



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

Ottawa Service Area Office
347 Preston St, 4th Floor
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Bureau régional de services d'Ottawa
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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

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection/ Genre d'inspection
Apr 30, 2014;	2014_304133_0006 (A1)	O-000831-13, O-000165-14	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

JESSICA LAPENSEE (133) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

There has been no changes made to the content of the Inspection Report, with the exception of an updated "date of issue". Following discussion with the home's Plant Services Supervisor, on April 30th, 2014, the compliance date for Compliance Order (CO) #001, within the associated "Orders of the Inspector" document, has been extended by the inspector. CO #001 is related to resident accessible doors that lead to non-residential areas, O. Reg. 79/10, s.9 (1)2. The compliance date for CO #001 has been changed from May 5, 2014 to June 23, 2014. Within the Inspection Report, CO #001 is associated with Written Notification (WN) # 1.



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Issued on this 30 day of April 2014 (A1)

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

Jessica Lapensée, #133



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 25-28, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Chief Financial officer, the chief of Resident Care, the Assistant Manager of Support Services, the Plant Services Supervisor, maintenance staff and a recreation therapist.

During the course of the inspection, the inspector(s) conducted walkabout inspections of the home, with a focus on resident accessible doors leading to non-residential areas. The inspector also reviewed safety measures implemented at the home, with regards to resident accessible doors that are not locked, doors that are not alarmed, and doors that are not alarmed in a compliant fashion, as was directed by Compliance Order #003, pursuant to the LTCHA, S.O. 2007, c.8, s.5, served on the licensee on February 21st 2014, as a result of Follow Up inspection #2014_304133_0004.

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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:

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) 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



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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.

The licensee has a history of non-compliance related to doors leading to non-residential areas. A Compliance Order pursuant to O. Reg. 79/10, s.9. (1) 2. has been issued twice in the past year to the licensee. A Compliance Order was first issued as a result of Critical Incident inspection #2013_204133_0005, on March 13th 2013, with a compliance date of April 12th, 2013. As a result of the Follow up inspection, # 2013_204133_0021, the Compliance Order was reissued on August 30th, 2013, with a compliance date of September 30th, 2013.

The Perley and Rideau Veterans' Health Centre is a 450 bed long term care home. The home consists of three two 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 resident activities are held, service areas for residents such as the hairdresser, administration offices visited by residents and their families, as well as resident accessible service areas such as the laundry rooms, main kitchen, maintenance shops, housekeeping storage rooms, mechanical rooms, the main staff exit..etc.

On February 25th, 2014, the inspector found many non-compliant doors, leading to non-residential areas, within the Perley building service corridors. Doors #CW2037, #CW2035 and #CW2034, on the 2nd level, which lead into staff locker rooms that contains lockers, toilets and showers, are not equipped with locks in order to prevent unsupervised access to those areas by residents. Doors #CW2013, #CW2030 (2nd level), # CW1039 and #CW1038 (level 1), which lead into staff washrooms, are not equipped with locks in order to prevent unsupervised access to those washrooms by residents. Door #CW1040 and #CW1042, which lead into a soiled linen room and a clean linen room respectively, on level 1, are each equipped with a lock but were not closed and locked at the time of observation, and there was no staff present supervising the area. Door #CW1073, across from the main staff exit door, which leads into another service area, behind the main kitchen, on level 1, is equipped with a lock, but it was not locked at the time of observation and staff were not supervising the door. Immediately beyond door #CW1073, the inspector found door #CW1074, that leads into a room containing kitchen supplies and equipment, including jugs of cleaning chemicals such as detergents, degreasers and sanitizers. Door #CW1074 is equipped with a lock, but it was not locked at the time of observation, and staff were



not supervising the door. Beyond door #CW1074, the next unlocked door the inspector found was #CW1072(a) which leads out into a corridor with offices. Door #CW1071(a) is equipped with a lock, on the office corridor side, but the inspector observed that was not locked at the time of observation in order to prevent resident access into the back kitchen service area. Beyond door #CW1071(a), still within the service area behind the kitchen, the next unlocked door the inspector found was door #CW1082(a), which leads into a food storage room, primarily canned goods. Door #CW1082(a) is equipped with a lock, but it was not closed or locked or supervised at the time of observation.

Door #CW1022(1), also within the Perley building service area, on level 1, which leads into the carpenters workshop, is equipped with a lock, but at the time of observation, on February 25, 2014, the door had been propped open. Maintenance staff member #S100 arrived to the area at the same time of the inspector, and explained this had likely been done by contractors who were coming and going from the room that day, and whom did not have a key to the room. The inspector noted that the carpenter's workshop contains maintenance tools and equipment. The inspector and staff member #S100 also noted that the door leading to the electrical switch room, within the carpenter's workshop, had also been propped open. Within this room, there was a number of electrical panels, and tools. The inspector and staff member #S100 closed the doors, assumed they were secured as the right door handle was locked, and began to walk away from the area. Within moments, a contractor came in from the nearby stairwell, and simply pushed the door into the carpenter's workshop open. Maintenance staff member #S101 was also present at that time, it was determined that the door required repair, and this work was completed immediately.

