



**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
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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 4, 2015	2015_362138_0013	O-001936-15	Resident Quality Inspection

Licensee/Titulaire de permis

Kemptville District Hospital
2675 Concession Road P.O. Bag 2007 KEMPTVILLE ON K0G 1J0

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

KEMPTVILLE DISTRICT HOSPITAL
2675 CONCESSION ROAD P. O. BAG 2007 KEMPTVILLE ON K0G 1J0

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

PAULA MACDONALD (138), KATHLEEN SMID (161)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): April 27, 28, 29, 30, May 1, 2015.

During the course of the inspection, the inspector(s) spoke with Residents, the Activity Coordinator, the Team Leader, the Dietitian and Manager Dietary Services, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and the Vice President of Nursing/Clinical, CNO, and a representative from a communication company.

The inspectors also conducted a review of several resident health care records, toured residential and non residential areas, observed a meal service, reviewed the home's admission package, observed medication administration, tested the call bell system, and reviewed Residents' Council Meeting minutes.

The following Inspection Protocols were used during this inspection:

**Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Recreation and Social Activities
Residents' Council**

During the course of this inspection, Non-Compliances were issued.

**7 WN(s)
2 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 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; O. Reg. 363/11, s. 1 (1, 2).**

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 :

1. The licensee failed to comply with section 9.(1)1.iii of the regulation in that the licensee failed to ensure that the all doors leading to stairwells and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident or doors that residents do not have access to must be equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

It was noted on April 29, 2015, that the door to the long term care home, considered by the home to be the door leading to the resident home area from the orthopedic unit of the hospital, was held open for a considerable time by a visitor and no alarm had sounded. Inspector #138 went to the front door and noted that the front door was locked but that no alarm sounded when it was held open by the inspector for several minutes. The inspector spoke with the Activity Coordinator who was in the area at the time the inspector was

observing the front door. The Activity Coordinator stated that she was not aware that the front door was alarmed, further stating that she often holds the door open for extended periods to transport residents to activities outside the home. The inspector proceeded to the second exit door which opens to the medical and surgical unit of the hospital and noted that this door was also locked but not alarmed. The same was determined for the only stairwell door in the home area.

The inspector spoke with the Team Leader regarding these doors, the two exits doors and the stairwell door, and she indicated that she was unaware that the doors were not alarmed and proceeded to test the stairwell door with the inspector. The inspector and the Team Leader unlocked the stairwell and held it open for several minutes. No alarm sounded. The inspector spoke with the Vice President Nursing/Clinical Services, CNO on April 30, 2015, regarding the two exit doors and the stairwell door and she stated that she was surprised to hear that these doors were not alarmed. The inspector at the Vice President Nursing/Clinical Services, CNO proceeded to the front door that exits to the orthopedic unit of the hospital and held open the door. No alarm sounded. The Vice President Nursing/Clinical Services, CNO stated that she was confident that the doors could be adjusted to ensure they were alarmed. [s. 9. (1) 1. iii.]

2. The licensee failed to ensure that 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.

Throughout the course of the inspection the inspectors noted that the door to the staff washroom in the resident home area located in the hallway across from resident room # 13 was routinely left open with no staff in the area. On April 30, 2015, Inspector #138 entered the staff washroom and noted that door was able to be locked from the inside and that there was no resident-staff communication and response system (commonly known as the call bell). The inspector spoke with the home area RPN, Staff #048, who stated that residents are not to use the staff washroom. The inspector spoke with the Team Leader who further stated that residents are not to use the staff washroom and confirmed that the staff washroom is a non-residential area. The Team Leader further stated that she would arrange to have the door to the staff washroom kept closed and locked at all times. [s. 9. (1) 2.]



Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following:

s. 78. (1) Every licensee of a long-term care home shall ensure that,

(a) a package of information that complies with this section is given to every resident and to the substitute decision-maker of the resident, if any, at the time that the resident is admitted; 2007, c. 8, s. 78. (1).

