



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
prévue 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
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 29, 30, Sep 5, 6, 7, 10, 11, 2012	2012_054133_0036	Critical Incident

Licensee/Titulaire de permis

EXTENDICARE NORTHEASTERN ONTARIO INC. (CANADA) Inc. JL
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE MEDEX
1865 BASELINE ROAD, OTTAWA, ON, K2C-3K6

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Support Services Manager and the Dietary Manager.

During the course of the inspection, the inspector(s) viewed the home's emergency power panel, reviewed the contents of the Emergency Response Manual provided by the Administrator and verified door security throughout the home.

Note: The on site inspection occurred on August 29th and 30th, 2012.

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



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Legend	Legende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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. 19. Generators

Specifically failed to comply with the following subsections:

s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Findings/Faits saillants :



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1. Extendicare Medex is a 3 storey Long Term Care Home with Class C beds within the meaning of subsection 187(18) of the Act. It has a licensed bed capacity of 193.

O. Reg. 79/10, s. 19(1) requires that the home be served by a generator that has the capacity to maintain, in the event of a power outage, the heating system; emergency lighting; and essential services.

O. Reg. 79/10, s. 9(4) identifies that all doors leading to the outside must be connected to a back up power supply unless the home is not served by a generator.

On June 1st 2012, at 16:58, the home reported to the Ministry of Health and Long Term Care (MOHLTC), via a Critical Incident (CI) report, that at 12:00 they began experiencing a partial power loss due to a malfunctioning transformer in their hydro vault and were expecting to progress to full power loss beginning at 17:30 when Hydro Ottawa replaced the transformer. It was reported that this partial power outage affected the following equipment: washers, half of the dryers, the internet and the walk in fridge and freezer. It was reported that the home has a portable 5500 watt generator however there was no plan in place to use it.

On June 5th 2012, the home's Support Services Manager (SSM) was contacted by MOHLTC inspector #102 to discuss the CI report submitted by the home. The SSM informed the inspector that the home did not have an agreement in place to have a more powerful generator brought on site and be operational within 3 hours of a power outage. The SSM informed the inspector that the home is equipped with an emergency power panel yet the 5500 watt generator on site can not be connected to the panel.

On August 29th 2012, MOHLTC inspector #133 arrived at the home to conduct a CI inspection. In discussion with the Administrator and the SSM, it was clarified that following the partial power loss on June 1st 2012 that began at 12:00, the full power loss lasted for 3.5 hours (19:30 – 23:00). The Administrator and the SSM further confirmed that the home's 5500 watt generator was not used during the power outage and that the home does not have guaranteed access to a more powerful generator that can be operational within 3 hours of a power outage and that can maintain the heating system, emergency lighting and essential services.

The SSM and the inspector went into the home's basement and viewed the 225 amp emergency power panel. The switches were labelled, indicating a generator could be connected to the panel to power the following: exit signs, magnetic locks for stairwell doors and exit doors, the wanderguard system, the elevators, the air conditioning system, a dryer, an electrical room light/plug and water boilers that would maintain the heating system. The emergency power panel is not wired to emergency lighting and essential services such as dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident- staff communication and response system and safety and emergency equipment such as the smoke detector system, the fire alarm system and alarms for doors leading to the outside.

The home does not have a written emergency plan in place for loss of essential services as is required by O. Reg. 79/10, s.230. The inspector did review an Extendicare document, #02-02-02, titled "loss of power" (implementation and review date July 2003, Emergency Preparedness Manual) that directs that "....multi-level facilities without power to an elevator wait no more than 3 hours before calling for a generator". Extendicare Medex is a multi-level home, they were without power to both elevators from 19:30 to 23:00 on June 1, 2012 and there was no call made for a generator.

A lack of heat in a cold weather power outage is a potential risk to the health, safety, comfort and well being of residents who would have to be evacuated or risk hypothermia. A lack of emergency lighting and one or more of the identified essential services is also a potential risk to the health, safety, comfort, and well being of residents. Residents at Extendicare Medex are at increased risk of harm during a power outage.

The licensee has failed to comply with O. Reg. 79/10, s. 19(4) in that the home does not have guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain everything required under O. Reg. 79/10, s.19(1).



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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. 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).

s. 9. (2) The licensee shall ensure there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. O. Reg. 79/10, s. 9. (2).

