



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 sous la Loi de 2007 sur 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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 13, 2013	2013_204133_0005	O-001805-12	Critical Incident System

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 20th, 21st, 22nd, 2013

During the course of the inspection, the inspector(s) spoke with the Chief Operating Officer, the Director of Support Services, the Manager of Support Services, a Manager of Resident Care, nursing staff, dietary aids, physiotherapy staff, a purchasing clerk, housekeeping services staff, the commissioner supervisor, the front desk service coordinator and administrative staff.

During the course of the inspection, the inspector(s) reviewed a critical incident report, reviewed a residents health care record as related to the reported incident, conducted a review of all resident accessible doors in the home that lead to stairways and that lead to unsecured outside areas, observed doors that lead to non residential areas throughout the home

The following Inspection Protocols were used during this inspection: Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le 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.

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

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



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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. O. Reg. 79/10, s. 9. (1).

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. O. Reg. 79/10, s. 9. (1).

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg 79/10, s.9. 1. (1)iii in that not all resident accessible doors leading to stairways, or resident accessible doors leading to unsecured outside areas, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, 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 and has a manual reset switch at each door.

The Perley and Rideau Veterans' Health Centre is a 450 bed long term care home. The home consists of three two storey resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the centre core, which is known as the Perley building. The main entrance to the home is within the Perley building, which also includes common areas and administration offices visited by residents and their families as well as service areas such as the main laundry, kitchen, mechanical rooms..etc. The North and North Eastern areas of the home's grounds are, at the time of the inspection, an active construction zone. A 139 unit apartment building for seniors, the Perley Rideau Seniors Village, has been erected and it will be physically connected to the Perley building.

Within the three resident care buildings, the inspector noted that resident accessible doors that lead to outside unsecured areas are not equipped with an audible alarm as is required. This is in specific reference to 8 doors: 2 resident accessible exit doors within the Rideau 1 North (R1N) Recreational Therapy room, 2 resident accessible exit doors within Rideau 1 South (R1S) dining room, 2 resident accessible exit doors within the Ottawa 1 West (O1W) dining room, 2 resident accessible doors within Gatineau 1 South (G1S) dining room. The 2 resident accessible exit doors within the R1N Recreational Therapy room lead directly to an active construction zone. The other doors lead to various areas on the grounds, such as to open courtyard type areas between buildings, or to designated fire lanes around the outer perimeter of the building which typically face the backyards of neighbouring homes.

These 8 doors are not equipped with audible alarms, but it is noted that they are all key locked. If these doors are opened with a key, it is reflected in a computer program in use at the home known as the "Card Access 3000" (CA3000) program. This does not elicit an audible alarm or require any action be taken. This computer program is kept open on the main computer at the front reception desk within the Perley building, it is not actively monitored. The key to open these doors is known as a "B" key. The



Supervisor of Property Services explained to the inspector that he has such a key as does the Director of Support Services, Maintenance Services workers and the commissionaire. The home employs a commissionaire to monitor the front reception desk and do building rounds, between 3pm and 7am. The front reception desk is not staffed between 7am -8am.

Within the corridors that link the 3 resident care buildings to the Perley building, and throughout the Perley building itself, the inspector noted that resident accessible doors that lead to stairways, and resident accessible doors that lead to unsecured outside areas, are not equipped with audible alarms as is required. The inspector noted 18 such doors: Stairway A,B and C doors within Perley 1 and Perley 2 (6 doors), the main exit/entrance door, exit door within the Gatineau link, exit door across from Lupton Hall, two exit doors within the pub, 2 exit doors in the main dining room/cafeteria area, exit door at the end of the staffing corridor (#1300) and 4 exit doors within Lupton Hall. The exit door at the end of the staffing corridor, as well as the 4 exit doors within Lupton Hall, lead directly to an active construction zone. The other exit doors lead to various areas on the grounds, such as to open courtyard type areas between buildings, or to parking areas.

