



**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**

**Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
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**Bureau régional de services de
Hamilton
119, rue King Ouest, 11^{ième} étage
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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
Feb 21, 2013	2013_189120_0011	H-000003- 13/H-000011 -13	Complaint

Licensee/Titulaire de permis

**THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9**

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

**PEEL MANOR
525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9**

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 29 & 31, 2013

Non-compliance related to the resident-staff communication and response system was previously issued after an inspection conducted on January 12 & 13, 2011. Non-compliance was identified during this visit as well and an Order was issued. See below for details.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Environmental Services Supervisor, Maintenance Staff, Registered Staff and residents regarding various environmental services.

During the course of the inspection, the inspector(s) toured the entire home (1st and 2nd floors), took indoor air temperatures of several resident rooms, reviewed indoor air temperature logs, reviewed indoor air temperature and pager use policies and procedures, tested pagers and call stations both on 1st and 2nd floors and reviewed identified resident records.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Safe and Secure Home

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.)

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. 17.
Communication and response system**

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



The licensee of a long-term care home did not ensure that the home is equipped with a resident-staff communication and response system that,

(b) is on at all times;

(f) clearly indicates when activated where the signal is coming from

On January 29, 2013, between approximately 10:30 and 11:30 a.m., the resident-staff communication response system was being tested by the inspector. During this time it was identified to be off line and that staff were not all able to determine clearly where the signal was coming from because they were not wearing the appropriate equipment. One of two maintenance staff members was notified by the inspector at noon that the system was not operational.

After interviewing personal support workers and a maintenance person, confirmation was made that the system went off line sometime after the day shift on January 26, 2013. One staff member noticed a failure early January 29, 2013 and reported it verbally to a maintenance person. However, the maintenance person did not follow-up on the complaint. Staff who worked between January 26-28, 2013 did not report the problem to the maintenance department.

Pagers are a required component of the resident-staff communication and response system for Peel Manor. They provide staff with an alert that is both audible and visual and directs them to a particular station that has been activated by a resident or another staff member. The various nurse's stations all have a designated desk phone for the system which rings and displays the room number or location of an activated station, however the sound does not ring throughout the home and cannot be heard by staff while in resident rooms.

All staff working on a unit are required to wear a pager. However, during the inspection, many staff were not carrying a pager. The RPN and one personal service worker (PSW) were not carrying a pager on the 1st floor, in the Blue Jay Way home area. The other 3 PSWs for this area were wearing their pagers, however none of the pagers were responsive to a signal when a station was activated. On the Fountainview home area, 3 PSWs did not carry a pager and on the Woodhill Way home area, one PSW did have her pager on her person. The pager was left on a clean linen cart, turned off. None of the pagers tested received any signals. On the 2nd floor, 2 out of 6 PSWs did not carry a pager and those that had their pagers, one



did not have it turned on.

Without pagers, staff are not able to comply with this regulation or follow the home's policy LTC9-06.101 which requires them to respond "promptly" to an activated station. A resident reported that staff do not typically wear their pagers, especially in the evening and that they are left on linen carts. Response time documentation was reviewed for two residents and call wait times did vary, between 1 minute and 50 minutes in December 2012. Various staff members reported that they don't always wear their pagers because of past system failures or because they were inconvenient to carry (would fall out of their pockets, bang against equipment or were noisy). [s. 17. (1) (b)]+(f).

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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



1. The licensee has not ensured that procedures are developed and implemented to ensure that all equipment (excluding the resident's personal aids or equipment) in the home is kept in good repair.

The home has not established written procedures for maintenance and nursing/personal support staff with respect to ensuring the resident-staff communication and response system and associated equipment (pagers) are kept in good repair. The home's only written policy regarding the system is titled "Call Bell" policy and procedure LTC9-06.10 dated May 2011. It only states that staff are to respond to the activated stations "promptly" and that the call cords are checked monthly by maintenance staff. No other direction is given with respect to monitoring & maintaining the system.

Between January 26 and 29, 2013, the resident-staff communication response system and associated pagers was not functioning. A component of the system had failed and could not emit a signal to staff carrying pagers more than 25 feet away. One staff member noticed a failure early January 29, 2013 and reported it verbally to a maintenance person. However, the maintenance person did not follow-up on the complaint. Staff who worked between January 26-28, 2013 did not report the problem to the maintenance department.

According to the environmental services supervisor, the system is audited yearly by an external contractor. Internally, a process has been developed to have a maintenance person, twice a month, test all the pagers, batteries and random call stations to determine if pagers receive the signals. Documentation developed by the maintenance person was provided for review which indicated that the the pagers were tested on the day shift on January 26, 2013. The specific procedure described and the form used has not been developed into a formal policy.

