Ontario

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

Rapport d'inspection prevue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7

Telephone: 905-546-8294
Facsimilie: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Quest, 11ième étage
Hamilton, ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
24 November 2010	2010_127_2779_24Nov094514	Follow Up #H-02874

Licensee/Titulaire

Park Lane Terrace Limited, 284 Central Avenue, London ON N6B 2C8

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

Park Lane Terrace, 295 Grand River Street North, Paris ON N3L 2N9

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

Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127

Inspection Summary / Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection regarding the following previously identified non-compliance:

Follow-up Inspection #962– 30 November 2009

- unmet criteria: B3.16 and M3.23

During the course of the inspection, the inspector spoke with the administrator, director of care, registered staff and housekeeping staff.

During the course of the inspection, the inspector undertook a visual inspection of all areas of the home where previous non-compliance was identified.

The following Inspection Protocols were used during this inspection:

- Infection Prevention and Control
- Safe and Secure Home

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON-COMPLIANCE / Non-respectés

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activitiés

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 16:
16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 10 centimetres.

Findings:
24 November 2010

2nd Floor
Hallway and resident room windows were not restricted to 10 cm openings. 4 windows were measured at 16cm, 15cm, 16.5cm and 17cm

1st Floor
Hallway and resident room windows were not restricted to 10 cm openings. 4 windows were measured at 14cm, 14cm, 14.5cm and 11.5cm. One identified resident's room had one window screen missing.

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.9:
9. 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 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.

Findings:
24 November 2010

1 North Stairway - door leading to outside from this stairway was not locked or alarmed

Basement access from North B Stairway - door leading to outside from this basement area was not locked or alarmed

1 East Stairway - door leading to outside from this stairway was not locked or alarmed

1 South Stairway - door leading to outside from this stairway was not locked or alarmed

CORRECTED NON-COMPLIANCE / Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.16, LTC Homes Program Manual now found in *LTCHA, 2007*, c.8., s. 5 and O. Reg. 79/10, s.91			Follow-up Inspection – 30 November 2009	127
M3.23, LTC Homes Program Manual now found in *LTCHA, 2007*, c.8., s. 76(1) and O. Reg. 79/10, s.229(4)			Follow-up Inspection – 30 November 2009	127

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: Date:	Date of Report (if different from date(s) of inspection). 01 February 2011