



**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
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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
May 14, 2013	2013_189120_0032	H-000267- 13	Complaint

Licensee/Titulaire de permis

**HOLLAND CHRISTIAN HOMES INC
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, L6Y-5A7**

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

**FAITH MANOR NURSING HOME
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, L6Y-5A7**

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): May 9, 2013

During the course of the inspection, the inspector(s) spoke with the acting maintenance manager, director of care, registered staff, family and residents regarding the resident-staff communication and response system.

During the course of the inspection, the inspector(s) toured both wings on the first floor, tested the resident-staff communication and response system, reviewed the home's emergency plans and a communication memo to staff.

The following Inspection Protocols were used during this inspection:



Critical Incident Response

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) 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. 107. Reports re critical incidents



Specifically failed to comply with the following:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

- 1. An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding. O. Reg. 79/10, s. 107 (1).**
 - 2. An unexpected or sudden death, including a death resulting from an accident or suicide. O. Reg. 79/10, s. 107 (1).**
 - 3. A resident who is missing for three hours or more. O. Reg. 79/10, s. 107 (1).**
 - 4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing. O. Reg. 79/10, s. 107 (1).**
 - 5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act. O. Reg. 79/10, s. 107 (1).**
 - 6. Contamination of the drinking water supply. O. Reg. 79/10, s. 107 (1).**
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Findings/Faits saillants :

The Director was not immediately informed of an emergency that occurred in the home on May 1, 2013 with respect to the loss of an essential service, specifically the resident-staff communication and response system. The Ministry's after hours emergency service was not contacted and a critical incident report has not been filed to date.

The resident-staff communication and response system is considered an essential service as per 19(1)(c) of Ontario Regulation 79/10. [s.107(1)]

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 every licensee of a long-term care home immediately informs the Director of incidents involving a loss of essential services, in as much detail as possible, followed by the report required under subsection (4), to be implemented voluntarily.



**WN #2: 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 resident-staff communication and response system covering the first floor of the home (wings one and two) were not functioning and therefore not "on at all times" between May 1, 2013 and May 14, 2013. Residents were not able to use the system to call for assistance and were not offered any alternatives up to May 9, 2013. [s. 17 (1)(b)]

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



Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 230 (4).**

s. 230. (5) The licensee shall ensure that the emergency plans address the following components:

- 1. Plan activation. O. Reg. 79/10, s. 230 (5).**
- 2. Lines of authority. O. Reg. 79/10, s. 230 (5).**
- 3. Communications plan. O. Reg. 79/10, s. 230 (5).**
- 4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).**

s. 230. (6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information. O. Reg. 79/10, s. 230 (6).

Findings/Faits saillants :



1. The home's most current emergency plan (dated November 2006) does not include any direction for staff to deal with a loss of one or more essential services, specifically the resident-staff communication and response system. [s. 230(4)1]

2. The home's most current emergency plans do not address the following components:

1. Plan activation.
2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities

[s. 230(5)]

3. The home's most current emergency plans have not been evaluated or updated since November 2006. For example, the "Loss of Power" plan 99-02-07 does not identify that a generator is available for use to supply back up power. Maintenance staff described that they have a generator that can operate the building when power from the municipality is not available. [s. 230(6)]

Issued on this 14th day of May, 2013

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

B. Sosnik