(b) the package of information is made available to family members of residents and persons of importance to residents; 2007, c. 8, s. 78. (1).

(c) the package of information is revised as necessary; 2007, c. 8, s. 78. (1).

(d) any material revisions to the package of information are provided to any person who has received the original package and who is still a resident or substitute decision-maker of a resident; 2007, c. 8, s. 78. (1).

(e) the contents of the package and of the revisions are explained to the person receiving them. 2007, c. 8, s. 78. (1).

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.78(1)(a), whereby the licensee did not ensure that a package of information that complies with this section was given to every Resident and to the substitute decision-maker of the Resident, if any, at the time that the Resident was admitted. In accordance with LTCHA, 2007 section 78 and O.Reg 79/10 section 224, the home shall provide each Resident and substitute decision maker, if any, a package of information that includes the items described within the above provisions.

On April 29, 2015, Inspector #161 requested the package of information that is provided to a Resident and/or to the substitute decision-maker of the Resident at the time that a Resident is admitted to the home. The Team Leader reported that there is not a package of information provided to Residents and/or substitute decision makers at the time of admission. She indicated that the accommodation agreement is reviewed and signed and items of interest are discussed verbally with the Resident and/or substitute decision maker.

The Team Leader showed inspector #161 the package of information that she is currently developing that will be provided to Residents and/or substitute decision makers when the Resident is admitted to the home. [s. 78. (1) (a)]

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 a package of information, consistent with the legislation, is provided to every resident and/or substitute decision maker at admission, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. The licensee failed to comply with O.Reg 79/10 s. 229 (10) 1 in that each resident admitted to the home was not screened for tuberculosis within 14 days of admission.

On April 29, 2015, discussion held with the home's Occupational Health and Safety/Infection Control Practitioner regarding the process by which residents admitted to the home are screened for tuberculosis (TB). She indicated that all residents receive a chest x-ray within 14 days of admission unless they have been screened for tuberculosis within 90 days prior to admission to the home. This was verified by the home's Team Leader who further indicated that the results of residents' chest x-rays are located in their health care record and in the home's Anzer Data Base computer system. The results of a resident's TB screening status is also recorded in the resident's individualized plan of care.

Inspector #161 reviewed the health care records of Resident's #001, #003 and #008 who were admitted to the home in February and March 2015. There was no documentation to support that residents of the home had been screened for tuberculosis within 14 days of admission. This was verified by Registered Practical Nurse, Staff #046, who also reviewed the health care records of Residents #001, #003 and #008. A check in the Anzer Data Base computer system by the Team Leader revealed that these residents had not received a chest x-ray. Resident's #001, #003 and #008 had not been screened for tuberculosis within 14 days of admission to the home. [s. 229. (10) 1.]

2. The licensee failed to comply with O.Reg 79/10, s. 229 (10) 3., whereby the licensee did not ensure that residents were offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

Inspector #161 reviewed the charts of Residents #001, #002, and #008 and there was no documentation to support that residents of the home were offered the tetanus, pneumococcus, or diphtheria vaccine.

On April 30, 2015, during a discussion with the home's Team Leader and the Occupational Health and Safety/Infection Control Practitioner, it was reported that residents of the home are not offered pneumococcus, tetanus and diphtheria immunizations. [s. 229. (10) 3.]



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 (1) each resident admitted to the home is screened for tuberculosis and (2) each resident is offered immunizations against pneumococcus, tetanus, and diphtheria, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (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 :



1. The licensee has failed to comply with O. Reg. 79/10, s. 17,(1) (c) in that the licensee did not ensure that the home is equipped with a resident-staff communication and response system that allows calls to be cancelled only at the point of activation.

