



**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  
prévues le Loi de 2007 les  
foyers de soins de longue**

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<sup>ème</sup> étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
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| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|-----------------------------------------------|-----------------------------------|---------------------------------------|
| Feb 3, 7, 28, Mar 2, 2012                     | 2012_028102_0009                  | Follow up                             |

**Licensee/Titulaire de permis**

ROYAL CANADIAN LEGION DISTRICT 'D' CARE CENTRES  
59 Lawson Rd, TORONTO, ON, M1C-2J1

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

TONY STACEY CENTRE FOR VETERANS' CARE  
59 Lawson Road, TORONTO, ON, M1C-2J1

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

WENDY BERRY (102)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the Administrator; the assistant Environmental Supervisor; several registered and non registered nursing staff; several housekeeping staff; several residents and visitors.

During the course of the inspection, the inspector(s) toured the basement, 1st and 2nd floors; reviewed financial statements related to 2 residents; reviewed Pharmacy and Therapeutics Committee minutes; reviewed door security.

The following Inspection Protocols were used during this inspection:

Resident Charges

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**



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| Legend                                                                                                                                                                                                                                                                  | Legendé                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order                                                                                                                     | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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. 17. Communication and response system**  
**Specifically failed to comply with the following subsections:**

**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).

**Findings/Faits saillants :**

1. The resident-staff communication and response system is not available at 2 bath and 4 shower locations used by residents on the 1st and 2nd floor. [s. 17(1)(d)]
2. The resident staff communication and response system is not available in the 1st floor lounge identified by a sign on the door to the lounge as "Residents Quiet Room". [s. 17(1)(e)]

**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. 229. Infection prevention and control program**  
**Specifically failed to comply with the following subsections:**

**s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).**

**Findings/Faits saillants :**

1. The majority of residents' bedrooms in the east and north wings are not equipped with hand hygiene agents. It was confirmed that staff do not carry the products with them at all times.

Hand hygiene agents are not accessible at the point of care.  
[s. 229.(9)]



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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 access is provided to point of care hand hygiene agents in all resident bedrooms, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**  
Specifically failed to comply with the following subsections:

- 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).

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**Findings/Faits saillants :**

1. The resident accessible door leading from the 2nd floor corridor into an unused interior balcony is not kept closed and locked to restrict unsupervised access by residents. [s.9.(1)1.2]

The Administrator has committed to installing a code compliant magnetic lock with a keypad by May 31, 2012.

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 86. Infection prevention and control program**

Specifically failed to comply with the following subsections:

- s. 86. (2) The infection prevention and control program must include,
- (a) daily monitoring to detect the presence of infection in residents of the long-term care home; and
  - (b) measures to prevent the transmission of infections. 2007, c. 8, s. 86. (2).

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**Findings/Faits saillants :**



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1. The following items were observed in a number of residents' shared use ensuite washrooms on both days of inspection on February 03 and 07, 2012:

- a. unlabelled toothbrushes, hairbrushes and combs (noted previously on RQI inspection)
- b. unlabelled plastic bedpans, urinals and basins on floor surfaces (noted previously on RQI inspection)
- c. urine measures on toilet tanks which would contact residents when seated on the toilet
- d. unprotected urine leg bag hanging over a towel bar

All of the identified examples present a potential cross infection risk to residents and are examples of measures not in place to prevent the spread of infections. [s.86.(2)(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 residents' hygiene items and supplies are stored and handled in a manner to prevent the spread of infections, 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:**

| CORRECTED NON-COMPLIANCE/ORDER(S)<br>REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:                |                                    |                                      |                                       |
|-------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| REQUIREMENT/<br>EXIGENCE                                                                              | TYPE OF ACTION/<br>GENRE DE MESURE | INSPECTION # / NO<br>DE L'INSPECTION | INSPECTOR ID #/<br>NO DE L'INSPECTEUR |
|  O.Reg 79/10 r. 9. | CO #003, #004                      | 2011_046166_0012                     | 102                                   |
| O.Reg 79/10 r. 9.                                                                                     | CO #003, #004                      | 2011_046166_0012                     | 102                                   |
| O.Reg 79/10 r. 16.                                                                                    | CO #002                            | 2011_046166_0012                     | 102                                   |
| O.Reg 79/10 r. 91.                                                                                    | CO #001                            | 2011_046166_0012                     | 102                                   |

Issued on this 2nd day of March, 2012

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



**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  
des Soins de longue durée**

**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

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|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Name of Inspector (ID #) /<br>Nom de l'inspecteur (No) :                        | WENDY BERRY (102)                                                                     |
| Inspection No. /<br>No de l'inspection :                                        | 2012_028102_0009                                                                      |
| Type of Inspection /<br>Genre d'inspection:                                     | Follow up                                                                             |
| Date of Inspection /<br>Date de l'inspection :                                  | Feb 3, 7, 28, Mar 2, 2012                                                             |
| Licensee /<br>Titulaire de permis :                                             | ROYAL CANADIAN LEGION DISTRICT 'D' CARE CENTRES<br>59 Lawson Rd, TORONTO, ON, M1C-2J1 |
| LTC Home /<br>Foyer de SLD :                                                    | TONY STACEY CENTRE FOR VETERANS' CARE<br>59 Lawson Road, TORONTO, ON, M1C-2J1         |
| Name of Administrator /<br>Nom de l'administratrice<br>ou de l'administrateur : | CATHERINE HILGE                                                                       |

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To ROYAL CANADIAN LEGION DISTRICT 'D' CARE CENTRES, 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  
des Soins de longue durée**

**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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|                                       |                                               |
|---------------------------------------|-----------------------------------------------|
| <b>Order # /</b><br><b>Ordre no :</b> | <b>Order Type /</b><br><b>Genre d'ordre :</b> |
| 001                                   | Compliance Orders, s. 153. (1) (a)            |

**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 :**

The licensee will ensure that the resident-staff communication and response system is available at each bath and shower location used by residents and in every area accessible by residents.

**Grounds / Motifs :**

1. The resident-staff communication and response system is not available at 2 bath and 4 shower locations used by residents on the 1st and 2nd floor. [s. 17(1)(d)] (102)
2. The resident staff communication and response system is not available in the 1st floor lounge identified by a sign on the door to the lounge as "Residents Quiet Room". [s. 17(1)(e)] (102)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** May 31, 2012



**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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des Soins de longue durée**

**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

**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  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

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  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
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](http://www.hsarb.on.ca).



**Ministry of Health and  
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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

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

**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

**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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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.

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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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](http://www.hsarb.on.ca).

**Issued on this 2nd day of March, 2012**

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

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

WENDY BERRY

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