Findings/Faits saillants :

1. The inspector requested a copy of the home's written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. The Support Services Manager (SSM) provided the inspector with Extendicare document # ADMI-04-02-01, section: Health and Safety, Subject: Security, (review and implementation date December 2002) and an Extendicare Medex specific checklist titled "Evening & Night Charge Nurse Building Surveillance Checklist". The documents provided demonstrate that there is a process in place whereby evening and night nursing staff do building rounds twice during a shift which includes checking doors throughout the home. The documents provided do not constitute a written policy that deals with when the door leading to the secured outside area at Medex must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

The licensee has failed to comply with O. Reg. 79/10, s.9. (2).

2. Door "1C" on the first floor is accessible to residents and leads to a door which leads to a secure outside area and leads to a stairway that goes down into the basement. There is a gate across the top of the stairway which is approximately 2.5ft tall. While there is a key pad outside of this door, it is deactivated during the daytime and is connected to a door alarm and not to a door lock.

Door 1C is not equipped with a door access control system that is on at all times.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.ii.

3. Door "1C" on the first floor is accessible to residents and leads to a door which leads to a secure outside area and leads to a stairway that goes down into the basement. There is a gate across the top of the stairway which is approximately 2.5ft tall. The Administrator and the Support Services Manager (SSM) initially told the inspector that the door is kept unlocked during the day time in order to provide residents unhindered access to the outdoor secured area. There is a key pad outside of this door, and the Administrator and the SSM explained that this key pad is used by nursing staff to engage a magnetic lock on the door at night. The SSM later attempted to lock door 1C and discovered that door 1C is equipped with an alarm only and not a magnetic lock.

Door "1C" is kept closed but is not locked.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.i.

4. Door "BC" in the basement is accessible to residents and leads to a stairway that goes up to the first floor. In the basement there is a hair salon, the physiotherapy room and the main activity room. Both of the home's resident accessible elevators go down into the basement. Door "BC" is not equipped with a door alarm that allows calls to be cancelled only at the point of activation and is connected to the resident-staff communication and response system, or 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.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.iii.

5. Door "BC" in the basement is accessible to residents and leads to a stairway that goes up to the first floor. In the basement there is a hair salon, the physiotherapy room and the main activity room. Both of the home's passenger elevators go down to the basement as it is a resident area.

Door "BC" is not equipped with a door access control system.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.ii.

6. Door "BC" in the basement is accessible to residents and leads to a stairway that goes up to the first floor. In the basement there is a hair salon, the physiotherapy room and the main activity room. Both of the home's resident accessible elevators go down into the basement.

Door "BC" is kept closed but is not locked.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.i.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans



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Specifically failed to comply with the following subsections:

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with,
 - i. fires,
 - ii. community disasters,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - vi. chemical spills,
 - vii. situations involving a missing resident, and
 - viii. loss of one or more essential services.
 2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
 3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home.
 4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency. O. Reg. 79/10, s. 230 (4).
-

Findings/Faits saillants :



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1. As per O. Reg. 79/10, s.230. (2), a home's emergency plans must be in writing.

On August 29th 2012, the inspector arrived at the home to conduct a Critical Incident inspection related to a reported loss of power experienced by the home on June 1st 2012. This resulted in a loss of essential services for a period of 3.5 hours. The home is without a generator that can maintain the heating system, emergency lighting and essential services as is required by O. Reg. 79/10, s. 19. (1) and does not have guaranteed access to such a generator that can be on site and operational within 3 hours of a power outage, as is required by O. Reg. 79/10, s. 19. (4).

The Administrator and the Support Services Manager were asked by the inspector for the home's most current written emergency plans, with a specific focus on emergency plans dealing with loss of one or more essential services. The Administrator provided the inspector with a large red binder labelled "Emerg Response Manual Nursing Floor 1" and stated this was the home's most current written emergency plan.

The inspector looked through the entire binder and specifically reviewed the following Extendicare documents: #02-02-01 "loss of utilities – summary", # 02-02-02 "loss of power", #02-02-03 "loss of water", #02-02-04 "loss of natural gas", #02-02-05 "loss of sewer services". All Extendicare documents within the binder have a review and implementation date of July 2003. When later asked about the review and implementation date, the Administrator confirmed that the binder contained the home's most current emergency plans.

