



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

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: May 24, 30, Jun 18, 19, 27, 2012; 2012\_028102\_0028; Follow up

Licensee/Titulaire de permis

Glen Hill Terrace Christian Homes Inc.
200 Glen Hill Drive South, WHITBY, ON, L1N-9W2

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

STRATHAVEN LIFECARE CENTRE
264 King Street East, Bowmanville, ON, L1C-1P9

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

WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Environmental Services Supervisor, several registered and non registered nursing staff, an Administrative Support staff member, several residents and visitors.

During the course of the inspection, the inspector(s) followed up on 3 compliance orders related to the door security system; measured side rails on a number of beds; looked at an alteration that had been made on the 2nd floor; checked windows in a number of areas. The onsite inspection occurred on May 24 and 30, 2012.

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



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<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>Legende</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 subsections:

- 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).
- s. 9. (2) The licensee shall ensure there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. O. Reg. 79/10, s. 9. (2).

Findings/Faits saillants :



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1. A written policy is not in place that deals with when doors leading to secure outside areas must be locked or unlocked to permit or restrict unsupervised access to those areas by residents.

Registered and non registered nursing staff, on both days of the inspection, identified that a policy is not in place regarding the locking/unlocking of doors leading to the interior courtyard.

The doors to the secure outdoor area are equipped with panic bar hardware, which can be locked with an allen key, according to the Environmental Services Manager. [s. 9.(2)]

2. Resident accessible main entrance doors leading from the 1st floor of the long term care home to the outside are not equipped with door alarms.

Door alarms have been installed on resident accessible doors leading to stairways and on the lower level door leading to the retirement home. The alarms have been connected to audio visual enunciators. The audio visual enunciator for some of the doors is not located at the nursing station closest to the door; for example:  
-lower level door to retirement home is connected to an audio visual enunciator at the 1st floor lobby reception desk. Several others doors also show at the reception desk, which is not a nursing station.  
-1st floor and lower level southwest stairway doors do not connect to an enunciator at the 1st floor southwest corner nursing station that is adjacent to the stairway and is the closest nursing station [s.9(1).iii]

3. One resident accessible door leading to the outside of the home is not equipped with a door access control system:  
- 1 of the 2 double main entrance doors facing King Street East at the front of the long term care home is equipped with a padlock, which is not a door access control system.

The door has been identified on 2 previous inspection reports dated May 18, 2011 and January 19, 2012 as not being compliant. [s.9.(1).ii]

4. During a follow up inspection conducted on May 24 and 30, 2012, it was identified that all resident accessible doors leading to stairways have been equipped with a locking system that includes a magnetic lock, an alarm and a door access control system.

The door access control system is used to gain access in and out of the stairways by temporarily deactivating the magnetic door locking system and alarm.

On May 24 and May 30, 2012, the door access control system when utilized to gain access to a stairway door, was identified and observed to have a time delay of up to 90 seconds to reactivate magnetic locks and alarms on stairway doors, presenting a safety risk to residents by allowing a door to remain temporarily unlocked with the alarm off.

Resident accessible doors leading to stairways are not kept locked. [s.9.(1).i]

**Additional Required Actions:**

**CO # - 001, 002, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

**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 by ensuring that a written policy is provided and staff are trained on the policy dealing with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents., to be implemented voluntarily.**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails**



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Specifically failed to comply with the following subsections:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,  
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;  
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and  
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

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**Findings/Faits saillants :**

1. O. Reg 79/10, s. 15(1)(a) identifies that where bed rails are used, a resident's bed system is to be evaluated in accordance with evidence based practices or with prevailing practices, to minimize risk to the resident.
2. Evidence based prevailing practices are identified in Health Canada's Guidance Document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards".
3. During the course of the inspection in the home on May 24, 2012, potential zones of entrapment were identified on 6 of 6 residents' bed systems that were measured on the 2nd floor of the home: bed rails with an open space of greater than 120 mm (4 3/4 inches) within the inner perimeter of the rail are in use in 6 identified rooms. Protective covers were not in use on the bed rails that were measured.
4. During a discussion related to the residents' beds, the Administrator identified that residents' bed systems in the long term care home had been evaluated and that entrapment zones had been identified. It was also identified that action had not been taken and none was currently planned by the licensee to mitigate the potential entrapment risks that were identified as a result of the evaluation that had been done.
5. Steps are not being taken to minimize risk to the resident and prevent resident entrapment, taking into consideration all potential zones of entrapment. [s. 15.(1)(b)]

**Additional Required Actions:**

**CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.**

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**Findings/Faits saillants :**

1. 6 large windows to the outside that are accessible to residents in the lower level dining room have an openable area greater than 15 cm (6 inches).

The openable area of the windows was measured. It is 68cm.

**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 The licensee will ensure that all resident accessible windows that open to the outdoors cannot be opened more than 15cm., to be implemented voluntarily.**



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**WN #4:** The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

**Findings/Faits saillants :**

1. Sufficient privacy curtains to provide privacy are not provided at the bed of each resident in a 2nd floor room, which is occupied by 3 residents. The overhead lift does not allow the privacy curtains to remain closed around each bed when the lift is in motion on its track.

**WN #5:** The Licensee has failed to comply with O.Reg 79/10, s. 305. Construction, renovation, etc., of homes  
Specifically failed to comply with the following subsections:

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.
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. During the inspection on May 24, 2012 a 2nd floor storage room was in the process of being renovated into a nursing station. A hole has been cut into the corridor wall, thereby altering the wall.

It was confirmed that work was commenced on this project without first obtaining approval from the Director. Plans or specifications and a work plan had not been submitted. Approval had also not been obtained from the municipality.