A registered staff person reported that the PSWs are required to pick up their pager from the nurse's station at the start of their shift and if they leave the home area, they are to give their pager to their partner. This directive is not available in a policy. [s. 90. (2) (b)]



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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 procedures are developed and implemented to ensure that all equipment (excluding the resident's personal aids or equipment) is kept in good repair, to be implemented voluntarily.

Issued on this 21st day of February, 2013

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

B. Sosnik



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) : BERNADETTE SUSNIK (120)

Inspection No. /

No de l'inspection : 2013_189120_0011

Log No. /

Registre no: H-000003-13/H-000011-13

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Feb 21, 2013

Licensee /

Titulaire de permis : THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

LTC Home /

Foyer de SLD : PEEL MANOR
525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : ~~RANJIT GALAY~~ James Egan

To THE REGIONAL MUNICIPALITY OF PEEL, 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

**Ministère de la Santé et
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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

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. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
- (b) is on at all times;
- (c) allows calls to be cancelled only at the point of activation;
- (d) is available at each bed, toilet, bath and shower location used by residents;
- (e) is available in every area accessible by residents;
- (f) clearly indicates when activated where the signal is coming from; and
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :



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section 154 of the *Long-Term Care
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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

The licensee shall prepare, submit and implement a plan which identifies at a minimum the following:

1. How the home will ensure that staff carry their pagers when required
2. How staff are to respond to activated stations in a timely manner at different times of the day (especially after meals)
3. When and how residents and staff will be informed of the home's amended staff-resident communication and response system policies and procedures
4. How staff are to report malfunctions of any pager or the system
5. How maintenance staff are to respond to a report of a malfunction of a pager or the system and how they will monitor the work conducted on the system
6. How staff will manage resident complaints related to staff not responding to activated call stations.
7. What contingencies are in place for staff should the system malfunction (signals not transmitting to pagers)
8. Where additional information can be acquired on the care and use of the system pagers and when staff have been trained or will be trained to use them.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or e-mail to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by March 31, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before the original compliance date .

Grounds / Motifs :

1. The licensee of a long-term care home did not ensure that the home is equipped with a resident-staff communication and response system that,
 - (b) is on at all times;
 - (f) clearly indicates when activated where the signal is coming from

On January 29, 2013, between approximately 10:30 and 11:30 a.m., the resident-staff communication response system was being tested by the inspector. During this time it was identified to be off line and that staff were not all able to determine clearly where the signal was coming from because they were not wearing the appropriate equipment.



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

After interviewing personal support workers and a maintenance person, confirmation was made that the system went off line sometime after the day shift on January 26, 2013. Staff who worked between January 26-28 did not report the problem to the maintenance department.

All staff working on a unit are required to wear a pager so that they can clearly identify where the signal is coming from. However, during the inspection, many staff were not carrying a pager. The RPN and one personal service worker (PSW) were not carrying a pager on the 1st floor, in the Blue Jay Way home area. The other 3 PSWs for this area were wearing their pagers, however none of the pagers were responsive to a signal when a station was activated. On the Fountainview home area, 3 PSWs did not carry a pager and on the Woodhill Way home area, one PSW did have her pager on her person. The pager was left on a clean linen cart, turned off. None of the pagers tested received any signals. On the 2nd floor, 2 out of 6 PSWs did not carry a pager and those that had their pagers, one did not have it turned on. A registered staff person reported that the PSWs are required to pick up their pager from the nurse's station at the start of their shift and if they leave the home area, they are to give their pager to their partner. A written procedure with this directive was not identified on the home's "Call Bell" policy and procedure LTC9-06.10 dated May 2011.

Without pagers, staff are not able to comply with this regulation or follow the home's policy LTC9-06.101 which requires them to respond "promptly" to an activated station. A resident reported that staff do not typically wear their pagers, especially in the evening and that they are left on linen carts. Response time documentation was reviewed for two residents and call wait times did vary, between 1 minute and 50 minutes in December 2012. Various staff members reported that they don't always wear their pagers because of past system failures or because they were inconvenient to carry (would fall out of their pockets, bang against equipment or were noisy)

Management staff of the home were not able to provide any current policy or procedure with respect to how staff are accountable for wearing their pagers and that the system is monitored daily to ensure that it is on at all times and that it clearly indicates where the signal is coming from. (120)



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 29, 2013



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Ordre(s) de l'inspecteur
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de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APEAL 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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Order(s) of the Inspector

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section 154 of the *Long-Term Care
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**Ministère de la Santé et
des Soins de longue durée**

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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
de soins de longue durée, L.O. 2007, chap. 8*

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 February, 2013

Signature of Inspector /

Signature de l'inspecteur :

B. Susnik

Name of Inspector /

Nom de l'inspecteur :

BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office