



**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**

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
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Bureau régional de services d'Ottawa
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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
Jun 16, 2014	2014_357101_0016	T-535-14	Critical Incident System

Licensee/Titulaire de permis

INA GRAFTON GAGE HOME OF TORONTO
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

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

INA GRAFTON GAGE HOME
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

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

AMANDA WILLIAMS (101), MATTHEW CHIU (565)

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 6, 2014

During the course of the inspection, the inspector(s) spoke with the acting Executive Director (ED), the Chief Nursing Officer (CNO), the Director of Support Services, the lead maintenance staff, Personal Support Workers (PSWs), and registered nursing staff.

During the course of the inspection, the inspector(s) conducted a door security test of the 4th floor doors leading to stairways; reviewed the home's fire safety plan; reviewed the home's preventative maintenance schedule and documentation of completed routines and checks related to door safety and security in the home; reviewed the identified residents health record; observed the identified resident's home area and the resident; and reviewed the home's fall prevention policy and procedure.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Safe and Secure Home**

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:

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).

Findings/Faits saillants :



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1. The licensee has failed to ensure that doors leading to stairways are kept closed and locked with a door access control system that is kept on at all times.

A Critical Incident Report was submitted to the Ministry of Health on April 14, 2014 stating that an identified wheelchair bound resident was found at the bottom of 9 stairs outside their resident home area on April 13, 2014 at ~8:30pm. The resident was found conscious with their wheelchair beside them and was transferred to hospital where he/she was assessed and identified to have minimal injury. Interview with the Chief Nursing Officer revealed that at the time of the incident the identified units stairway doors' magnetic locking mechanism had malfunctioned and therefore did not keep the door closed and locked. Upon further investigation by the home it was identified that both the units East and West stairway doors magnetic locking mechanisms were inoperable and therefore could not be kept locked by the doors access control system. KR Communications LTD. was called into the home and identified the problem to be a faulty power supply to the magnetic door locks. [s. 9. (1)]

2. The home has systems in place to check stairway doors twice daily for door alarm functionality which includes ensuring the doors are kept closed and locked. The home's expectation is that the stairway door alarm and magnetic locking mechanism checks are completed by maintenance staff during the day shift and nursing staff during the night shift. The maintenance staff records their checks in a maintenance log book. On the date of the incident of April 13, 2014, there was no documentation of the completed test. At the time of the inspection, the lead maintenance staff, Chief Nursing Officer and acting ED were unable to confirm if the check was completed the day of the incident. In addition, the home was unable to determine the length of time in which the identified East and West stairway doors remained unlocked prior to the incident. [s. 9. (1)]

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 O.Reg 79/10, s. 10. Elevators



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Specifically failed to comply with the following:

s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any elevators in the home are equipped to restrict access to areas that are not to be accessed by residents.

Elevators 1 and 2 in the home do not restrict resident access to the basement area once the resident has entered the elevator from a resident home area. The basement area is a restricted area to residents as it contains only services that maintain the home (i.e. laundry, kitchen, boiler, receiving area, etc) as well as staff areas.

Residents are to access this area only if accompanied by a staff member. [s. 10. (1)]

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 residents do not have access to restricted areas (i.e. the basement) when unaccompanied by staff, to be implemented voluntarily.

Issued on this 17th day of June, 2014

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



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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

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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**

Public Copy/Copie du public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** AMANDA WILLIAMS (101), MATTHEW CHIU (565)

**Inspection No. /
No de l'inspection :** 2014_357101_0016

**Log No. /
Registre no:** T-535-14

**Type of Inspection /
Genre
d'inspection:** Critical Incident System

**Report Date(s) /
Date(s) du Rapport :** Jun 16, 2014

**Licensee /
Titulaire de permis :** INA GRAFTON GAGE HOME OF TORONTO
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

**LTC Home /
Foyer de SLD :** INA GRAFTON GAGE HOME
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Rob Bissonnette

To INA GRAFTON GAGE HOME OF TORONTO, you are hereby required to comply with the following order(s) by the date(s) set out below:



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Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

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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Order(s) of the Inspector

Pursuant to section 153 and/or
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The licensee shall prepare, submit and implement a plan to ensure that there is a system in place to ensure all doors leading to stairways are kept closed and that the door access control system is kept on at all times.

The plan shall outline staff roles and responsibilities to identify, communicate and respond to situations involving stairway doors that cannot be kept closed and locked.

The plan shall be submitted to Amanda.Williams@ontario.ca no later than Monday June 30, 2014.

Grounds / Motifs :



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A Critical Incident Report was submitted to the Ministry of Health on April 14, 2014 stating that an identified wheelchair bound resident was found at the bottom of 9 stairs outside their resident home area on April 13, 2014 at ~8:30pm. The resident was found conscious with their wheelchair beside them and was transferred to hospital where he/she was assessed and identified to have minimal injury. Interview with the Chief Nursing Officer revealed that at the time of the incident the identified units stairway doors' magnetic locking mechanism had malfunctioned and therefore did not keep the door closed and locked. Upon further investigation by the home it was identified that both the units East and West stairway doors magnetic locking mechanisms were inoperable and therefore could not be kept locked by the doors access control system. KR Communications LTD. was called into the home and identified the problem to be a faulty power supply to the magnetic door locks. (101)

2. The home has systems in place to check stairway doors twice daily for door alarm functionality which includes ensuring the doors are kept closed and locked. The home's expectation is that the stairway door alarm and magnetic locking mechanism checks are completed by maintenance staff during the day shift and nursing staff during the night shift. The maintenance staff records their checks in a maintenance log book. On the date of the incident of April 13, 2014, there was no documentation of the completed test. At the time of the inspection, the lead maintenance staff, Chief Nursing Officer and acting ED were unable to confirm if the check was completed the day of the incident. In addition, the home was unable to determine the length of time in which the identified East and West stairway doors remained unlocked prior to the incident. (101)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 14, 2014



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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



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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.



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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.



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de l'article 154 de la *Loi de 2007 sur les foyers
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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 16th day of June, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

AMANDA WILLIAMS

Service Area Office /

Bureau régional de services : Ottawa Service Area Office