



**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**

**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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 11, 2015	2015_346133_0034	O-001619-15	Follow up

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

CITY OF OTTAWA

Long Term Care Branch 275 Perrier Avenue OTTAWA ON K1L 5C6

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

PETER D. CLARK CENTRE

9 MERIDIAN PLACE OTTAWA ON K2G 6P8

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

JESSICA LAPENSEE (133)

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## **Inspection Summary/Résumé de l'inspection**

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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): September 2nd, 3rd, and 9th, 2015**

**During the course of the inspection, the inspector(s) spoke with The acting Administrator, the Facility Supervisor, the Facility Operator, the Administrative Assistant, the Program Administrative Clerk (onsite). The inspector also communicated, via email, with the Program Manager of Corporate Security in the Emergency and Protective Services Department of the City of Ottawa, and a Security Advisor with the Emergency and Protective Services Department of the City of Ottawa.**

**During the course of the inspection, the inspector worked with the Facility Supervisor and the Facility Operator to verify if applicable doors were equipped with audible door alarms as prescribed and connected to the resident-staff communication and response system. It was verified that door alarms could only be cancelled at the point of activation and it was verified that the front door in the Houses building was locked.**

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

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

**2 WN(s)**

**0 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 9. (1)	CO #002	2015_346133_0001		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).	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 LTCHA, 2007 S.O. 2007, c.8, 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) (c) in that the licensee failed to ensure that the audible alarm system in place on the front door of the Houses building was maintained in good repair.

This is the licensee's third consecutive finding of non-compliance, that includes a Compliance Order (CO), related to door alarms. This CO is specifically related to the front door of the Houses building. The continuing non-compliance is widespread as it presents a potential risk to the residents in the Houses building. The door alarms serve to notify the home's staff if a door, that is assumed to be closed and locked, fails to close after a certain period of time, which could lead to unauthorized exiting from the home.

As a result of Resident Quality Inspection #2014\_362138\_0009, conducted in July 2014, Compliance Order #002 was served on the licensee, pursuant to O. Reg. 79/10, s. 9 (1) 1. iii. Compliance Order #002 required that all resident accessible doors that lead to stairways, and all resident accessible doors that lead to the outside of the home, with the exception of doors that lead to secure outside areas that preclude exit by a resident, be equipped with an audible alarm that only allows calls to be cancelled at the point of activation, and, is connected to the resident-staff communication and response system, or, is connected to an audio visual enunciator at the nurses' station nearest to the door. The compliance date for CO #002 was December 22, 2014. The Follow up inspection, #2015\_346133\_001, was conducted in January 2015. Inspector #133 found that the licensee had failed to equip the main exit door, in both buildings, with an audible alarm as prescribed. As well, inspector #133 found that the audible alarms that were put in place for all stairway doors could be cancelled remotely, from the City of Ottawa's Corporate Security Operations Centre. As a result, the original Compliance Order was closed with a link to a new Compliance Order, #002, pursuant to O. Reg. 79/10, s. 9 (1) 1. iii, with a



due date of June 8th, 2015, and it was served on the licensee on February 6th, 2015.

On September 2nd, 2015, Inspector #133 returned to the home to conduct a second Follow Up inspection. Inspector #133 asked the home's Facility Supervisor (FS), staff #S100, for assistance in testing the front door alarms in both buildings. The FS informed that one of the home's Facility Operators (FO), staff #S101, would be designated to assist the inspector. The FO and the inspector met at 2:30pm and went to the front door of the Houses building. The FO explained that when he had been informed that he would be working with the inspector, he had tested the front door and found that there was no audible alarm. The FO advised that he had put in a call to Corporate Security, and he was expecting a technician to come to the home by 4:30pm. Upon the inspector's requested, the FO again attempted to elicit an audible alarm at the front door, by not allowing the door to fully close for a length of time, and by pushing the door out of its track. The FO was unable to elicit an audible alarm. The FO indicated that the door had been equipped with an audible alarm in early June 2015, in advance of the Compliance Order due date of June 8th, 2015, and that he was unsure of when the alarm stopped working.

Concurrent with the follow up inspection, inspector #133 conducted a Critical Incident System inspection, # 2015\_346133\_0035, also related to door alarms. On June 11th, 2015, the home began experiencing a failure of the door alarm system, throughout both buildings. It was reported to the Ministry of Health and Long Term Care, by the acting Administrator, in a Critical Incident Report (CIR), #M609-000018-15, that in both buildings, that there was no audible sound and that staff pagers were not getting notice when a door was open for too long. This issue was reportedly caused by a malfunction with Corporate Security's door security monitoring systems. During the inspection, the home's acting Administrator explained to the inspector that all door alarms were non-functional for approximately 5 days. The acting Administrator explained that it had been assumed that when Corporate Security had notified the home that the issue had been rectified, that all door alarms were functioning as required. Further discussion with the acting Administrator, the FS and the FO revealed that no-one had tested the home's doors to ensure that the audible alarms were functional after the outage, and that there was currently no process in place to ensure that the home's audible door alarms are functional.

