006, conducted in March 2015, the current Director of Support Services and the Manager of Support Services indicated to Inspector #133 that they intended to put the doors back on these storage rooms. Over the course of the follow up inspection, January 19th – 21st, 2016, the current Director of Support Services and the Manager of Support Services indicated that they still intended to replace the doors to the storage rooms.

Additional non-compliance relating to the system, including the additional required action of a voluntary plan of correction (VPC), has been issued in the inspection report associated with this compliance order, related to the poor repair of equipment associated with the system, and related to a lack of audibility of the system, in identified areas.

The widespread lack of availability of the resident-staff communication and response system in the areas identified within this report presents an ongoing potential risk to the safety of residents who reside in or access the areas. As per O. Reg 79/10, s. 17 (1) (a), the system is intended for use by residents, staff and visitors, to call for assistance if it is needed. (133)

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

Jun 30, 2017(A2)



**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.
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Aux termes de l'article 153 et/ou de
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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
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**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.

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, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



**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
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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.

Issued on this 17 day of January 2017 (A2)

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

**Name of Inspector /
Nom de l'inspecteur :** JESSICA LAPENSEE - (A2)

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