



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

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

**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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 21, 2015	2014_286547_0032	O-001283-14	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

MONTFORT
705 Montreal Road OTTAWA ON K1K 0M9

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

LISA KLUKE (547), HUMPHREY JACQUES (599), MELANIE SARRAZIN (592), SUSAN WENDT (546)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 2,3,4,5,8,9,10,and 11, 2014

During the course of the inspection, the inspector(s) spoke with several residents, families, volunteers, the President of Resident Council, the President of the Family Council, Registered and Non-Registered Nursing staff, a RAI-Coordinator, a physiotherapist, Dietary aide's, Housekeeping staff, a Manager of Environmental Services, a Manager of Training and Infection Control, a Volunteer and Activities Coordinator, the Assistant Director of Care(ADOC), the Director of Care (DOC), and the Director General of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**



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

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

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. (1).

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 :

1. The Licensee failed to comply with O.Reg 79/10, s.9(1)1, in that the licensee did not ensure that all doors in the home, particularly the basement level doors leading to the outside of the home must be: kept closed and locked, equipped with a door access control system that is kept on at all times, and equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to the resident-staff communication and response system, or 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, as residents have access to this non-residential area of the home.



On the first day of the Resident Quality Inspection on December 2, 2014 Inspector #592 was informed that the basement level was a non-residential area of the home, and could only be accessed via a swipe key in the elevator.

Inspector #547 observed on December 4, 2014 that the home's elevators are equipped with a swipe key access to select the basement level for employees only as the basement level is considered a non-residential area. The elevator brought Inspector #547 to the basement level of the home without the use of a swipe key or selecting this level in the elevator. This non-residential area has two doors leading to the outside of the home, one for the loading dock of the home and another door to the right of the loading dock doors used by staff to enter and exit from the home. Both sets of doors are not equipped with a door access control system or any alarm, leading directly to the outside of the home.

The lack of elevator security and access to unlocked and unalarmed doors presents a potential risk to residents of the home. These doors in the basement do lock from the outside, adding another level of risk as residents would have access to go out either of these doors however the resident would not be able to return back inside the home.

2.The Licensee failed to comply with O.Reg 9 (1) 2, whereby 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.

On December 5, 2014 Inspector #547 observed the clean utility room on the Allee des Tulipes unit that was not locked to restrict unsupervised access. The door leading to this clean utility room was observed closed and equipped with a locking mechanism. The clean utility room was located in a main hallway, and at the times of the observation was not supervised by staff. This clean utility room was equipped with unused razors and cleaning solution bottles of yellow fluid, called All Purpose Disinfectant cleaner. Inspector #547 interviewed Staff #111 who indicated that this room is used by the nursing and cleaning staff members of the home. Staff #111 indicated that the lock on this door had not been functioning properly and that the Environmental Manager of the home was aware.

Inspector #547 interviewed the Environmental Manager on December 5, 2014 who indicated that he was aware the door locking mechanism was broken but he had not



verified the items inside this room that could pose risk for residents living on this unit. [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
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 comply with O. Reg. 79/10, s. 10 in that the home's elevators are not equipped to restrict resident access to the basement level which is considered a non-residential area of the home.

On December 3rd, 2014 at 10:45 during the Resident Quality Inspection, Inspector #592 was on the ground floor of the home and signalled the elevator to go to the second floor however the non-service elevator went down and the doors opened in the basement which is considered to be a non-residential area. Inspector #592 noted that nobody was standing waiting for the elevator in the basement at this time. This elevator was not equipped to restrict resident access to this area.

On December 4th, 2014 at 16:45, Inspector #547 signalled the non-service elevator to go to the second floor from the ground floor of the home however the elevator went to the basement level. Inspector #547 did not have a swipe key to access the basement level at this time. Inspector #547 therefore gained unrestricted access to the basement level/service area of the home. The Environmental Manager of the home had signalled the elevator from the basement to go up to the main level by signalling the elevator button in the basement, and indicated that when this elevator button is signalled, both elevators will be re-directed to the basement as they function on the same call system. The Environmental Manager indicated that this elevator button pad in the basement also had a key slot below this button to call the service elevator only, used by Environmental



staff or Kitchen staff working in this non-residential area of the home. The Environmental Manager further indicated that the basement is accessed by all employees in the home, however not all employees have the service elevator key and they require the elevator signal button to use the home's elevators from this level.