Within the Rideau building, non-compliance related to doors leading to non-residential areas was also found. On February 27, 2014, the inspector found the doors (from the hallway and from the adjoining "physio" room) into the Rideau 2 North (R2N) "country kitchen" unlocked. There were no staff present in the area at the time. The R2N country kitchen was noted to contain a commercial microwave, a kettle, 2 refrigerators, a dishwasher and a stove. The inspector was able to turn the stove elements and the oven on. The inspector left the area and spoke with the Recreation Therapist for the Rideau building who explained that the country kitchen is used to cook meals for recreation programs such as the breakfast club, and can be used by families for special events if they request access in advance. The Recreation Therapist confirmed to the inspector that it is expected that the doors into the R2N country kitchen be kept locked when the area is not supervised. While the R2N country kitchen doors are each equipped with a lock, they were not locked in order to



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prevent unsupervised access to the area by residents.

Also within the Rideau building, on February 27, 2014, the inspector found the door into the Rideau 1 North (R1N) and Rideau 2 North (R2N) staff locker rooms unlocked. Staff were not supervising the doors. These rooms contain staff storage lockers. While the R1N and R2N staff locker room doors are equipped with a lock, they were not locked in order to prevent unsupervised access to the area by residents.

As per O. Reg. 79/10, s.17(1) e., the resident-staff communication and response system (the system) is required in every area accessible by residents. With the exception of the R2N country kitchen, the system is not available in any of the above noted non-residential areas that were accessible to residents at the time of the inspection.

It is noted that the bulk of non-compliant doors were found within the Perley centre building, within the service corridors that are readily accessible to residents. The inspector was made aware, by the Assistant Manager of Support Services, that the home is moving to secure all access points into these service areas, thereby rendering the doors of concern beyond the access points inaccessible to residents. As a result, those doors would no longer require locks.

The above noted findings present a widespread and ongoing pattern of potential risk to the residents at the home. [s. 9. (1) 2.]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 305.
Construction, renovation, etc., of homes**



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Specifically failed to comply with the following:

s. 305. (3) A licensee may not commence any of the following work without first receiving the approval of the Director:

- 1. Alterations, additions or renovations to the home. O. Reg. 79/10, s. 305 (3).**
 - 2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents. O. Reg. 79/10, s. 305 (3).**
-

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 305 (3) in that the licensee failed to obtain the approval of the Director with regards to alterations or renovations to the home. Specifically, the licensee failed to seek the Director's approval for the "Nursing Substation Renovation" project.

During walkabout inspections of the home, between February 25th and 27th, 2014, the inspector noted that on some care units, where there used to be a nursing substation in the hallway, there was now a resident lounge area. The inspector observed one of these newly created areas, in Gatineau 2 South, to be approximately 10ft x 15ft, with new flooring, seating, and a television. These areas also include a small upright desk with a flip down front face, meant to serve as a work surface for a nursing staff member if needed.

The Assistant Manager of Support Services and the Plant Services Supervisor explained to the inspector that this project was started "towards the end of 2013", is almost completed, and has occurred in the Gatineau 1 North, Gatineau 2 North, Rideau 1 South, Rideau 2 South and Ottawa 1 West care units. One or both nursing substations within each of the identified units has now been removed. The Assistant Manager of Support Services confirmed to the inspector that prior approval for this project was not obtained from the Director. [s. 305. (3)]



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**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE
BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES
SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 s. 5.	CO #003	2014_304133_0004	133



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

Jessica Lapensée, #133



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
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Aux termes de l'article 153 et/ou de
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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** JESSICA LAPENSEE (133) - (A1)

**Inspection No. /
No de l'inspection :** 2014_304133_0006 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
Registre no. :** O-000831-13, O-000165-14 (A1)

**Type of Inspection /
Genre d'inspection:** Follow up

**Report Date(s) /
Date(s) du Rapport :** Apr 30, 2014;(A1)

**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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foyers de soins de longue durée, L.O.

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

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:	2013_204133_0021, CO #001;

Pursuant to / Aux termes de :



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Ordre(s) de l'inspecteur

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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).

Order / Ordre :

(A1)

The licensee will 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, in order to achieve compliance with O. Reg. 79/10, s. 9.(1) 2.



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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.

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.

The licensee has a history of non-compliance related to doors leading to non-residential areas. A Compliance Order pursuant to O. Reg. 79/10, s.9. (1) 2. has been issued twice in the past year to the licensee. A Compliance Order was first issued as a result of Critical Incident inspection #2013_204133_0005, on March 13th 2013, with a compliance date of April 12th, 2013. As a result of the Follow up inspection, # 2013_204133_0021, the Compliance Order was reissued on August 30th, 2013, with a compliance date of September 30th, 2013.

The Perley and Rideau Veterans' Health Centre is a 450 bed long term care home. The home consists of three two 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 resident activities are held, service areas for residents such as the hairdresser, administration offices visited by residents and their families, as well as resident accessible service areas such as the laundry rooms, main kitchen, maintenance shops, housekeeping storage rooms, mechanical rooms, the main staff exit..etc.

