



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
sous *la Loi de 2007 sur les foyers
de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 11, 2019	2019_533115_0016	004782-19, 004966- 19, 006265-19, 007273-19, 010120- 19, 010123-19	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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

The Village at St. Clair
1800 Talbot Road WINDSOR ON N9H 0E3

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

TERRI DALY (115), ALICIA MARLATT (590)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 27, 28, 29, 30, 31 & June 3, 2019.

A Follow Up inspection was completed concurrently with this Critical Incident inspection:

Compliance Order #001 from inspection #2019_533115_0004, Log #006265-19 related to Infection Control.

The following Critical Incident inspections were conducted:

Related to falls prevention:

Critical Incident Log #004782-19

Critical Incident Log #010120-19

Related to alleged resident to resident abuse/responsive behaviours:

Critical Incident Log #004966-19

Critical Incident Log #007273-19

Critical Incident Log #010123-19

During the course of the inspection, the inspector(s) spoke with the General Manager, the Director of Nursing, the Assistant Director(s) of Nursing, Registered Practical Nurses, Registered Practical Nursing Student, Personal Support Workers, Neighbourhood Coordinators, the Director of Environmental Services, Behaviour Support Staff, the Exercise Therapist, Personal Support Workers, a Recreation Aide, a Dietary Aide.

The inspector(s) also made observations of residents, resident and staff interactions and care and services. Reviewed the compliance plan related to infection control surveillance, relevant policies and procedures, as well as clinical records and plans of care for identified residents.

The following Inspection Protocols were used during this inspection:



Falls Prevention
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home

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

1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 229. (5)	CO #001	2019_533115_0004		590



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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).

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).

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).

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 has failed to ensure that all doors leading to stairways and to 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 did not have access to were kept closed and locked.

A Critical Incident System report was submitted to the Ministry of Health and Long-Term Care on a specific date. The home reported that a resident was involved in an incident resulting in significant injuries.

In an observation of a specific neighbourhood and exits, it was observed that there were three stairwells. Each stairwell's access door was tested to ensure that a code was required to open the doors and that the door closed and locked on its own. Observations were completed and found no abnormalities.

The policy titled Building Safety and Security, policy number 01-05, last reviewed on October 28, 2018, stated that doors to all non-resident areas will be kept locked and securely closed when unsupervised. All maglocks, access controls and call bell system notification should be fully operational at all times when unsupervised.

During an interview with Director of Environmental Services #121, they shared that they were at the home at the time of the incident. They shared that they assessed the door system immediately after the incident, and observed nothing wrong with how the system was functioning. There were no alarms going off to indicate there were any problems with the door, the door required a code to open it and it closed and locked normally.

During an interview with the Director of Nursing Care (DNC) #100, they shared that this was a very unfortunate situation. They shared that they had completed an investigation of the incident to find out what happened, however were unable to determine how the incident with the resident had happened. They shared that visitors do have access to the stair codes, but staff working that day were interviewed and had not seen visitors use the stairwell that afternoon. The DNC stated that the resident was not cognitively aware enough to be able to enter a code, nor physically capable of holding open a heavy door and propelling themselves through it. The DNC shared that doors to the stairways were to be kept locked at all times and that it remained a mystery as to how this incident occurred.

The licensee had failed to ensure that all doors leading to stairways were kept closed and locked. [s. 9. (1)]



2. The licensee had failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and locked when they are not being supervised by staff.

While reviewing a particular resident's progress notes related to a critical incident inspection, it was observed that there was a progress note written that the resident had gained access to the servery on their unit and had helped themselves to food which resulted in a choking episode.

A progress note written on a specific date documented the writer of this note heard a call for help. The writer responded to the call for help and found the resident with a Personal Support Worker (PSW) in the servery. The resident was holding and eating a certain food, and the PSW was trying to take the food from the resident as they were aware that the resident was supposed to be on a therapeutic diet.

In an interview with RPN #118 they shared that the servery doors were to be kept locked at all times and there was a code to enter to gain access to the server area. Residents were not to go into the serveries unattended.

In an interview with PSW #116, they shared that the servery doors were to be kept locked at all times. They shared that this resident had been known in the past to eat foods that were not part of their diet, so the staff needed to be mindful of the food that was around the resident that they had access to.

In an interview with Dietary Aide #117, they shared that the servery doors were to be kept locked at all times when no staff were present.

A review of an email written by the Director of Environmental Services #121 on a specific date, to all staff at the Village at St.Clair, documented that all team member only areas, including the serveries, shower/tub, clean/soiled linen, transition halls and lift rooms, were not intended for resident or family use and staff should not provide them the door codes to these areas.

The policy titled Building Safety and Security, policy number 01-05 and last reviewed on October 28, 2018, stated that doors to all non-resident areas will be kept locked and securely closed when unsupervised. All maglocks, access controls and call bell system notification should be fully operational at all times when unsupervised.



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In an interview with DNC #100 they shared that the servery doors were to be kept locked at all times when there are no staff present.

The licensee had failed to ensure that all doors leading to non-residential areas were locked when they were not being supervised by staff. [s. 9. (1) 2.]

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 doors in the home provide safety and security for all residents, to be implemented voluntarily.

Issued on this 12th day of June, 2019

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

Original report signed by the inspector.