The home is equipped with a resident-staff communication and response system (the call bell system) that is available at each bed, toilet, bath and shower location used by residents as well as in the resident lounge/sun room. When a resident activates the call bell system using the call bell alarm cord, the PhotoPhone P-300 located at the nursing station emits a loud tone which alerts staff to the need for assistance and a white dome light above the resident bedroom door illuminates. Staff #046 and #051 indicated to Inspector #161 that they are alerted to a resident's need for assistance when they hear the loud tone emitted from the PhotoPhone P-300. The audible call bell alert can be cancelled at the nursing station by lifting up the receiver of the PhotoPhone P-300. This action does not turn off the white dome light that has been illuminated above the resident's bedroom door. This was verified by Staff #046 and #049.

On May 1, 2015, Inspector #161 met with the Vice President Nursing/Clinical Services, CNO to assess and discuss the home's resident call bell system. Inspector #161 activated the call bell in resident room #110 and a loud tone was emitted from the PhotoPhone P-300 located at the nursing station. The Vice President Nursing/Clinical Services, CNO cancelled the audible call bell alert, as per Inspector #161's request, by lifting the receiver of the PhotoPhone 300. Vice President Nursing/Clinical Services CNO indicated to Inspector #161 that the home was going to install a Maxicomm nurse call system on May 1, 2015 and that she was confident that the system would allow calls to be cancelled only at the point of activation.

On May 1, 2015 at 12:15pm, Inspector #161 observed that a representative from i3s Communication Inc was working on the home's call bell system in response to the issue identified. Inspector #161 and the representative of i3s Communication Inc activated the call bell system in room #115. A loud tone was emitted from the PhotoPhone P-300 at the nursing station. Inspector #161 lifted the receiver and the loud tone was silenced. One minute later, the loud tone returned. The representative of i3s Communication Inc indicated to Inspector #161 that he had modified the call bell system so that the audible alert can only be cancelled at the point of activation. [s. 17. (1) (c)]



**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71
(1).**

Findings/Faits saillants :

1. The licensee failed to comply with section 71(1)(f) of the regulation in that the licensee failed to ensure that the home's menu cycle is reviewed by the Residents' Council for the home.

Inspector #138 spoke with the Activity Coordinator who is assigned to assist the Residents' Council. The Activity Coordinator stated to the inspector that the home has a Residents' Council and that she attends the monthly meeting for the Residents' Council but does not recall the menu cycle being reviewed by the Residents' Council. The Activity Coordinator provided the inspector with a copy of the minutes from the monthly Residents' Council meetings from August 2014 to April 2015 and it was noted by the inspector that the minutes did not demonstrate that the home's menu cycle was reviewed.

The inspector spoke with the Manager Dietary Services about the review of the home's menu cycle by the Residents' Council and the Manager Dietary Services indicate that the Residents' Council have not completed a review of the home's menu cycle. As well, the Manager Dietary Services was not able to provide documentation to demonstrate that the Residents' Council reviewed the home's menu cycle. [s. 71. (1) (f)]

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and
snack service**



Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee failed to comply with section 73(1)2 of the regulation in that the licensee failed to ensure that the home's has a dining and snack service that includes a review of the snack and meal times by the Residents' Council.

The inspector spoke with the Activity Coordinator who is assigned to assist the Residents' Council. The Activity Coordinator stated to the inspector that the home has a Residents' Council and that she attends the monthly meeting for the Residents' Council but does not recall the meal and snack times being reviewed by the Residents' Council. The Activity Coordinator provided the inspector with a copy of the minutes from the monthly Residents' Council meetings from August 2014 to April 2015 and it was noted by the inspector that the minutes did not demonstrate that the home's snack and meal times were reviewed by the Residents' Council.

The inspector spoke with the Manager Dietary Services about the review of the home's meal and snack times by the Residents' Council and the Dietary Manager indicated that a review by the Residents' Council was not completed. [s. 73. (1) 2.]

**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.
Posting of information**

Specifically failed to comply with the following:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).



Findings/Faits saillants :

1. The licensee failed to comply with the section 79 (1) of the Act in that licensee failed to ensure that the required information is posted in the home in a conspicuous and easily accessible location.