Residents in the home utilize the elevators between the ground floor and the second floor regularly throughout the day. On December 9th, 2014 Inspector #547 was in the basement level of the home at noon when the service elevator door opened with Resident #48 inside. Resident #48 was upset as he/she had signalled the elevator to go to the second floor of the home from the ground floor. This elevator brought the resident to the basement level instead as the Kitchen staff called the service elevator with the elevator button. Resident #48 accessed a non-residential area of the home without a swipe key. The non-service elevator door then opened in the basement, with no person inside this elevator.

On December 10, 2014 Inspector #547 interviewed Resident #48 who indicated that the elevators often go to the basement for staff which is frustrating, as Resident #48 only ever signals the elevators to the ground floor or the second floor. Resident #48 indicated this happens with both elevators all the time and staff are not always in the basement waiting for the elevator so it goes there for nothing.

In addition to potentially having unsupervised access to this non-residential area, a resident could also exit the home via this non-residential area from doors leading directly to the outside of the home that were not locked or alarmed as indicated in CO #001 of this report. [s. 10. (1)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).



Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the following residents as specified in their plans.

On December 8,9 and 10, 2014 Inspector #547 observed that Resident #23 had long finger nails with sharp broken edges. On December 10, 2014 Inspector #547 noted an odour from Resident #23's hands.

On December 10, 2014 Inspector #547 conducted a record review of Resident #23's care plan which indicated that this resident requires nails to be trimmed during baths twice a week. The resident's care flow sheet indicated personal hygiene daily requirements on every shift for verification and cleaning of nails. This flow sheet indicated for the last 10 days, that the resident had been verified once for cleaning of nails, and no indication of any trimming of nails during this period.

Inspector #547 interviewed Staff #104 on December 9, 2014 regarding hand hygiene for Resident #23, and indicated that Resident #23's hands are to be assessed by non-registered nursing staff with hand hygiene in morning and at bedtime daily and any skin related issues is to be reported to Registered Nursing staff. Staff #104 further indicated that this resident required specified interventions for his/her hands at all times as part of the prevention of skin breakdown. No reports were located regarding any issues or concerns for trimming of this resident's nails or cleaning of the hands during this period.

On December 10, 2014 Inspector #547 interviewed the Assistant Director of Care regarding the home's expectations for all resident hand hygiene requirements. The Assistant Director of Care indicated that all residents have their hands washed with morning care, with meals, as well as before bed at night. Resident's nails are included in this care, and if nails are noted to be sharp or long, that they are required to be filed or trimmed. [s. 6. (7)]

2. On December 4,5 and 11, 2014 Inspector #547 observed Resident #24 to have long facial hair and finger nails were noted to be very long and sharp with yellow and brown food debris embedded inside the nails.

On December 11, 2014 Inspector #547 conducted a record review of Resident #24's plan of care. This resident's care plan indicated that the resident requires one person assist for personal hygiene and that the resident is to be clean and groomed by staff at all



times. The resident care flow sheets indicated for the month of December that Resident #24 was not shaved since December 9, 2014 when the plan of care indicated the resident's personal hygiene requirements to have daily shaving and cleaning of nails. This same daily flow sheet has no indication of trimming of nails for the last 11 days for this resident.

Inspector #547 interviewed Staff #124 on December 11, 2014 who is responsible for Resident#24's personal care, indicated that she had shaved the resident's face this morning with morning care. Staff #124 indicated that Resident #24's electric razor was malfunctioning, and the reason he/she was not shaved properly. Staff #124 indicated she had not noticed the residents nails during care.

Inspector #547 interviewed the Director of Care on December 11, 2014 regarding the home's expectations for personal grooming and hand hygiene of residents in the home. The Director of Care indicated that all residents should be properly groomed at all times, including daily shaving as required as part of the residents plan of care when facial hair present. The Director of Care further indicated that if any residents electric razors are no longer functioning properly, that staff are to provide care with the disposable razors until the residents electric razor is repaired or replaced. The Director of Care indicated that hand hygiene is expected to be performed several times a day for every resident. [s. 6. (7)]

3. On December 4 and 9, 2014 Inspector #592 observed Resident #40 with long facial hair.

On December 9, 2014 Inspector #592 conducted a record review of Resident #40's care plan which indicated that this resident was totally dependent on staff for his/her personal hygiene care and grooming. The resident care flow sheets for Resident #40 for the period of November 1 to December 8, 2014 indicated that this resident was shaved once on November 22nd 2014.

On December 9, 2014, Inspector #592 interviewed Staff #119 regarding Resident #40's hygiene/grooming and indicated that the home's expectations is to have this resident shaved on bath days as required.

