



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

Hamilton Service Area Office 119 King Street West, 11th Floor HAMILTON, ON, L8P-4Y7 Telephone: (905) 546-8294 Facsimile: (905) 546-8255

Bureau régional de services de Hamilton 119, rue King Ouest, 11ième étage HAMILTON, ON, L8P-4Y7 Téléphone: (905) 546-8294 Télécopieur: (905) 546-8255

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Nov 13, 2012, 2012\_189120\_0009, Complaint

Licensee/Titulaire de permis

955464 ONTARIO LIMITED 3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

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

MILLENNIUM TRAIL MANOR 6861 OAKWOOD DRIVE, NIAGARA FALLS, ON, L2E-6S5

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

BERNADETTE SUSNIK (120)

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 the administrator, director of care, assistant director of care, maintenance person, registered and non-registered staff and residents.(H-002143-12)

During the course of the inspection, the inspector(s) toured 3 out of the 5 home areas and randomly tested the resident-staff communication and response system, reviewed policies and procedures, service reports and memos issued by management to staff regarding the resident-staff communication and response system.

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<br/> VPC – Voluntary Plan of Correction<br/> DR – Director Referral<br/> CO – Compliance Order<br/> WAO – Work and Activity Order</p>  | <p>Legendé</p> <p>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</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. 17. Communication and response system**  
Specifically failed to comply with the following subsections:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
  - (b) is on at all times;
  - (c) allows calls to be cancelled only at the point of activation;
  - (d) is available at each bed, toilet, bath and shower location used by residents;
  - (e) is available in every area accessible by residents;
  - (f) clearly indicates when activated where the signal is coming from; and
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



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[O. Reg. 79/10, s.17(1)(a)] The licensee of a long-term care home has not ensured that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times

The home's resident-staff communication and response system (RSCRS) cannot easily be accessed and used by staff at all times. The system has been altered since its installation in 2004 and cannot be used by staff as originally intended, designed and approved by the Ministry of Health and Long-Term Care.

The original RSCRS worked in conjunction with pagers carried by all staff (those with direct resident care responsibilities). Other components of the system also included and still include dome lights and a desk phone to assist in determining where an activated signal originates. The system is also intricately tied to the home's door access control system. A breach at a stairwell or perimeter door would activate a pager, giving staff a visual indicator of the location of the breach.

In June 2011, the pagers for all nursing staff (regulated and non-regulated) were replaced with portable phones. The phones however were not always functioning and the phones could not be repaired due to discontinued parts. Over the last couple of months, the number of functioning phones has been depleted to 4 portable phones, with approximately 8 more awaiting programming. The phones are currently only carried by the charge nurses. When personal support workers and registered practical nurses were interviewed and who are responsible to respond to the signals, they reported not having any pagers or phones in which to alert them to an activated station. Staff reported relying on increased monitoring of residents, the dome lights or the sound emanating from a desk phone at the nurse's station (one per home area). Discussions with the management team was held and a plan is in place to augment the design of the system so that staff do not have to rely on pagers or phones to use the system.

**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 is equipped with a resident-staff communication and response system that can be easily seen accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.***

Issued on this 26th day of November, 2012

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

B. Susnik