The documents noted above are not emergency plans. Rather, they provide guidance from the Extendicare company to their Long Term Care (LTC) homes on the development of emergency plans. For example, document #02-02-02, "Loss of Power", begins with a summary of what systems in a LTC home may fail in the event of a loss of power. Following the summary, LTC homes are guided to develop a "facility specific impact of loss of power supply" document, to develop "itemized steps needed for each contingency arrangement" and to provide details on generator access and hook up for the home. The inspector could not find any such corresponding documents within the binder. Document #02-02-04, "Loss of Natural Gas", begins with a summary of what systems in a LTC home may fail in the event of a loss of natural gas. Following the summary, the home is directed to develop the following document - " facility specific impact of loss of natural gas supply, listing systems that will not operate without natural gas supply and identify contingency arrangement". The inspector could not find any such corresponding documents within the binder. The inspector could not find anything else within the binder that could be considered as emergency plans dealing with loss of one or more essential services.

The Administrator and the SSM were asked by the inspector if there were any other documents to review that may represent emergency plans dealing with loss of one or more essential services. The inspector was told the only other related document to review was the home's current Fire Safety Plan (with implementation date Sept 2010 and review date Sept 2011), housed within a separate binder. The inspector looked through the Fire Safety Plan and noted it does not contain emergency plans dealing with loss of one or more essential services.

The Administrator and the SSM indicated to the inspector that they had not reviewed the contents of Emergency Response Manual provided to the inspector.

Based on the above noted findings, the home does not have written emergency plans that provide for dealing with the loss of one or more essential services. The licensee has failed to comply with O. Reg. 79/10, s.230.(4)1. viii.

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 11th day of September, 2012



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

Jessica Lépense



**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
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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 #) / Nom de l'inspecteur (No) :	JESSICA LAPENSEE (133)
Inspection No. / No de l'inspection :	2012_054133_0036
Type of Inspection / Genre d'inspection:	Critical Incident
Date of Inspection / Date de l'inspection :	Aug 29, 30, Sep 5, 6, 7, 10, 11, 2012
Licensee / Titulaire de permis :	EXTENDICARE NORTHEASTERN ONTARIO INC. <u>(CANADA) Inc.</u> 3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2
LTC Home / Foyer de SLD :	EXTENDICARE MEDEX 1865 BASELINE ROAD, OTTAWA, ON, K2C-3K6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	PAMELA NISBET <u>TINA NAULT</u>

To EXTENDICARE NORTHEASTERN ONTARIO INC, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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

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Ordre(s) de l'inspecteur
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Order # / Ordre no :	Order Type / Genre d'ordre :
001	Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Order / Ordre :

The licensee will ensure that the home has guaranteed access to a generator that will be operational within 3 hours of a power outage and will be set up to maintain all alarms for doors leading to the outside and everything required under clauses (1)(a),(b) and (c) of Reg 79/10, s.19(1) including: the heating system; emergency lighting in corridors, hallways and exits; and essential services. Connections made to the generator must conform to all relevant provincial and municipal codes and regulations.

Grounds / Motifs :

1. Extendicare Medex is a 3 storey Long Term Care Home with Class C beds within the meaning of subsection 187(18) of the Act. It has a licensed bed capacity of 193.

O. Reg. 79/10, s. 19(1) requires that the home be served by a generator that has the capacity to maintain, in the event of a power outage, the heating system; emergency lighting; and essential services.

O. Reg 79/10, s. 9(4) identifies that all doors leading to the outside must be connected to a back up power supply unless the home is not served by a generator.

On June 1st 2012, at 16:58, the home reported to the Ministry of Health and Long Term Care (MOHLTC), via a Critical Incident (CI) report, that at 12:00 they began experiencing a partial power loss due to a malfunctioning transformer in their hydro vault and were expecting to progress to full power loss beginning at 17:30 when Hydro Ottawa replaced the transformer. It was reported that this partial power outage affected the following equipment: washers, half of the dryers, the internet and the walk in fridge and freezer. It was reported that the home has a portable 5500 watt generator however there was no plan in place to use it.

On June 5th 2012, the home's Support Services Manager (SSM) was contacted by MOHLTC inspector #102 to discuss the CI report submitted by the home. The SSM informed the inspector that the home did not have an agreement in place to have a more powerful generator brought on site and be operational within 3 hours of a power outage. The SSM informed the inspector that the home is equipped with an emergency power panel yet the 5500 watt generator on site can not be connected to the panel.

