



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
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Performance Improvement and
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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
Apr 23, 2013	2013_204133_0009	O-000058- 13	Critical Incident System

Licensee/Titulaire de permis

SHERWOOD PARK MANOR
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

SHERWOOD PARK MANOR
1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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): April 5th, 8th - 2013

During the course of the inspection, the inspector(s) spoke with The Director of Care, the Departmental Assistant, the Infection Control Nurse, the Office Manager, the Maintenance Manager, Registered and non registered nursing staff and a Physiotherapy assistant

During the course of the inspection, the inspector(s) observed a resident, reviewed components of a residents health care record, reviewed the home's emergency plan dealing with situations involving a missing resident titled "Missing Resident Search Procedure", reviewed a Critical Incident Report and reviewed the Director of Care's investigation notes related to this reported incident.

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.)

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. (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(2) in that a door leading to a treatment room was not kept locked in order to restrict unsupervised access to the area by a resident.

On a day in January 2013, resident #001 was noted to be missing, in the afternoon, by staff member #S105. As per the Critical Incident Report submitted to the Ministry of Health and Long Term Care by the home, resident #001 was found approximately 30 minutes later, lying on the floor in a locked treatment room. The staff person (#S100) who found the resident told the inspector that they had not been aware that the resident was missing, and that they had gone into the locked room to check the specimen fridge in advance of the daily specimen pick up by Lifelabs medical laboratory services. Staff person #S105 had been actively searching for the resident, but told the inspector they wouldn't have thought to check in the treatment room as it is supposed to be kept locked at all times so residents cannot go in there. As well, staff member #S105 does not have a key to this room as they are not a member of the registered nursing staff. The door into the treatment room is equipped with a key lock, however the door was not kept locked on the afternoon of a day in January 2013 which allowed resident #001 unsupervised access to the area. [s. 9. (1) 2.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the requirement that locks on doors leading to non residential areas are engaged when the area is not immediately supervised by staff in order to restrict unsupervised access to those areas by residents., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans



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Specifically failed to comply with the following:

s. 230. (7) The licensee shall,

(a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).

(b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).

(c) conduct a planned evacuation at least once every three years; and O. Reg. 79/10, s. 230 (7).

(d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans. O. Reg. 79/10, s. 230 (7).

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg. 79/10, s.230(7)(a) in that the homes emergency plan dealing with situations involving a missing resident has not been tested on an annual basis.

On a day in January 2013, resident #001 was noted to be missing, in the afternoon, by staff member #S105. At that time, staff member #S105 noted the resident's wheelchair was empty at the main nurse station and the resident was nowhere to be seen. While staff member #S105 actively searched for the resident, not all unit staff were involved in the search, nor were all unit staff made aware that resident #001 was missing. As per the Critical Incident Report submitted to the Ministry of Health and Long Term Care by the home, resident #001 was found approximately 30 minutes later, lying on the floor in a locked treatment room. The staff person (#S100) who found the resident told the inspector that they had not been aware that the resident was missing, and that they had gone into the locked room to check the specimen fridge in advance of the daily specimen pick up by Lifelabs medical laboratory services.

Long term senior staff (#S101, S102, S103, S104) interviewed by the inspector during the inspection, April 5th and 8th 2013, all indicated that they have no recollection of the home's emergency plan dealing with situations involving a missing resident ever being tested. The inspector spoke with the Director of Care on the telephone on April 18th 2013 who also indicated that they have no recollection of the emergency plan dealing with situations involving a missing resident ever being tested. [s. 230. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the requirement that, in general, all emergency plans are tested as is required by O. Reg. 79/10, s.230(7) and specifically, with the requirement that the emergency plan dealing with situations involving a missing resident is tested on an annual basis and that a written record of the testing is maintained as is required by O. Reg. 79/10, s.230(7)(d), to be implemented voluntarily.



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Issued on this 23rd day of April, 2013

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

Jessica Lapensée