These 18 doors are not equipped with audible alarms, but it is noted that they are all locked. If opened, some are not captured in any way (ie. 4 exit doors in Lupton Hall, stairway doors). Other doors, if opened, are captured by the "CA3000" program previously mentioned (i.e. the main exit/entrance door). If the exit door at the end of the staffing corridor (#1300) is opened, this will be captured by an alert function within the "CA3000" program which elicits a red pop up on the computer screen. This will occur as long as the "CA3000" program is open, and it requires a person enter a 3 character sequence in order to make the pop up go away. Other exit doors within the home that elicit the red pop up alert function tend to be inaccessible to residents as they are behind locked doors.

Not all of the home's resident accessible doors that lead to stairways, or that lead to unsecured outside areas, are equipped with an alarm as is outlined in and required by O. Reg. 79/10, s.9(1)1.iii. The lack of door alarms at identified doors is a potential safety risk to the safety of the home's residents, especially those at risk of elopement and those at risk of falls in stairways. [s. 9. (1) 1. iii.]

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 locked, when not immediately supervised, in order to restrict unsupervised access to those areas by residents. The following findings presents a wide spread pattern of potential risk to the residents of the home.

During the inspection, on February 20th, 2013, at approximately 2:40pm, in the company of the home's Supervisor of Property Services (SPS), the inspector found a door into a dining room servery open with a key in it. The key is affixed to a chain that is bolted to a cement pillar next to the door. This occurred in the Ottawa 2 East care unit, and there were no staff members within the area at the time. It was later explained to the inspector that the key was bolted in place so as to allow nursing staff access to the servery when dietary staff are not present. Shortly thereafter, in the Ottawa 1 West care unit, the inspector and the SPS found the door into the dining room servery was closed but it had the key in it (which was affixed to a chain as described above). There were no staff members within the area. The serveries contain industrial dishwashing equipment and food preparation equipment such as toaster, microwave, convection oven, domestic style stove, and coffee maker. It is noted that the power supply for the equipment in the servery was active. The serveries are non-residential areas, yet by leaving the servery door open or leaving the key in the servery door, unsupervised access to those areas by residents is not being prevented.

The inspector also observed the key for the dining room servery door, affixed to a chain that is bolted to the cement pillar next to the door, in the Ottawa 2 West (O2W) care unit. On February 22nd, 2013, at approximately 11:00pm, the inspector spoke with a dietary services staff member, #S100, in the O2W care unit dining room. Staff person #S100 explained that the key for the servery door is supposed to be "hidden" by latching it onto a small hook behind the pillar, yet they often arrive into the dining room to find the servery door open and the key in the door. Several minutes later, another dietary staff member, #S101, told the inspector that it is not unusual to come to the dining room and find the servery door open with the key in it.

On February 20th, 2013, at 4:11pm, in the company of the home's SPS, the inspector found a door to a housekeeping room being held open with a wooden door stopper. There was no staff in the area at the time. This occurred in the Rideau 1 North (R1N) care unit. The room contained two unlocked housekeeping carts, a cleaning product bottle refill station and some spray bottles containing cleaning products. While the



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door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents.

On February 20th, 2013, at 4:20pm, in the company of the home's SPS, the inspector found a door into the back area of a dining room server open. This occurred in the R1N care unit. There was no staff in the area at the time. The inspector and the SPS found that the oven was on and food was being heated. There was a resident sleeping, in an upright seated position, at one of the dining room tables. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents.

During the inspection, on February 22nd, 2013, at 12:37pm, the inspector found a door (#CW 1011) into the loading bay area partially open and unlocked. There was no staff present in the area at the time. The loading bay is within the 1st floor service corridor of the centre core, known as the Perley building. At the time of the inspection, the main entrance/exit of the home is located within this service corridor and all doors within the service corridor are accessible to residents. Within the loading bay room, there is a single exit door (#CW1015-3) that opens directly onto a stairway that leads down to the outside loading bay area and nearby parking areas. This exit door (#CW1015-3) is not locked or alarmed. The loading bay room contained paper supplies, boxes of gloves, trolleys, and other lifting equipment. Staff person #S102 found the inspector within the room and stated that the door should be closed and locked at all times. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. An unlocked exit door within the room was therefore accessible to residents.