On this same date, Inspector #592 interviewed the Director of Care who indicated that the home expected that the shaving of residents was part of the daily hygiene care and grooming. The Director of Care observed Resident #40 with Inspector #592 and indicated that the resident's facial grooming was not acceptable. [s. 6. (7)]



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 care set out in the plan of care related to resident hand hygiene and resident grooming are provided to all residents as specified in their plans, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that Registered Nursing Staff in the home follow the home's policy and procedure from Classic Care Pharmacy regarding the destruction of medication, and the home's policy and procedure from Revera regarding Administration of Medications.

On December 10, 2014 Inspector #547 observed Staff #101 take a black marker to strike out the personal health information on a resident's label for a medication package as part of medication packaging destruction when the folder was empty. Staff #101 then placed this medication package in the garbage on the side of the medication cart.

Upon closer observation of this medication package with Staff #101, it was noted that the resident's name, name of medication, and room number remained legible on label for this package.



On this same date, Inspector #547 interviewed the Assistant Director of Care who indicated that striking out residents personal health information on labels with a black marker has been the home's practice. The Assistant Director of Care also noted that the resident's personal health information was still legible on this medication package that was thrown in the garbage.

Upon review of the Classic Care Pharmacy policy and procedure #5.8 -Elimination de médicaments, last reviewed July 2014 provided by the Manager of Training and Infection Control states on page 2 of 6:

Les étiquettes d'ordonnance présentes sont retirées des contenants et déposées dans le récipient désigné pour les médicaments destinés à être éliminés. Elles peuvent aussi être déposées dans la poubelle, mais uniquement en rendant illisible le nom du résident qui y figure, de manière à respecter la confidentialité.

Upon review of the home's policy and procedure from Revera LTC-F-20 regarding the Administration of Medications last revised August 2012 states on page 2 of 3:

#18. Les renseignements confidentiels du résident sont protégés pendant et après l'administration des médicaments.

2. On December 8, 2014 Inspector #547 observed Staff #107 had a basket containing several medication cups with medication inside them. Staff #107 indicated that she did not have any issues with using the wheeled medication cart, however she preferred to use a basket when there is only a few supper time medications on this unit instead of taking out the full medication cart. Staff #107 indicated she was unaware if the use of this basket was acceptable to the home.

On December 10, 2014 Inspector #547 interviewed the home's Assistant Director of Care who indicated that the home does not allow for pre-pouring of medication and placing them in medication cups inside a basket for several residents at one time. The Assistant Director of Care indicated that the home purchased wheeled medication carts for the ease of use by Registered Nursing Staff for safe dispensing of medication which is to be poured only prior to administration to a resident.

Upon review of the home's policy and procedure from Revera LTC-F-20 regarding the Administration of Medications last revised August 2012 indicated on page 1 of 3:



#3. Les médicaments doivent demeurer dans leur récipient ou leur emballage étiqueté d'origine fourni par les services pharmaceutiques ou l'approvisionnement du gouvernement jusqu'à l'administration au résident.

#6. Les médicaments ne sont en aucun cas préparés longtemps avant leur administration.

3. On December 10, 2014 Inspector #547 observed medication packaging folders inside the narcotic box on the Pommeraié unit that did not have any expiry date indicated on these packages.

Resident #47 had two separate narcotic packages containing a total of forty-five tablets of a specified narcotic medication which was dispensed by the pharmacy on a specified date in September, 2014 with no expiry date noted on the back of either of these packages. Resident #10 had thirty tablets of a specified narcotic medication which was dispensed by the pharmacy on a specified date in September 2014 with no expiry date on the back of this package.

On December 10, 2014 Inspector #547 interviewed the Assistant Director of Care who indicated that any narcotic packages with no expiry date should be sent back to the pharmacy and treated as if the medication was expired. These are medications that are not often used, however the pharmacy should have been made aware to address the issue.

Upon review of the home's policy and procedure from Revera LTC-F-20 regarding the Administration of Medications last revised August 2012 indicated on page 2 of 3:

#9. Les médicaments périmés ne sont pas administrés et doivent être retournés au fournisseur de services pharmaceutiques aussitôt que possible. [s. 8. (1) (b)]

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 Registered Nursing Staff comply with the home's policy and procedure from Classic Care Pharmacy regarding the destruction of medication, and the home's policy and procedure from Revera regarding Administration of Medications, to be implemented voluntarily.

WN #5: 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:

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).

s. 229. (12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents are offered immunization against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

On December 8th, 2014 Inspector #592 interviewed the Manager of Training and Infection Prevention and Control and the ADOC indicated that the home did not have a policy and procedures in place for diphtheria/tetanus immunization, therefore supplies were not available in the home. Both staff members indicated to Inspector #592 that the consents were obtained from the residents upon their admission to the home, however no immunization for diphtheria/tetanus was ever provided to these residents. [s. 229. (10) 3.]

