



**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 28, 2013	2013_211106_0032	S-000357-13	Other

**Licensee/Titulaire de permis**

**RIVERSIDE HEALTH CARE FACILITIES, INC.  
110 VICTORIA AVENUE, FORT FRANCES, ON, P9A-2B7**

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

**RAINY RIVER HEALTH CENTRE  
114 FOURTH STREET, P.O. BOX 236, RAINY RIVER, ON, P0W-1L0**

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

**MARGOT BURNS-PROUTY (106)**

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



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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): October 15, 2013**

**The following log was reviewed as part of this inspection: Log# S-000357-13**

**During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Activity Lead, Family Members, and Residents**

**During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed a meal service, observed care provided to residents in the home and reviewed resident health care records**

**The following Inspection Protocols were used during this inspection:  
Residents' Council**

**Findings of Non-Compliance were found during this inspection.**

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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<b>Legend</b>	<b>Legendé</b>
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



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

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

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**

**Specifically failed to comply with the following:**

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

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**  
**i. kept closed and locked,**  
**ii. equipped with a door access control system that is kept on at all times, and**  
**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system,**  
**or**

**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**  
**O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**Findings/Faits saillants :**



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1. On October 15, 2013, inspector entered the home and exited the home, via the main entrance door, without having to engage a key pad or any other locking device. On October 15, 2013 during an interview the DOC reported, that the main entrance door will only lock if a resident with a wander guard device gets too close then, door will lock and an alarm will sound. The licensee failed to ensure that 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, kept closed and locked. [s. 9. (1) 1. i.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that 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, are closed and locked, specifically in regards to the main entrance, to be implemented voluntarily.***

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Issued on this 28th day of November, 2013

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

A handwritten signature in black ink, appearing to be "J. [unclear]".