On September 3rd, 2015, upon arrival to the home, the inspector noted that the front door alarm in the Houses building was now functional as it sounded several times while the inspector was in the general area of the door. The inspector was informed by the FO



that the front door alarm had been repaired the evening of September 2nd, 2015. The inspector was informed by the FO that the front door alarm was connected that the resident-staff communication and response system in the Willow unit, whereby staff pagers register a call for assistance when the front door alarm activates. Willow unit staff have responsibility to follow up when the front door alarm has been activated and is not reset. At 12:38pm, the inspector and the FS proceeded into the Willow unit and collected the four nursing staff pagers. Nursing staff indicated to the FS that they had seen "door #305" on their pagers that morning, but they didn't know what that meant. The FS explained to the staff and to the inspector that "door #305" was the front door of the Houses building. The FO caused the front door to alarm, and while in the Willow unit, the inspector and the FS observed that the alarm did result in a call for assistance to the nursing staff pagers.

Following this testing with the FS and FO, at 12:59pm, the inspector spoke with the Administrative Assistant (AA), staff #S102, who was at the front reception desk. The AA explained that she covers the front desk while the Program Admin Clerk (PAC), staff #S103, is on lunch break. The AA indicated that she had not heard the front door alarm in the last few months. At 1:15pm, the inspector spoke with the PAC, at the front reception desk. The PAC explained that she is always stationed at the front desk, and that she started in this position in mid-June 2015. The PAC indicated that she had not heard the front door alarm before that day, September 3rd, 2015. The PAC indicated that she had not had to use her staff ID card to silence the front door alarm before that day, September 3rd, 2015. [s. 15. (2) (c)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**

Specifically failed to comply with the following:

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

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**

- i. kept closed and locked,**
- ii. equipped with a door access control system that is kept on at all times, and**
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system, or**  
**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

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

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

#### **Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) iii. in that at the time of the inspection, the licensee had failed to ensure that all doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, were equipped with an audible door alarm as prescribed.

On September 2nd, 2015, Inspector #133 began a follow up inspection at the home, to verify if applicable doors had been equipped with audible door alarms as prescribed by legislation, and as per the requirements outlined in Compliance Order #002, served on the licensee on February 6th, 2015, as a result of inspection #2015\_346133\_0001, with a



due date of June 8th, 2015. At approximately 10:30am, inspector #133 observed that there was a patio door in the main entrance café area, and it was wide open. The inspector observed a staff member, the staffing coordinator, was outside, close to the door, cooking food on a barbeque. The inspector observed that this door led to an open terraced area and beyond that, to the parking lot. The outside area beyond the door was not secured to preclude exit by a resident. The acting Administrator met the inspector at the door and explained that the door is normally only used on Wednesdays, for about 3 hours, when the staffing coordinator uses the barbeque. As well, the door is used by contractors, who water the plants on Wednesdays. The inspector observed a long orange circular stick hanging down from the upper left side of the door. The Administrator explained that this was the locking mechanism. The stick was connected to a plunger, that was within a small box on the upper left corner of the door. The plunger was connected to a metal pin that fit up into the upper door frame. To unlock this door, the orange stick was pulled down and twisted to the side, thereby releasing the metal pin from the door frame. To lock the door, the orange stick was twisted to the side, and the metal pin went back up into the door frame. One side of the side had the word "lock" on it, and the other side had the word "open" on it.

There was no audible alarm at the door during the period of observation described above. The inspector asked the acting Administrator if the patio door was equipped with an audible alarm as is required by O. Reg. 79/10, s. 9 (1) iii. The acting Administrator advised that this patio door was not equipped with an audible alarm, and that this door had not been considered when corrective actions had been planned and implemented, in response to the Compliance Order served on the licensee in February 2015. The acting Administrator indicated that the door would be rendered unusable, as it could not be equipped with an audible alarm. The orange stick was immediately removed from the plunger and the inspector was advised the door would be bolted shut.

On September 9th, 2015, the inspector observed that the patio door had been rendered unusable. The white box, plunger and pin mechanism had been removed. An L bracket was bolted into the upper left corner of the door and into the upper door frame. As well, an L bracket was bolted into the lower left corner of the door and into the lower door track. In this state, the patio door no longer required an alarm as outlined in O. Reg. 79/10, s. 9 (1) 1. iii.

2. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) iii. in that at the time of the inspection, the licensee had failed to ensure that all doors leading to the outside of the home were equipped with an audible door alarm and were connected to the resident-





staff communication and response system, or, connected to an audio visual enunciator that is connected to the closest nurses' station nearest to the door.

