

**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**

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
SUDBURY, ON, P3E-6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury  
159, rue Cedar, Bureau 603  
SUDBURY, ON, P3E-6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

Public Copy/Copie du public

| <b>Date(s) of inspection/Date(s) de l'inspection</b> | <b>Inspection No/ No de l'inspection</b> | <b>Type of Inspection/Genre d'inspection</b> |
|--|--|--|
| May 24, 25, Jul 3, 5, 6, 2012                        | 2012_051106_0013                         | Complaint                                    |

**Licensee/Titulaire de permis**

SIoux LOOKOUT MENO-YA-WIN HEALTH CENTRE  
Fifth Avenue South, PO Box 909, SIOUX LOOKOUT, ON, P8T-1B4

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

WILLIAM A. "BILL" GEORGE EXTENDED CARE FACILITY  
75 FIFTH AVENUE, SIOUX LOOKOUT, ON, P8T-1K9

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

MARGOT BURNS-PROUTY (106)

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

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Environmental Services Manager, Maintenance Staff, Registered Nursing staff, Personal Support Workers (PSW), Activity Coordinator, and Residents

During the course of the inspection, the inspector(s) Conducted a walk-through of all resident home areas and various common areas, observed care provided to residents in the home, interviewed staff members and residents

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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

|   |  |
|---|--|
| Legend  | Legendé  |
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order   | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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 subsections:**

- 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).**

**Findings/Faits saillants :**

1. The "Stanley Magic-Door Stan-Guard Threshold Sensor Rev E. Application, Installation, Tune-In and Accessories Manual" indicates, "The reflection of infrared light caused by the presence of the person in the Stan-Guard zone, in conjunction with the operate signal from the motion sensor, will activate the sensor. The sensor will remain activated and will continue to hold the door open for as long as the person or object remains in the zone. Once the Stan-Guard detection zone is clear, a built-in selectable time delay extends the door, door hold-open signal for 1.0 or 2.0 seconds." On May 24, 2012, Inspector 106, stepped between the main interior entrance doors as they began to slide closed, the doors did not stop and continued to close until they made contact with the inspector.

On May 24, 2012, staff members, #S-101, S-102, S-103 and S-104, reported that the interior main entrance sliding doors will occasionally malfunction and not open until the door system is reset.

On May 24, 2012, inspector 106 asked staff member #S-102 how often the interior main entrance door system will malfunction and require resetting; they stated that it will occur approximately 1 out of 10 times. When the inspector and staff member S-102 tested the system, by pushing the open button at the nursing desk, doors malfunctioned/did not open after 3 attempts.

The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. [LTCHA, 2007, S. O. 2007, c. 8, s. 15 (2) (c)] (106)

**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 the home's equipment, specifically the main interior entrance doors, are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.**

**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 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).

**Findings/Faits saillants :**

1. On May 24, 2012, inspector 106 found the door to a maintenance room, which contained multiple tools, supplies and an electrical panel, unlocked and was able to gain access. The licensee failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents. [O. Reg. 79/10, s. 9 (1) 2] (106)

Issued on this 6th day of July, 2012

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