2. The licensee has failed to ensure that any pet living in the home or visiting the home as part of a pet visitation program has up-to-date immunizations.

On December 8th, 2014 Inspector #592 interviewed the Volunteer and Activities Coordinator who indicated that they have dogs in their pet visitation program in the home. The Volunteer and Activities Coordinator indicated that she was not aware that the home was required to ensure that all pets visiting the home had up to date immunization records. No Immunization records had been requested for any pets visiting the home. [s. 229. (12)]



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 has immunization offered and available against tetanus and diphtheria in accordance with evidence-based practices to all residents who reside in the home, to be implemented voluntarily.

WN #6: 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:

- 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; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (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 licensee has failed to ensure that the home, furnishing and equipment are maintained in a safe condition and in a good state of repair.

In this report the resident staff communication and response system is commonly referred to as the call bell system.

On a specified date in December, 2014 Inspector #547 observed the resident bathroom for a specified resident room, that the call bell system did not signal any alarm when the call bell button was pressed.

On this same date, Inspector #547 observed in another resident room that the resident's bedside call bell system did not signal any alarm when the call bell button was pressed. Inspector #547 interviewed Staff #110 who indicated that she was unaware of who is responsible for verification of resident call bell system in the home.

On another specified date in December, 2014 Inspector #592 observed in a resident's room that the resident's bedside call bell system did not signal any alarm when the call bell button was pressed.

On December 8, 2014 the Environmental Service Manager indicated to Inspector #592 during an interview that he was not aware of any call bell systems not functioning for any of these resident rooms that were not maintained in a safe condition or in a good state of repair. [s. 15. (2) (c)]

**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.
Satisfaction survey**

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the Family Council was sought out for advice in developing and carrying out of the satisfaction survey, and in acting on its results.

Inspector #547 interviewed the President of Family Council who indicated that the Family Council was offered an opportunity to look at the satisfaction survey, and were told that it would be completed in the home shortly thereafter. The Family Council did not have the opportunity to offer advice on this survey or how it was to be carried out in their home.

Inspector #547 interviewed the home's Director General on December 11, 2014 who indicated that the satisfaction survey was provided by Revera, and he did not ask for the Family Council's advice in developing of the satisfaction survey or how it was to be carried out in their home. [s. 85. (3)]

2. The licensee has failed to ensure that they seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.

Inspector #547 interviewed the President of Resident's Council on December 9, 2014 who indicated that the home did not ask the Resident's Council advice in developing and carrying out of the satisfaction survey.

On December 9, 2014 Inspector #547 interviewed the Resident's Council assistant who indicated that the home received the satisfaction survey from Revera and that the home did not seek the advice of the Residents' Council in developing of the satisfaction survey or how it was to be carried out in their home. [s. 85. (3)]

Issued on this 22nd day of January, 2015

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



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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
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) : LISA KLUKE (547), HUMPHREY JACQUES (599),
MELANIE SARRAZIN (592), SUSAN WENDT (546)

Inspection No. /

No de l'inspection : 2014_286547_0032

Log No. /

Registre no: O-001283-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Jan 21, 2015

Licensee /

Titulaire de permis : REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /

Foyer de SLD : MONTFORT
705 Montreal Road, OTTAWA, ON, K1K-0M9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Bernard Bouchard

To REVERA LONG TERM CARE INC., 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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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*

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 :

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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The licensee shall ensure that:

1. All resident accessible doors leading to the outside of the home are to be kept closed and locked, equipped with a door access control system that is kept on at all times, and equipped with an audible door alarm as prescribed. This is particularly a concern related to resident safety due to the possibility of unsupervised access to a non-residential area in the basement level of the home.
2. The door leading to a clean utility room on the Allee des Tulipes unit, is to be kept closed and locked when this area is not immediately supervised in order to restrict resident access to this non-residential area.
3. Until such a time that both elevators are secured as noted in Compliance Order #002, the licensee will immediately implement measures to ensure resident safety, related to the possibility of unsupervised access to this non-residential area mentioned in #1 of this order.

Grounds / Motifs :

1. The Licensee failed to comply with O.Reg 79/10, s.9(1)1, in that the licensee did not ensure that all doors in the home, particularly the basement level doors leading to the outside of the home must be: kept closed and locked, equipped with a door access control system that is kept on at all times, and equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to the resident-staff communication and response system, or 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, as residents have access to this non-residential area of the home.

