



**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**

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
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
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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
Jul 11, 2013	2013_230134_0005	O-000034- 13	Follow up

Licensee/Titulaire de permis

CITY OF OTTAWA

Long Term Care Branch, 275 Perrier Avenue, OTTAWA, ON, K1L-5C6

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

GARRY J. ARMSTRONG HOME

200 ISLAND LODGE ROAD, OTTAWA, ON, K1N-5M2

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

COLETTE ASSELIN (134)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): *July 11* June 9, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Manager, Hospitality Services, Maintenance Worker, one Registered Nurse (RN), one Personal Support Worker (PSW) and front desk staff.

During the course of the inspection, the inspector(s) toured several units and tested several exit doors and reviewed the floor plans for each floor.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance



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Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. (1).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents. O. Reg. 79/10, s. 9. (1).

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. O. Reg. 79/10, s. 9. (1).

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. (1).

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg 79/10 (1).1 iii., in that resident accessible doors leading to stairways and to unsecured outside areas were not equipped with audible door alarms that allow calls to be cancelled only at the point of activation and connected to the resident-staff communication and response system, or 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.

This above described order was served January 14, 2014, with a compliance date of June 14, 2013.

On July 9, 2013, Inspector #134 conducted a follow-up inspection at the home. The Inspector toured the building accompanied by the Manager, Hospitality Services and the Maintenance Worker.

The Administrator and Manager, Hospitality Services were interviewed. Both indicated the door alarm system had been activated June 13, 2013 and that a few glitches had been identified and resolved within a few days of the activation of the door alarm system. The Administrator indicated that on June 14, 2013 all registered nurses' swipe cards were registered to enable the manual reset switch at each door during the weekend of June 15 and 16, 2013.

All resident accessible exit doors, leading to stairways on the 7th and 6th residents' home areas, were purposefully propped open for over one minute each and the alarm did not ring. The exit door on level 1, leading to the basement, was locked but not alarmed, the B exit door on the second floor home area was locked but not alarmed, the B exit door on 5th floor was locked but not alarmed. Staff's pagers and the nurse-response enunciator in the nursing office were not activated when the doors were propped open.

Based on discussion with the Manager, Hospitality Services, there is no documented monitoring of the door alarm system since it's activation of June 13, 2013.

The corporate security office located within the Ottawa City Hall was contacted by phone by the maintenance worker and confirmed that the alarm sounded in that office when the doors were propped open during our tour. The employee monitoring the door alarms from the city of Ottawa corporate security office did not call the home to notify management that the alarms were sounding.



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One PSW was interviewed and asked how to proceed to cancel the alarm at the point of activation. This PSW indicated the swipe card would be used the same way it would be used to release the door lock. As such this employee did not know how to cancel the alarm at the point of activation. Based on discussion with the Administrator, the method to be used, is to swipe the manual reset switch in two steps, in order to cancel the alarm at the point of activation.

A discussion was held with the Administrator and the Manager of Hospitality Services, who indicated that not all employees' swipe cards were registered with the city of Ottawa to enable them to cancel the door alarm at the point of activation, which caused some delay in cancelling the alarm from sounding on several occasions after the activation of the door alarm system of June 13, 2013.

As such, the resident accessible doors leading to the stairway or to an unsecured outside area, are currently not equipped with a functional audible door alarm that allows calls to be cancelled only at the point of activation and are not currently connected to an audio visual enunciator that is connected to the nurses' station nearest to the door. [s. 9. (1) 1. iii.]

Additional Required Actions:

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

Issued on this 11th day of July, 2013

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

Collette Cassini, LTC H Inspector #134



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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) : COLETTE ASSELIN (134)

Inspection No. /

No de l'inspection : 2013_230134_0005

Log No. /

Registre no: O-000034-13

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jul 11, 2013

Licensee /

Titulaire de permis : CITY OF OTTAWA
Long Term Care Branch, 275 Perrier Avenue, OTTAWA,
ON, K1L-5C6

LTC Home /

Foyer de SLD : GARRY J. ARMSTRONG HOME
200 ISLAND LODGE ROAD, OTTAWA, ON, K1N-5M2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MARLYNNE FERGUSON

To CITY OF OTTAWA, 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) (a)

Linked to Existing Order /

Lien vers ordre existant: 2013_204133_0001, CO #002;

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.

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. (1).

Order / Ordre :



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The licensee will ensure that every resident accessible door that leads to a stairway or to an unsecured outside area is equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and 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. Furthermore, the licensee shall train and inform all staff members of the method to cancel the alarm at the point of activation. The licensee shall ensure that the delay that is set for the door alarms, with specific reference to the front door, ensures a safe and secure environment for the residents.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg 79/10 (1).1 iii., in that resident accessible doors leading to stairways and to unsecured outside areas were not equipped with audible door alarms that allow calls to be cancelled only at the point of activation and connected to the resident-staff communication and response system, or 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.

This above described order was served January 14, 2014, with a compliance date of June 14, 2013.

On July 9, 2013, Inspector #134 conducted a follow-up inspection at the home. The Inspector toured the building accompanied by the Manager, Hospitality Services and the Maintenance Worker.

The Administrator and Manager, Hospitality Services were interviewed. Both indicated the door alarm system had been activated June 13, 2013 and that a few glitches had been identified and resolved within a few days of the activation of the door alarm system. The Administrator indicated that on June 14, 2013 all registered nurses' swipe cards were registered to enable the manual reset switch at each door during the weekend of June 15 and 16, 2013.

All resident accessible exit doors, leading to stairways on the 7th and 6th residents' home areas, were purposefully propped open for over one minute each and the alarm did not ring. The exit door on level 1, leading to the basement, was locked but not alarmed, the B exit door on the second floor home area was locked but not alarmed, the B exit door on 5th floor was locked



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but not alarmed. Staff's pagers and the nurse-response enunciator in the nursing office were not activated when the doors were propped open.

Based on discussion with the Manager, Hospitality Services, there is no documented monitoring of the door alarm system since its activation of June 13, 2013.

The corporate security office located within the Ottawa City Hall was contacted by phone by the maintenance worker and confirmed that the alarm sounded in that office when the doors were propped open during our tour. The employee monitoring the door alarms from the city of Ottawa corporate security office did not call the home to notify management that the alarms were sounding.

One PSW was interviewed and asked how to proceed to cancel the alarm at the point of activation. This PSW indicated the swipe card would be used the same way it would be used to release the door lock. As such this employee did not know how to cancel the alarm at the point of activation. Based on discussion with the Administrator, the method to be used, is to swipe the manual reset switch in two steps, in order to cancel the alarm at the point of activation.

A discussion was held with the Administrator and the Manager of Hospitality Services, who indicated that not all employees' swipe cards were registered with the city of Ottawa to enable them to cancel the door alarm at the point of activation, which caused some delay in cancelling the alarm from sounding on several occasions after the activation of the door alarm system of June 13, 2013.

As such, the resident accessible doors leading to the stairway or to an unsecured outside area, are currently not equipped with a functional audible door alarm that allows calls to be cancelled only at the point of activation and are not currently connected to an audio visual enunciator that is connected to the nurses' station nearest to the door. (134)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 12, 2013



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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 11th day of July, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

COLETTE ASSELIN

Service Area Office /

Bureau régional de services : Ottawa Service Area Office