On September 2nd, 2015, Inspector #133 began a follow up inspection at the home, to verify if applicable doors had been equipped with audible door alarms and connected as prescribed by legislation, and as per the requirements outlined in Compliance Order #002, served on the licensee on February 6th, 2015, as a result of inspection #2015\_346133\_0001, with a due date of June 8th, 2015. The front door in the Bungalows building was specifically referenced within the Compliance Order. In the company of the home's Facility Supervisor (FS) and Facility Operator (FO), at 2:52pm, inspector #133 went to the bungalows building, collected the four nursing staff pagers, and then caused the front door to alarm. None of the staff pagers received notification of the alarm, and the resident-staff communication and response system console on the desk in the nurses' station did not register the front door alarm. The unit charge nurse, staff #S104, explained that the console has never registered a front door alarm, and assembled staff indicated their pagers did not register front door alarms. The FO indicated he would call the Corporate Security office and request service immediately.

On September 3rd, 2015, at 2:25pm, in the company of the FS, inspector #133 returned to the bungalows building and met with the FO and the door technician. It was explained to the inspector that the final work to connect the door access system to the resident-staff communication and response system had been done incorrectly, and was never tested. While the two systems had been connected, a relay had been connected to the wrong port on the door access system. The door technician quickly corrected the error, and the door alarm and pagers were tested again. It was observed that the front door alarm now activated all of the nursing staff pagers and the console at the nurses' station. [s. 9. (1)]

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**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 11th day of September, 2015**

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

**Original report signed by the inspector.**



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

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

**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  
Performance Improvement and Compliance Branch**

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

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

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

**Inspection No. /**

**No de l'inspection :** 2015\_346133\_0034

**Log No. /**

**Registre no:** O-001619-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Sep 11, 2015

**Licensee /**

**Titulaire de permis :**

CITY OF OTTAWA

Long Term Care Branch, 275 Perrier Avenue, OTTAWA,  
ON, K1L-5C6

**LTC Home /**

**Foyer de SLD :**

PETER D. CLARK CENTRE

9 MERIDIAN PLACE, OTTAWA, ON, K2G-6P8

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

Ted Cohen

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To CITY OF OTTAWA, you are hereby required to comply with the following order(s)  
by the date(s) set out below:



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (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).

**Order / Ordre :**



**Order(s) of the Inspector**

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In order to achieve compliance with LTCHA, 2007, S.O. 2007, c. 8, s. 15 (2) (c), related to door alarms, the licensee will prepare, submit and implement a plan that is to include the following:

a) A monthly testing process, that is to begin in September 2015, whereby it is verified that the audible alarm at every applicable door is functional and that an activated alarm results in a call to all associated staff pagers. As well, it must be verified that each applicable door is locked. Applicable doors are resident accessible doors that lead to the outside of the home, with the exception of doors that lead to outside secured areas that preclude exit by a resident, and resident accessible doors that lead to stairways.

b) A method of documenting this prescribed testing process. Documentation is to include verification that each and every door is tested, that all associated pagers are tested, and if applicable immediate actions taken in response to malfunctions to ensure resident safety and timely follow up, documentation of corrective actions taken by any/all parties including timelines, and documentation of onsite persons responsible.

The compliance plan must identify the person(s), that are on-site, that will be responsible for completing the monthly testing and the person(s) that will be responsible for ensuring that the monthly testing occurs and corrective actions are taken as needed.

Once compliance is achieved, the licensee may revisit the frequency of testing.

The compliance plan is due on Monday, September 21, 2015. The plan may be emailed to Long Term Care Home Inspector Jessica Lapensee's attention at the following email address: OttawaSAO.MOH@ontario.ca. Alternately, the compliance plan may be faxed to the inspector's attention at (613) 569-9670 or mailed to 347 Preston Street, Suite 420, 4th floor, Ottawa, Ontario, K1S 3J4.

**Grounds / Motifs :**

1. 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 the audible alarm system in place on the front door of the Houses building was maintained in good repair.

This is the licensee's third consecutive finding of non-compliance, that includes a Compliance Order (CO), related to door alarms. This CO is specifically related

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to the front door of the Houses building. The continuing non-compliance is widespread as it presents a potential risk to the residents in the Houses building. The door alarms serve to notify the home's staff if a door, that is assumed to be closed and locked, fails to close after a certain period of time, which could lead to unauthorized exiting from the home.