On February 25th, 2014, the inspector found many non-compliant doors, leading to non-residential areas, within the Perley building service corridors. Doors #CW2037, #CW2035 and #CW2034, on the 2nd level, which lead into staff locker rooms that contains lockers, toilets and showers, are not equipped with locks in order to prevent unsupervised access to those areas by residents. Doors #CW2013, #CW2030 (2nd level), # CW1039 and #CW1038 (level 1), which lead into staff washrooms, are not equipped with locks in order to prevent unsupervised access to those washrooms by residents. Door #CW1040 and #CW1042, which lead into a soiled linen room and a clean linen room respectively, on level 1, are each equipped with a lock but were not closed and locked at the time of observation, and there was no staff present supervising the area. Door #CW1073, across from the main staff exit door, which



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leads into another service area, behind the main kitchen, on level 1, is equipped with a lock, but it was not locked at the time of observation and staff were not supervising the door. Immediately beyond door #CW1073, the inspector found door #CW1074, that leads into a room containing kitchen supplies and equipment, including jugs of cleaning chemicals such as detergents, degreasers and sanitizers. Door #CW1074 is equipped with a lock, but it was not locked at the time of observation, and staff were not supervising the door. Beyond door #CW1074, the next unlocked door the inspector found was #CW1072(a) which leads out into a corridor with offices. Door #CW1071(a) is equipped with a lock, on the office corridor side, but the inspector observed that was not locked at the time of observation in order to prevent resident access into the back kitchen service area. Beyond door #CW1071(a), still within the service area behind the kitchen, the next unlocked door the inspector found was door #CW1082(a), which leads into a food storage room, primarily canned goods. Door #CW1082(a) is equipped with a lock, but it was not closed or locked or supervised at the time of observation.

Door #CW1022(1), also within the Perley building service area, on level 1, which leads into the carpenters workshop, is equipped with a lock, but at the time of observation, on February 25, 2014, the door had been propped open. Maintenance staff member #S100 arrived to the area at the same time of the inspector, and explained this had likely been done by contractors who were coming and going from the room that day, and whom did not have a key to the room. The inspector noted that the carpenter's workshop contains maintenance tools and equipment. The inspector and staff member #S100 also noted that the door leading to the electrical switch room, within the carpenter's workshop, had also been propped open. Within this room, there was a number of electrical panels, and tools. The inspector and staff member #S100 closed the doors, assumed they were secured as the right door handle was locked, and began to walk away from the area. Within moments, a contractor came in from the nearby stairwell, and simply pushed the door into the carpenter's workshop open. Maintenance staff member #S101 was also present at that time, it was determined that the door required repair, and this work was completed immediately.

Within the Rideau building, non-compliance related to doors leading to non-residential areas was also found. On February 27, 2014, the inspector found the doors (from the hallway and from the adjoining "physio" room) into the Rideau 2 North (R2N) "country kitchen" unlocked. There were no staff present in the area at the time. The R2N country kitchen was noted to contain a commercial microwave, a



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Pursuant to section 153 and/or
section 154 of the Long-Term
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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.

kettle, 2 refrigerators, a dishwasher and a stove. The inspector was able to turn the stove elements and the oven on. The inspector left the area and spoke with the Recreation Therapist for the Rideau building who explained that the country kitchen is used to cook meals for recreation programs such as the breakfast club, and can be used by families for special events if they request access in advance. The Recreation Therapist confirmed to the inspector that it is expected that the doors into the R2N country kitchen be kept locked when the area is not supervised. While the R2N country kitchen doors are each equipped with a lock, they were not locked in order to prevent unsupervised access to the area by residents.

Also within the Rideau building, on February 27, 2014, the inspector found the door into the Rideau 1 North (R1N) and Rideau 2 North (R2N) staff locker rooms unlocked. Staff were not supervising the doors. These rooms contain staff storage lockers. While the R1N and R2N staff locker room doors are equipped with a lock, they were not locked in order to prevent unsupervised access to the area by residents.

As per O. Reg. 79/10, s.17(1) e., the resident-staff communication and response system (the system) is required in every area accessible by residents. With the exception of the R2N country kitchen, the system is not available in any of the above noted non-residential areas that were accessible to residents at the time of the inspection.

It is noted that the bulk of non-compliant doors were found within the Perley centre building, within the service corridors that are readily accessible to residents. The inspector was made aware, by the Assistant Manager of Support Services, that the home is moving to secure all access points into these service areas, thereby rendering the doors of concern beyond the access points inaccessible to residents. As a result, those doors would no longer require locks.

The above noted grounds present a widespread and ongoing pattern of potential risk to the residents at the home.

(133)

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



**Ministry of Health and
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**Ministère de la Santé et des
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Jun 23, 2014(A1)

REVIEW/APPEAL INFORMATION



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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

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5



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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.

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

Directeur
c/o 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
Toronto ON M5S 2B1

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.

Télécopieur : 416-327-7603

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 :



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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.

Issued on this 30 day of April 2014 (A1)

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

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

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