On August 29th 2012, MOHLTC inspector #133 arrived at the home to conduct a CI inspection. In discussion with the Administrator and the SSM, it was clarified that following the partial power loss on June 1st 2012 that began at 12:00, the full power loss lasted for 3.5 hours (19:30 – 23:00). The Administrator and the SSM further confirmed that the home's 5500 watt generator was not used during the power outage and that the home does not have guaranteed access to a more powerful generator that can be operational within 3 hours of a power outage and that can maintain the heating system, emergency lighting and essential services.

The SSM and the inspector went into the home's basement and viewed the 225 amp emergency power panel.



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
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The switches were labelled, indicating a generator could be connected to the panel to power the following: exit signs, magnetic locks for stairwell doors and exit doors, the wandguard system, the elevators, the air conditioning system, a dryer, an electrical room light/plug and water boilers that would maintain the heating system. The emergency power panel is not wired to emergency lighting and essential services such as dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident- staff communication and response system and safety and emergency equipment such as the smoke detector system, the fire alarm system and alarms for doors leading to the outside.

The home does not have a written emergency plan in place for loss of essential services as is required by O. Reg. 79/10, s.230. The inspector did review an Extendicare document, #02-02-02, titled "loss of power" (implementation and review date July 2003, Emergency Preparedness Manual) that directs that "....multi-level facilities without power to an elevator wait no more than 3 hours before calling for a generator". Extendicare Medex is a multi-level home, they were without power to both elevators from 19:30 to 23:00 on June 1, 2012 and there was no call made for a generator.

A lack of heat in a cold weather power outage is a potential risk to the health, safety, comfort and well being of residents who would have to be evacuated or risk hypothermia. A lack of emergency lighting and one or more of the identified essential services is also a potential risk to the health, safety, comfort, and well being of residents. Residents at Extendicare Medex are at increased risk of harm during a power outage.

The licensee has failed to comply with O. Reg. 79/10, s. 19(4) in that the home does not have guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain everything required under O. Reg. 79/10, s.19(1). (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 11, 2013

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :



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

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 :

The licensee will ensure that all resident accessible doors leading to stairways and to non secure areas outside of the long term care home are kept closed and locked, are equipped with a door access control system that is kept on at all times, and equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, or 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. Door hardware must conform to all relevant provincial and municipal codes and regulations.

Grounds / Motifs :



**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

1. Door "BC" in the basement is accessible to residents and leads to a stairway that goes up to the first floor. In the basement there is a hair salon, the physiotherapy room and the main activity room. Both of the home's resident accessible elevators go down into the basement.

Door "BC" is kept closed but is not locked.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.i. (133)

2. Door "BC" in the basement is accessible to residents and leads to a stairway that goes up to the first floor. In the basement there is a hair salon, the physiotherapy room and the main activity room. Both of the home's passenger elevators go down to the basement as it is a resident area.

Door "BC" is not equipped with a door access control system.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.ii. (133)

3. Door "BC" in the basement is accessible to residents and leads to a stairway that goes up to the first floor. In the basement there is a hair salon, the physiotherapy room and the main activity room. Both of the home's passenger elevators go down to the basement as it is a resident area. Door "BC" is not equipped with a door alarm that allows calls to be cancelled only at the point of activation and is connected to the resident-staff communication and response system, or 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.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.iii (133)

4. Door "1C" on the first floor is accessible to residents and leads to a door which leads to a secure outside area and leads to a stairway that goes down into the basement. There is a gate across the top of the stairway which is approximately 2.5ft tall. The Administrator and the Support Services Manager (SSM) initially told the inspector that the door is kept unlocked during the day time in order to provide residents unhindered access to the outdoor secured area. There is a key pad outside of this door, and the Administrator and the SSM explained that this key pad is used by nursing staff to engage a magnetic lock on the door at night. The SSM later attempted to lock door "1C" and discovered that door "1C" is equipped with an alarm only and not a magnetic lock.

Door "1C" is kept closed but is not locked.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.i (133)

5. Door "1C" on the first floor is accessible to residents and leads to a door which leads to a secure outside area and leads to a stairway that goes down into the basement. There is a gate across the top of the stairway which is approximately 2.5ft tall. While there is a key pad outside of this door, it is deactivated during the daytime and is connected to a door alarm and not to a door lock.