Also within the 1st floor service corridor, on February 22nd, 2013, at 1:05pm, the inspector found a door (#CW1017-1) into the trash compactor room partially open and unlocked. There was no staff present in the area at the time. Within the room, the inspector noted an exit door which is not locked or alarmed. This door leads outside to the garbage and recycling areas and parking areas. The inspector met two staff members outside of this room, #S103 and #S104, who were there to drop off bagged garbage. Both indicated to the inspector that they have found this door partially open and unlocked as well. The door is equipped with a magnetic locking device. The door is unlocked by entering a code at the key pad on the wall next to the door. The inspector found the door was not closed completely, and was able to push the door open without having to enter the access code. The homes SPS met the inspector



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outside of the trash compactor room and stated he would have his staff adjust the door closing mechanism to ensure the door always closes fully. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. An unlocked exit door within the room was therefore accessible to residents.

On February 22nd, at 2:31pm, the inspector found the door into the housekeeping stores room open. There was no staff in the area at the time. This room is located within the 2nd floor service corridor of the Perley building, which is fully accessible to residents. The room contained housekeeping carts, cleaning products and floor cleaning equipment. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. The inspector went to the office next door and spoke with the Director of Support Services (DSS), who said the door into the housekeeping stores room is typically left open during the day to facilitate staff movement in and out of the room with equipment such as the ride on floor cleaner. The DSS confirmed that residents and their families are often in this area of the service corridor to visit the nearby laundry room. The DSS stated they would examine the possibility of installing a magnetic lock device on the door into the housekeeping stores room.

Doors to non-residential areas, while equipped with locks, are not always being kept closed and locked when the area is not immediately supervised by staff, in order to restrict unsupervised access to those areas by residents. This presents a widespread potential safety risk to the home's residents. [s. 9. (1) 2.]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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Issued on this 13th day of March, 2013

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

Lynne Dochow
for Jessica Lapensée



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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

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

Health System Accountability and Performance Division
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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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Name of Inspector (ID #) /
Nom de l'inspecteur (No) : JESSICA LAPENSEE (133)

Inspection No. /
No de l'inspection : 2013_204133_0005

Log No. /
Registre no: O-001805-12

Type of Inspection /
Genre d'inspection: Critical Incident System

Report Date(s) /
Date(s) du Rapport : Mar 13, 2013

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 : GREG FOUGERE

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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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /

Order Type /

Ordre no : 001

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

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.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :



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The licensee will ensure that all resident accessible doors, that lead to stairways, and resident accessible doors that lead to unsecured outside areas, 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 licensee will ensure that alarms that are installed for resident accessible doors that lead to outside unsecured areas are connected to the home's generator.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg 79/10, s.9. 1. (1)iii in that not all resident accessible doors leading to stairways, or resident accessible doors leading to unsecured outside areas, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, 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 and has a manual reset switch at each door.

The Perley and Rideau Veterans' Health Centre is a 450 bed long term care home. The home consists of three two storey resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the centre core, which is known as the Perley building. The main entrance to the home is within the Perley building, which also includes common areas and administration offices visited by residents and their families as well as service areas such as the main laundry, kitchen, mechanical rooms..etc. The North and North Eastern areas of the home's grounds are, at the time of the inspection, an active construction zone. A 139 unit apartment building for seniors, the Perley Rideau Seniors Village, has been erected and it will be physically connected to the Perley building.

Within the three resident care buildings, the inspector noted that resident accessible doors that lead to outside unsecured areas are not equipped with an audible alarm as is required. This is in specific reference to 8 doors: 2 resident accessible exit doors within the Rideau 1 North (R1N) Recreational Therapy room, 2 resident accessible exit doors within Rideau 1 South (R1S) dining room, 2 resident accessible exit doors within the Ottawa 1 West (O1W) dining room, 2 resident accessible doors within Gatineau 1 South (G1S) dining room. The 2



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resident accessible exit doors within the R1N Recreational Therapy room lead directly to an active construction zone. The other doors lead to various areas on the grounds, such as to open courtyard type areas between buildings, or to designated fire lanes around the outer perimeter of the building which typically face the backyards of neighbouring homes.

These 8 doors are not equipped with audible alarms, but it is noted that they are all key locked. If these doors are opened with a key, it is reflected in a computer program in use at the home known as the "Card Access 3000" (CA3000) program. This does not elicit an audible alarm or require any action be taken. This computer program is kept open on the main computer at the front reception desk within the Perley building, it is not actively monitored. The key to open these doors is known as a "B" key. The Supervisor of Property Services explained to the inspector that he has such a key as does the Director of Support Services, Maintenance Services workers and the commissionaire. The home employs a commissionaire to monitor the front reception desk and do building rounds, between 3pm and 7am. The front reception desk is not staffed between 7am -8am.