In accordance with this section and sections 79(1)(c), (k), and (n) the licensee is required to post the long term care home's policy to promote zero tolerance of abuse and neglect of residents, copies of the inspection reports from the past two years for the home, and the most recent minutes of the Residents' Council meeting in a conspicuous and easily accessible location.

Throughout the course of the inspection, the inspectors noted that the above documents were kept in one of two locked glass display cases. The home area RN, Staff # 046, and the Team Leader stated to the inspector that the documents are accessible when the case was unlocked by the Team Leader or the Activity Coordinator who each carry a key to the display cases. The Team Leader confirmed that the documents would not be accessible when the Team Leader or the Activity Coordinator Leader were absent from the home area which included evenings, nights, and weekends. [s. 79. (1)]

Issued on this 4th day of May, 2015

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

Original report signed by the inspector.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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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**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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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : PAULA MACDONALD (138), KATHLEEN SMID (161)

Inspection No. /

No de l'inspection : 2015_362138_0013

Log No. /

Registre no: O-001936-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : May 4, 2015

Licensee /

Titulaire de permis :

Kemptville District Hospital
2675 Concession Road, P.O. Bag 2007, KEMPTVILLE,
ON, K0G-1J0

LTC Home /

Foyer de SLD :

KEMPTVILLE DISTRICT HOSPITAL
2675 CONCESSION ROAD, P. O. BAG 2007,
KEMPTVILLE, ON, K0G-1J0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

CATHERINE VAN VLIET

To Kemptville District Hospital, 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

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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
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section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**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, and those doors must be kept closed and locked when they are not being supervised by staff.

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; O. Reg. 363/11, s. 1 (1, 2).

Order / Ordre :



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de l'article 154 de la *Loi de 2007 sur les foyers
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The licensee shall ensure that the all doors leading to stairwells and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident or doors that residents do not have access to must be equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

Grounds / Motifs :

1. The licensee failed to comply with section 9.(1)1.iii of the regulation in that the licensee failed to ensure that the all doors leading to stairwells and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident or doors that residents do not have access to must be equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

It was noted on April 29, 2015, that the door to the long term care home, considered by the home to be the door leading to the resident home area from the orthopedic unit of the hospital, was held open for a considerable time by a visitor and no alarm had sounded. Inspector #138 went to the front door and noted that the front door was locked but that no alarm sounded when it was held open by the inspector for several minutes. The inspector spoke with the Activity Coordinator who was in the area at the time the inspector was observing the front door. The Activity Coordinator stated that she was not aware that the front door was alarmed, further stating that she often holds the door open for extended periods to transport residents to activities outside the home. The inspector proceeded to the second exit door which opens to the medical and surgical unit of the hospital and noted that this door was also locked but not alarmed. The same was determined for the only stairwell door in the home area.

The inspector spoke with the Team Leader regarding these doors, the two exits doors and the stairwell door, and she indicated that she was unaware that the doors were not alarmed and proceeded to test the stairwell door with the inspector. The inspector and the Team Leader unlocked the stairwell and held it open for several minutes. No alarm sounded. The inspector spoke with the Vice President Nursing/Clinical Services, CNO on April 30, 2015, regarding the two exit doors and the stairwell door and she stated that she was surprised to hear that these doors were not alarmed. The inspector at the Vice President Nursing/Clinical Services, CNO proceeded to the front door that exits to the orthopedic unit of the hospital and held open the door. No alarm sounded. The Vice President Nursing/Clinical Services, CNO stated that she was confident that the doors could be adjusted to ensure they were alarmed. (138)



**Ministry of Health and
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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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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

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

Jun 01, 2015



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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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

REVIEW/APPEAL 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
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



**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
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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
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.



**Ministry of Health and
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Pursuant to section 153 and/or
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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
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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
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 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.



**Ministry of Health and
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Ordre(s) de l'inspecteur

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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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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.

Issued on this 4th day of May, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : PAULA MACDONALD

Service Area Office /

Bureau régional de services : Ottawa Service Area Office