Door "1C" is not equipped with a door access control system that is on at all times.

The licensee has failed to comply with O. Reg. 79/10, s.9.(1)1.ii. (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 13, 2012

Order # /

Ordre no : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :



**Ministry of Health and
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O.Reg 79/10, s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with,
 - i. fires,
 - ii. community disasters,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - vi. chemical spills,
 - vii. situations involving a missing resident, and
 - viii. loss of one or more essential services.
2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home.
4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency. O. Reg. 79/10, s. 230 (4).

Order / Ordre :

The licensee will ensure that the home has emergency plans in writing that provide for dealing with loss of one or more essential services and all other items noted under O. Reg. 79/10, s. 230. (4) 1. including: fires, community disasters, violent outbursts, bomb threats, medical emergencies, chemical spills and situations involving a missing resident. The licensee will ensure that the written emergency plans address the following components: plan activation, lines of authority, communication plan and specific staff roles and responsibilities. The licensee will ensure there is a process put into place to ensure that the written emergency plans for the home are evaluated and updated at least annually.

Grounds / Motifs :



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1. As per O. Reg. 79/10, s.230. (2), a home's emergency plans must be in writing.

On August 29th 2012, the inspector arrived at the home to conduct a Critical Incident inspection related to a reported loss of power experienced by the home on June 1st 2012. This resulted in a loss of essential services for a period of 3.5 hours. The home is without a generator that can maintain the heating system, emergency lighting and essential services as is required by O. Reg. 79/10, s. 19. (1) and does not have guaranteed access to such a generator that can be on site and operational within 3 hours of a power outage, as is required by O. Reg. 79/10, s. 19. (4).

The Administrator and the Support Services Manager were asked by the inspector for the home's most current written emergency plans, with a specific focus on emergency plans dealing with loss of one or more essential services. The Administrator provided the inspector with a large red binder labelled "Emerg Response Manual Nursing Floor 1" and stated this was the home's most current written emergency plan.

The inspector looked through the entire binder and specifically reviewed the following Extendicare documents: #02-02-01 "loss of utilities – summary", # 02-02-02 "loss of power", #02-02-03 "loss of water", #02-02-04 "loss of natural gas", #02-02-05 "loss of sewer services". All Extendicare documents within the binder have a review and implementation date of July 2003. When later asked about the review and implementation date, the Administrator confirmed that the binder contained the home's most current emergency plans.

The documents noted above are not emergency plans. Rather, they provide guidance from the Extendicare company to their Long Term Care (LTC) homes on the development of emergency plans. For example, document #02-02-02, "Loss of Power", begins with a summary of what systems in a LTC home may fail in the event of a loss of power. Following the summary, LTC homes are guided to develop a "facility specific impact of loss of power supply" document, to develop "itemized steps needed for each contingency arrangement" and to provide details on generator access and hook up for the home. The inspector could not find any such corresponding documents within the binder. Document #02-02-04, "Loss of Natural Gas", begins with a summary of what systems in a LTC home may fail in the event of a loss of natural gas. Following the summary, the home is directed to develop the following document - " facility specific impact of loss of natural gas supply, listing systems that will not operate without natural gas supply and identify contingency arrangement". The inspector could not find any such corresponding documents within the binder. The inspector could not find anything else within the binder that could be considered as emergency plans dealing with loss of one or more essential services.

The Administrator and the SSM were asked by the inspector if there were any other documents to review that may represent emergency plans dealing with loss of one or more essential services. The inspector was told the only other related document to review was the home's current Fire Safety Plan (with implementation date Sept 2010 and review date Sept 2011), housed within a separate binder. The inspector looked through the Fire Safety Plan and noted it does not contain emergency plans dealing with loss of one or more essential services.

The Administrator and the SSM indicated to the inspector that they had not reviewed the contents of Emergency Response Manual provided to the inspector.

Based on the above noted findings, the home does not have written emergency plans that provide for dealing with the loss of one or more essential services. The licensee has failed to comply with O. Reg. 79/10, s.230.(4) 1. viii. (133)

This order must be complied with by /

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



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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**

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, 11e étage
Toronto ON M5S 2B1
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
1075 rue Bay, 11e étage
Toronto ON M5S 2B1
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.

Issued on this 11th day of September, 2012

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

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

JESSICA LAPENSEE

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

Ottawa Service Area Office