Within the corridors that link the 3 resident care buildings to the Perley building, and throughout the Perley building itself, the inspector noted that resident accessible doors that lead to stairways, and resident accessible doors that lead to unsecured outside areas, are not equipped with audible alarms as is required. The inspector noted 18 such doors: Stairway A,B and C doors within Perley 1 and Perley 2 (6 doors), the main exit/entrance door, exit door within the Gatineau link, exit door across from Lupton Hall, two exit doors within the pub, 2 exit doors in the main dining room/cafeteria area, exit door at the end of the staffing corridor (#1300) and 4 exit doors within Lupton Hall. The exit door at the end of the staffing corridor, as well as the 4 exit doors within Lupton Hall, lead directly to an active construction zone. The other exit doors lead to various areas on the grounds, such as to open courtyard type areas between buildings, or to parking areas.

These 18 doors are not equipped with audible alarms, but it is noted that they are all locked. If opened, some are not captured in any way (ie. 4 exit doors in Lupton Hall, stairway doors). Other doors, if opened, are captured by the "CA3000" program previously mentioned (i.e. the main exit/entrance door). If the exit door at the end of the staffing corridor (#1300) is opened, this will be



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captured by an alert function within the "CA3000" program which elicits a red pop up on the computer screen. This will occur as long as the "CA3000" program is open, and it requires a person enter a 3 character sequence in order to make the pop up go away. Other exit doors within the home that elicit the red pop up alert function tend to be inaccessible to residents as they are behind locked doors.

Not all of the home's resident accessible doors that lead to stairways, or that lead to unsecured outside areas, are equipped with an alarm as is outlined in and required by O. Reg. 79/10, s.9(1)1.iii. The lack of door alarms at identified doors is a potential safety risk to the safety of the home's residents, especially those at risk of elopement and those at risk of falls in stairways.

(133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 13, 2013



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Pursuant to section 153 and/or
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Order # /

Order Type /

Ordre no : 002

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

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.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :



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The licensee will prepare, submit and implement a plan for achieving compliance with O. Reg 79/10, s.9(1)2. Specifically, the plan will outline how the licensee will ensure that all resident accessible doors leading to non-residential areas will be kept closed and locked, when the area is not being immediately supervised by staff, in order to restrict unsupervised access to those areas by residents. The plan must address all areas noted within the grounds of this order as well as other non-residential areas, particularly those non-residential areas within the Perley building service wings that contain potentially hazardous equipment, products or environments. The plan will detail both immediate action taken and long term action that will be taken in order to ensure continued compliance.

The plan is to be submitted in writing to Long Term Care Homes Inspector Jessica Lapensee at 347 Preston St., 4th floor, Ottawa, Ontario, K1S 3J4. Alternately, the plan may be faxed to the inspector's attention at (613) 569-9670. The plan must be submitted by Wednesday March 20th, 2013. The plan must be fully implemented by April 12th, 2013.

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 locked, when not immediately supervised, in order to restrict unsupervised access to those areas by residents. The following findings presents a wide spread pattern of potential risk to the residents of the home.

During the inspection, on February 20th, 2013, at approximately 2:40pm, in the company of the home's Supervisor of Property Services (SPS), the inspector found a door into a dining room servery open with a key in it. The key is affixed to a chain that is bolted to a cement pillar next to the door. This occurred in the Ottawa 2 East care unit, and there were no staff members within the area at the time. It was later explained to the inspector that the key was bolted in place so as to allow nursing staff access to the servery when dietary staff are not present. Shortly thereafter, in the Ottawa 1 West care unit, the inspector and the SPS found the door into the dining room servery was closed but it had the key in it (which was affixed to a chain as described above). There were no staff members within the area. The serveries contain industrial dishwashing equipment and food preparation equipment such as toaster, microwave, convection oven, domestic style stove, and coffee maker. It is noted that the



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power supply for the equipment in the servery was active. The serveries are non-residential areas, yet by leaving the servery door open or leaving the key in the servery door, unsupervised access to those areas by residents is not being prevented.

