



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) : JESSICA LAPENSEE (133)

Inspection No. /
No de l'inspection : 2013_304133_0032

Log No. /
Registre no: O-000459-13, O-000460-13

Type of Inspection /
Genre d'inspection: Follow up

Report Date(s) /
Date(s) du Rapport : Nov 15, 2013

Licensee /
Titulaire de permis : MAXVILLE MANOR
80 Mechanic Street, MAXVILLE, ON, K0C-1T0

LTC Home /
Foyer de SLD : MAXVILLE MANOR
80 MECHANIC STREET WEST, MAXVILLE, ON, K0C-1T0

Name of Administrator /
Nom de l'administratrice
ou de l'administrateur : CRAIG MUNRO

To MAXVILLE MANOR, you are hereby required to comply with the following order(s)
by the date(s) set out below:



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Order # / **Order Type /**
Ordre no : 001 **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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The licensee will ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and that those doors are kept closed and locked when they are not being supervised by staff.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9(1).2. in that the licensee has failed to ensure that all doors leading to non-residential areas are kept closed and locked when they are not being supervised by staff.

On November 8th, 2013, during the inspection, at 12:33pm, the inspector entered the home's secured unit, Glengarry Stormont, and found the door into the unit servery, on the Glengarry side, was held wide open with a rigid black "bungee cord" type of tie. There were no staff in the servery, in the dining room across the hallway, or within the immediate surrounding areas. Residents were still seated at their tables, within the Glengarry dining room, having just finished the lunch meal. It was the home's van driver who first found the inspector within the servery, 10 minutes later, at 12:43pm. This is a fully equipped servery, containing food production and service equipment. This is not an area in which residents would customarily receive care and/or services, and it is therefore a non-residential area. The door into the servery is equipped with a lock, but it was not used to restrict unsupervised access to the area by residents.

The licensee has a history of non-compliance related to O. Reg. 79/10, s.9(1)2. On May 31st 2013, as a result of Critical Incident inspection #2013_204133_0012, a compliance order (CO #002) was issued to the home, due to widespread non-compliance at the time of the inspection as well as a reported incident involving a resident injury in an unlocked and unsupervised non-residential area in the Glengarry unit.

(133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 22, 2013



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**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 8th and 12th 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Director of Environmental Services, members of the housekeeping services department, registered and non-registered nursing staff, residents and a resident's visiting family members.

During the course of the inspection, the inspector(s) , in the company of the Director of Environmental Services, verified the functioning of the newly installed resident- staff communication and response system in identified common areas, and of the newly installed/enhanced door alarm system, on identified resident accessible stairwell and exit doors. The inspector also monitored air temperatures throughout the original sections of the home (Prescott, Osie F. Villeneuve and Stormont Glengarry care units).

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

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

**WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order**

Legendé

**WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités**



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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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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:

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 :



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1. The licensee has failed to comply with O. Reg. 79/10, s. 9(1).2. in that the licensee has failed to ensure that all doors leading to non-residential areas are kept closed and locked when they are not being supervised by staff.

On November 8th, 2013, during the inspection, at 12:33pm, the inspector entered the home's secured unit, Glengarry Stormont, and found the door into the unit servery, on the Glengarry side, was held wide open with a rigid black "bungee cord" type of tie. There were no staff in the servery, in the dining room across the hallway, or within the immediate surrounding areas. Residents were still seated at their tables, within the Glengarry dining room, having just finished the lunch meal. It was the home's van driver who first found the inspector within the servery, 10 minutes later, at 12:43pm. This is a fully equipped servery, containing food production and service equipment. This is not an area in which residents would customarily receive care and/or services, and it is therefore a non-residential area. The door into the servery is equipped with a lock, but it was not used to restrict unsupervised access to the area by residents.

The licensee has a history of non-compliance related to O. Reg. 79/10, s.9(1)2. On May 31st 2013, as a result of Critical Incident inspection #2013_204133_0012, a compliance order (CO #002) was issued to the home, due to widespread non-compliance at the time of the inspection as well as a reported incident involving a resident injury in an unlocked and unsupervised non-residential area in the Glengarry unit. [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 O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg. 79/10, s. 21 in that the licensee has failed to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

On November 12, 2013, during the inspection, the inspector monitored air temperatures within the original sections of the home (Prescott care unit, Osie F. Villeneuve care unit, Stormont Glengarry care unit). It is noted that hallways throughout the home, as well as common areas such as the resident lounge in the Prescott care unit and the Stormont Glengarry care unit, are not equipped with an independent heat source. Heat radiating from resident bedrooms, as well as heat that may be released from the exit door vestibules at the end of each hallway, is the only source of heat for these areas. As well, and as discussed with the Director of Care and the Director of Environmental Services, on November 12th, 2013, during the inspection, some of the thermostats in the areas monitored by the inspector appeared to be malfunctioning and/or not set to call for any heat.

The following temperatures were found in the following areas, after allowing the inspector's thermometer to sit for a period of 5 minutes.

Between 10:05am – 12:57pm:

Prescott care unit resident lounge - 20.8C

Room 525 - 20.4C

Room 523 - 21.3C

Hallway, outside of room 525 - 21.5C

Room 534 - 21.5C

Hallway, outside of room 531 – 21.0C

Room 531 - 21.3C

Room 526 - 20.6C

Room 515 – 20.0C

Room 519 - 21.3C

Room 412 – 21.0C

Room 419 - 20.4C

Room 409, 20.3C

Hallway, outside of room 417 - 21.1C

Between 2:12pm – 2:17pm:



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Hallway, across from room 517 - 20.9C.

Between 3:45pm – 4:10pm:
Glengarry dining room - 21.4C
Room 318 - 20.8C
Glengarry Stormont resident lounge - 20.7C
Room 220 - 20.2C

The Director of Environmental Services (DES) explained to the inspector that, on November 12th, 2013, during the inspection, a malfunction within the fresh air tempering system had been discovered. In each resident bedroom, underneath the heat radiator, is a floor vent that emits fresh air into the bedroom. The DES explained that this fresh air should be warmed to a temperature of approximately 70 degrees Fahrenheit (21.1degrees Celsius). When the inspector first began monitoring temperatures, it was noted, in room 525, that the air coming into the room from the fresh air vent was very cool, although the temperature of the air was not taken. There was no heat coming from the radiator at the time, therefore this room was being cooled, and not heated. Later, in room 318, the inspector noted the temperature of the air coming from the fresh air floor vent to be 19.5C. [s. 21.]

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 with the requirement that the home is maintained at a minimum temperature of 22 degrees Celsius., to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 17. (1)	CO #001	2013_204133_0012	133
O.Reg 79/10 s. 9. (1)	CO #003	2013_204133_0012	133

Issued on this 15th day of November, 2013

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

Jessica L'opensee