On the first day of the Resident Quality Inspection on December 2, 2014 Inspector #592 was informed that the basement level was a non-residential area of the home, and could only be accessed via a swipe key in the elevator.

Inspector #547 observed on December 4, 2014 that the home's elevators are equipped with a swipe key access to select the basement level for employees only as the basement level is considered a non-residential area. The elevator brought Inspector #547 to the basement level of the home without the use of a swipe key or selecting this level in the elevator. This non-residential area has two doors leading to the outside of the home, one for the loading dock of the home and another door to the right of the loading dock doors used by staff to



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enter and exit from the home. Both sets of doors are not equipped with a door access control system or any alarm, leading directly to the outside of the home.

The lack of elevator security and access to unlocked and unalarmed doors presents a potential risk to residents of the home. These doors in the basement do lock from the outside, adding another level of risk as residents would have access to go out either of these doors however the resident would not be able to return back inside the home.

2.The Licensee failed to comply with O.Reg 9 (1) 2, whereby 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.

On December 5, 2014 Inspector #547 observed the clean utility room on the Allee des Tulipes unit that was not locked to restrict unsupervised access. The door leading to this clean utility room was observed closed and equipped with a locking mechanism. The clean utility room was located in a main hallway, and at the times of the observation was not supervised by staff. This clean utility room was equipped with unused razors and cleaning solution bottles of yellow fluid, called All Purpose Disinfectant cleaner. Inspector #547 interviewed Staff #111 who indicated that this room is used by the nursing and cleaning staff members of the home. Staff #111 indicated that the lock on this door had not been functioning properly and that the Environmental Manager of the home was aware.

Inspector #547 interviewed the Environmental Manager on December 5, 2014 who indicated that he was aware the door locking mechanism was broken but he had not verified the items inside this room that could pose risk for residents living on this unit.

(547)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 20, 2015



Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that both elevators in the home are equipped to restrict resident access to the basement level which is considered a non-residential area of the home. Until such time as both elevators are secured, the licensee will implement measures to ensure resident safety, related to the possibility of unsupervised access to the basement level where unlocked doors leading to the outside is accessible to residents as noted in compliance order #001.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 10 in that the home's elevators are not equipped to restrict resident access to the basement level which is considered a non-residential area of the home.

On December 3rd, 2014 at 10:45 during the Resident Quality Inspection, Inspector #592 was on the ground floor of the home and signalled the elevator to go to the second floor however the non-service elevator went down and the doors opened in the basement which is considered to be a non-residential area. Inspector #592 noted that nobody was standing waiting for the elevator in the basement at this time. This elevator was not equipped to restrict resident access to this area.

On December 4th, 2014 at 16:45, Inspector #547 signalled the non-service elevator to go to the second floor from the ground floor of the home however the elevator went to the basement level. Inspector #547 did not have a swipe key to access the basement level at this time. Inspector #547 therefore gained unrestricted access to the basement level/service area of the home. The Environmental Manager of the home had signalled the elevator from the



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basement to go up to the main level by signalling the elevator button in the basement, and indicated that when this elevator button is signalled, both elevators will be re-directed to the basement as they function on the same call system. The Environmental Manager indicated that this elevator button pad in the basement also had a key slot below this button to call the service elevator only, used by Environmental staff or Kitchen staff working in this non-residential area of the home. The Environmental Manager further indicated that the basement is accessed by all employees in the home, however not all employees have the service elevator key and they require the elevator signal button to use the home's elevators from this level.

Residents in the home utilize the elevators between the ground floor and the second floor regularly throughout the day. On December 9th, 2014 Inspector #547 was in the basement level of the home at noon when the service elevator door opened with Resident #48 inside. Resident #48 was upset as he/she had signalled the elevator to go to the second floor of the home from the ground floor. This elevator brought the resident to the basement level instead as the Kitchen staff called the service elevator with the elevator button. Resident #48 accessed a non-residential area of the home without a swipe key. The non-service elevator door then opened in the basement, with no person inside this elevator.

On December 10, 2014 Inspector #547 interviewed Resident #48 who indicated that the elevators often go to the basement for staff which is frustrating, as Resident #48 only ever signals the elevators to the ground floor or the second floor. Resident #48 indicated this happens with both elevators all the time and staff are not always in the basement waiting for the elevator so it goes there for nothing.

In addition to potentially having unsupervised access to this non-residential area, a resident could also exit the home via this non-residential area from doors leading directly to the outside of the home that were not locked or alarmed as indicated in CO #001 of this report. (547)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 20, 2015



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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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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 21st day of January, 2015

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Lisa Kluke

**Service Area Office /
Bureau régional de services :** Ottawa Service Area Office