As a result of Resident Quality Inspection #2014\_362138\_0009, conducted in July 2014, Compliance Order #002 was served on the licensee, pursuant to O. Reg. 79/10, s. 9 (1) 1. iii. Compliance Order #002 required that all resident accessible doors that lead to stairways, and all resident accessible doors that lead to the outside of the home, with the exception of doors that lead to secure outside areas that preclude exit by a resident, be equipped with an audible alarm that only allows calls to be cancelled at the point of activation, and, is connected to the resident-staff communication and response system, or, is connected to an audio visual enunciator at the nurses' station nearest to the door. The compliance date for CO #002 was December 22, 2014. The Follow up inspection, #2015\_346133\_001, was conducted in January 2015. Inspector #133 found that the licensee had failed to equip the main exit door, in both buildings, with an audible alarm as prescribed. As well, inspector #133 found that the audible alarms that were put in place for all stairway doors could be cancelled remotely, from the City of Ottawa's Corporate Security Operations Centre. As a result, the original Compliance Order was closed with a link to a new Compliance Order, #002, pursuant to O. Reg. 79/10, s. 9 (1) 1. iii, with a due date of June 8th, 2015, and it was served on the licensee on February 6th, 2015.

On September 2nd, 2015, Inspector #133 returned to the home to conduct a second Follow Up inspection. Inspector #133 asked the home's Facility Supervisor (FS), staff #S100, for assistance in testing the front door alarms in both buildings. The FS informed that one of the home's Facility Operators (FO), staff #S101, would be designated to assist the inspector. The FO and the inspector met at 2:30pm and went to the front door of the Houses building. The FO explained that when he had been informed that he would be working with the inspector, he had tested the front door and found that there was no audible alarm. The FO advised that he had put in a call to Corporate Security, and he was expecting a technician to come to the home by 4:30pm. Upon the inspector's requested, the FO again attempted to elicit an audible alarm at the front door, by not allowing the door to fully close for a length of time, and by pushing the door out of its track. The FO was unable to elicit an audible alarm.

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The FO indicated that the door had been equipped with an audible alarm in early June 2015, in advance of the Compliance Order due date of June 8th, 2015, and that he was unsure of when the alarm stopped working.

Concurrent with the follow up inspection, inspector #133 conducted a Critical Incident System inspection, # 2015\_346133\_0035, also related to door alarms. On June 11th, 2015, the home began experiencing a failure of the door alarm system, throughout both buildings. It was reported to the Ministry of Health and Long Term Care, by the acting Administrator, in a Critical Incident Report (CIR), #M609-000018-15, that in both buildings, that there was no audible sound and that staff pagers were not getting notice when a door was open for too long. This issue was reportedly caused by a malfunction with Corporate Security's door security monitoring systems. During the inspection, the home's acting Administrator explained to the inspector that all door alarms were non-functional for approximately 5 days. The acting Administrator explained that it had been assumed that when Corporate Security had notified the home that the issue had been rectified, that all door alarms were functioning as required. Further discussion with the acting Administrator, the FS and the FO revealed that no-one had tested the home's doors to ensure that the audible alarms were functional after the outage, and that there was currently no process in place to ensure that the home's audible door alarms are functional.

On September 3rd, 2015, upon arrival to the home, the inspector noted that the front door alarm in the Houses building was now functional as it sounded several times while the inspector was in the general area of the door. The inspector was informed by the FO that the front door alarm had been repaired the evening of September 2nd, 2015. The inspector was informed by the FO that the front door alarm was connected that the resident-staff communication and response system in the Willow unit, whereby staff pagers register a call for assistance when the front door alarm activates. Willow unit staff have responsibility to follow up when the front door alarm has been activated and is not reset. At 12:38pm, the inspector and the FS proceeded into the Willow unit and collected the four nursing staff pagers. Nursing staff indicated to the FS that they had seen "door #305" on their pagers that morning, but they didn't know what that meant. The FS explained to the staff and to the inspector that "door #305" was the front door of the Houses building. The FO caused the front door to alarm, and while in the Willow unit, the inspector and the FS observed that the alarm did result in a call for assistance to the nursing staff pagers.



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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

Following this testing with the FS and FO, at 12:59pm, the inspector spoke with the Administrative Assistant (AA), staff #S102, who was at the front reception desk. The AA explained that she covers the front desk while the Program Admin Clerk (PAC), staff #S103, is on lunch break. The AA indicated that she had not heard the front door alarm in the last few months. At 1:15pm, the inspector spoke with the PAC, at the front reception desk. The PAC explained that she is always stationed at the front desk, and that she started in this position in mid-June 2015. The PAC indicated that she had not heard the front door alarm before that day, September 3rd, 2015. The PAC indicated that she had not had to use her staff ID card to silence the front door alarm before that day, September 3rd, 2015.

(133)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2015**





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

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

**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

### **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



**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*

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

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

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

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](http://www.hsarb.on.ca).



**Ministry of Health and  
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Pursuant to section 153 and/or  
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Homes Act, 2007, S.O. 2007, c.8*

**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*

## **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<sup>e</sup> 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.



**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*

**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*

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](http://www.hsarb.on.ca).

**Issued on this 11th day of September, 2015**

**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