**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 alterations, additions, renovations and other work on the home or its equipment that may significantly disturb or inconvenience residents will not commence without first receiving the approval of the Director and by the municipality as may be required by the municipality, to be implemented voluntarily.*

Issued on this 27th day of June, 2012

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



**Ministry of Health and  
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**Ministère de la Santé et  
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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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Direction de l'amélioration de la performance et de la conformité

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	WENDY BERRY (102)
<b>Inspection No. / No de l'inspection :</b>	2012_028102_0028
<b>Type of Inspection / Genre d'inspection:</b>	Follow up
<b>Date of Inspection / Date de l'inspection :</b>	May 24, 30, Jun 18, 19, 27, 2012
<b>Licensee / Titulaire de permis :</b>	Glen Hill Terrace Christian Homes Inc. 200 Glen Hill Drive South, WHITBY, ON, L1N-9W2
<b>LTC Home / Foyer de SLD :</b>	STRATHAVEN LIFECARE CENTRE 264 King Street East, Bowmanville, ON, L1C-1P9
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	PATRICK BROWN

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To Glen Hill Terrace Christian Homes Inc., 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**

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

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de l'article 154 de la *Loi de 2007 sur les foyers  
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**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**  
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**Order # /**  
**Ordre no :** 001

**Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2012\_028102\_0006, CO #001

**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 :**

All resident accessible doors leading to stairways must be kept closed and locked.

**Grounds / Motifs :**

1. During a follow up inspection conducted on May 24 and 30, 2012, it was identified that all resident accessible doors leading to stairways have been equipped with a locking system that includes a magnetic lock, an alarm and a door access control system.
2. The door access control system is used to gain access in and out of the stairways by temporarily deactivating the magnetic door locking system and alarm.
3. On May 24 and May 30, 2012, the door access control system when utilized to gain access to a stairway door, was identified and observed to have a time delay of up to 90 seconds to reactivate magnetic locks and alarms on stairway doors, presenting a safety risk to residents by allowing a door to remain temporarily unlocked with the alarm off.
4. Resident accessible doors leading to stairways are not kept locked. [s.9.(1)1.i] (102)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jul 16, 2012





**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

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de l'article 154 de la *Loi de 2007 sur les foyers  
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**Order # /**  
**Ordre no :** 002      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2012\_028102\_0006, CO #002

**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 :**

All resident accessible doors leading to stairways and the outside of the long term care home are to be equipped with a door access control system that is kept on at all times.

**Grounds / Motifs :**

1. One resident accessible door leading to the outside of the home is not equipped with a door access control system:
  - 1 of the 2 double main entrance doors facing King Street East at the front of the long term care home is equipped with a padlock, which is not a door access control system.

The door has been identified on 2 previous inspection reports dated May 18, 2011 and January 19, 2012 as not being compliant. [s.9.(1)1.ii] (102)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Jul 16, 2012



**Ministry of Health and  
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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

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**Order # /**  
**Ordre no :** 003

**Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2012\_028102\_0006, CO #003

**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 :**

All doors leading to stairways and to the outside of the long-term care home that are accessible to residents must be equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and be connected to the resident-staff communication and response system, or be 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.

**Grounds / Motifs :**

1. Resident accessible main entrance doors leading from the 1st floor of the long term care home to the outside are not equipped with door alarms.
2. Door alarms have been installed on resident accessible doors leading to stairways and on the lower level door leading to the retirement home. The alarms have been connected to audio visual enunciators. The audio visual enunciator for some of the doors is not located at the nursing station closest to the door; for example:
  - lower level door to retirement home is connected to an audio visual enunciator at the 1st floor lobby reception desk. Several others doors also show at the reception desk, which is not a nursing station.
  - 1st floor and lower level southwest stairway doors do not connect to an enunciator at the 1st floor southwest corner nursing station that is adjacent to the stairway and is the closest nursing station. [s.9(1)1.iii] (102)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jul 16, 2012



**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  
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**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

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**Order # /**  
**Ordre no :** 004      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,  
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;  
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and  
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

**Order / Ordre :**

The licensee will ensure that all appropriate steps are taken to mitigate any risks to residents where the beds and bed rails do not meet the requirements as identified in Health Canada's Guidance Document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards".

**Grounds / Motifs :**

1. O. Reg 79/10, s. 15(1)(a) identifies that where bed rails are used, a resident's bed system is to be evaluated in accordance with evidence based practices or with prevailing practices, to minimize risk to the resident.
2. Evidence based prevailing practices are identified in Health Canada's Guidance Document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards".
3. During the course of the inspection in the home on May 24, 2012, potential zones of entrapment were identified on 6 of 6 residents' bed systems that were measured on the 2nd floor of the home: bed rails with an open space of greater than 120 mm (4 3/4 inches) within the inner perimeter of the rail are in use in 6 identified rooms. Protective covers were not in use on the bed rails that were measured.
4. During a discussion related to the residents' beds, the Administrator identified that residents' bed systems in the long term care home had been evaluated and that entrapment zones had been identified. It was also identified that action had not been taken and none was currently planned by the licensee to mitigate the potential entrapment risks that were identified as a result of the evaluation that had been done.
5. Steps are not being taken to minimize risk to the resident and prevent resident entrapment, taking into consideration all potential zones of entrapment. [s. 15.(1)(b)] (102)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jul 16, 2012



**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

**REVIEW/APEAL 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  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
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  
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

**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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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.

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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
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](http://www.hsarb.on.ca).

**Issued on this 27th day of June, 2012**

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

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

WENDY BERRY

**Service Area Office /**

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