



**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
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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
May 7, 2014	2014_304133_0015	O-000346- 14	Complaint

Licensee/Titulaire de permis

MOHAWK COUNCIL OF AKWESASNE
P.O. Box 579, CORNWALL, ON, K6H-5T3

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

TSIIIONKWANONHSOTE
70 Kawehnoke Apartments Road, Akwesasne, ON, K6H-5R7

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 Complaint inspection.

This inspection was conducted on the following date(s): May 1,5 - 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Head Caretaker, the Caretaker, a housekeeper, and the Manager of the Dietary, Housekeeping and Laundry programs.

During the course of the inspection, the inspector(s) observed residents' bedrooms and common areas with a focus on cleanliness and state of repair. The inspector observed resident accessible doors that lead to non residential areas. The inspector reviewed Infection Prevention and Control documentation related to the home's current process of scabies surveillance, as well as related to the home's scabies outbreak in December 2012 and in September 2013. The inspector reviewed the Critical Incident Reports submitted to the Ministry of Health and Long Term Care in relation to the past scabies outbreaks.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Infection Prevention and Control**

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 :



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1. The licensee has failed to comply with O. Reg. 79/10, s. 9. (1) 2. in that not all doors leading to non residential areas are equipped with locks, and not all doors leading to non residential areas that are equipped with locks are kept closed and locked when they are not being supervised by staff.

Non residential areas are those in which residents do not customarily receive care and/or services.

On May 5th, between 12:05pm - 12:30pm, the inspector observed that the following doors that lead to non residential areas are not equipped with locks to restrict unsupervised access to those areas by residents: #122 (x2) - "clean utility room", #121 (x2) - "soiled utility room", #140 - "soiled utility room", #W105 - "linen closet". These rooms were noted to be storage spaces for a variety of items such as soiled laundry, clean laundry, nursing care supplies and resident mobility aids.

On May 5th, between 12:05pm - 12:30pm, the inspector observed that while the following doors that lead to non residential areas are equipped with locks, the doors were not kept locked when they were not being supervised by staff: #120 (x2) - "linen room", #128 - "linen room", #W118 - "storage", #W116 - "soiled linen room", #W115 - "clean utility room". These rooms were noted to be storage spaces for a variety of items such as soiled laundry, clean laundry, nursing care supplies and resident mobility aids.

On May 5th, between 12:05pm - 12:30pm, the inspector observed that while the following doors that lead to non residential areas are equipped with locks, the doors were not kept closed and locked when they were not being supervised by staff: #131 - "linen and carts room" and #W143 - "drug room". The doors to these areas were propped open with a door stopper at the time of observation. Room #131 contained clean laundry and room #W143 contained resident care supplies. [s. 9. (1) 2.]



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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 all doors leading to non residential areas be 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, to be implemented voluntarily.

Issued on this 7th day of May, 2014

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

Jessica Lapensée