The inspector also observed the key for the dining room servery door, affixed to a chain that is bolted to the cement pillar next to the door, in the Ottawa 2 West (O2W) care unit. On February 22nd, 2013, at approximately 11:00pm, the inspector spoke with a dietary services staff member, #S100, in the O2W care unit dining room. Staff person #S100 explained that the key for the servery door is supposed to be "hidden" by latching it onto a small hook behind the pillar, yet they often arrive into the dining room to find the servery door open and the key in the door. Several minutes later, another dietary staff member, #S101, told the inspector that it is not unusual to come to the dining room and find the servery door open with the key in it.

On February 20th, 2013, at 4:11pm, in the company of the home's SPS, the inspector found a door to a housekeeping room being held open with a wooden door stopper. There was no staff in the area at the time. This occurred in the Rideau 1 North (R1N) care unit. The room contained two unlocked housekeeping carts, a cleaning product bottle refill station and some spray bottles containing cleaning products. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents.

On February 20th, 2013, at 4:20pm, in the company of the home's SPS, the inspector found a door into the back area of a dining room servery open. This occurred in the R1N care unit. There was no staff in the area at the time. The inspector and the SPS found that the oven was on and food was being heated. There was a resident sleeping, in an upright seated position, at one of the dining room tables. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. During the inspection, on February 22nd, 2013, at 12:37pm, the inspector found a door (#CW 1011) into the loading bay area partially open and unlocked. There was no staff present in the area at the time. The loading bay is within the 1st floor service corridor of the centre core, known as the Perley building. At the time of the inspection, the main entrance/exit of the home is located within this service corridor and all doors within the service corridor are accessible to



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residents. Within the loading bay room, there is a single exit door (#CW1015-3) that opens directly onto a stairway that leads down to the outside loading bay area and nearby parking areas. This exit door (#CW1015-3) is not locked or alarmed. The loading bay room contained paper supplies, boxes of gloves, trolleys, and other lifting equipment. Staff person #S102 found the inspector within the room and stated that the door should be closed and locked at all times. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. An unlocked exit door within the room was therefore accessible to residents.

Also within the 1st floor service corridor, on February 22nd, 2013, at 1:05pm, the inspector found a door (#CW1017-1) into the trash compactor room partially open and unlocked. There was no staff present in the area at the time. Within the room, the inspector noted an exit door which is not locked or alarmed. This door leads outside to the garbage and recycling areas and parking areas. The inspector met two staff members outside of this room, #S103 and #S104, who were there to drop off bagged garbage. Both indicated to the inspector that they have found this door partially open and unlocked as well. The door is equipped with a magnetic locking device. The door is unlocked by entering a code at the key pad on the wall next to the door. The inspector found the door was not closed completely, and was able to push the door open without having to enter the access code. The homes SPS met the inspector outside of the trash compactor room and stated he would have his staff adjust the door closing mechanism to ensure the door always closes fully. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. An unlocked exit door within the room was therefore accessible to residents.

On February 22nd, at 2:31pm, the inspector found the door into the housekeeping stores room open. There was no staff in the area at the time. This room is located within the 2nd floor service corridor of the Perley building, which is fully accessible to residents. The room contained housekeeping carts, cleaning products and floor cleaning equipment. While the door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. The inspector went to the office next door and spoke with the Director of Support Services (DSS), who said the door into the housekeeping stores room is typically left open during the day to facilitate staff movement in and out of the room with equipment such as the ride on floor



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cleaner. The DSS confirmed that residents and their families are often in this area of the service corridor to visit the nearby laundry room. The DSS stated they would examine the possibility of installing a magnetic lock device on the door into the housekeeping stores room.

Doors to non-residential areas, while equipped with locks, are not always being kept closed and locked when the area is not immediately supervised by staff, in order to restrict unsupervised access to those areas by residents. This presents a widespread potential safety risk to the home's residents.

(133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 12, 2013



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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



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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

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

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.



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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, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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.



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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
Ontario, ON
M5S-2B1
Fax: 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 13th day of March, 2013

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

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

JESSICA LAPENSEE

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