

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

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

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé

Accommodation Services - Maintenance

Direction de l'amélioration de la performance et de la conformité

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	Licensee Copy/Copie du Titulaire Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
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February 14, 2011	2011-120-1056-16FEB100211 2011-120-1056-14FEB080715	H-00336 & H-03120 - Critical	
		Incidents	
Licensee/Titulaire			
Revera Long Term Care Inc., 55 Standish Court, 8 th Floor, Mississauga ON L5R 4B2			
Long-Term Care Home/Foyer de soins de longue durée			
David Oliffe 504 Ot Cooking Ct. David Davidy ON NOA 4NO			
Dover Cliffs, 501 St. George St., Port Dover, ON, N0A 1N0 Name of LTC Homes Inspector(s)/Nom de l'inspecteur(s) de les foyer de soins de longue duree			
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Bernadette Susnik – Environmental Health #120			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to follow-up on two Critical Incidents (#1056-000028-10 and #1056-000005-			
11) submitted to the Ministry of Health and Long Term Care on December 15, 2010 and February 7, 2011			
related to a burst water pipe and subsequent flood and an elevator breakdown.			
During the course of the inspection, the above noted inspector spoke with the Administrator and Maintenance			
Manager. During the course of the inspection, the affected areas such as the 1 st floor dining room, 2 nd floor			
activity lounge and the attic storage room	were inspected.		
The following Inspection Protocol was used during this inspection:			

Findings of Non-Compliance were found as a result of this inspection. The following action was

2 WN 1 VPC

taken:



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NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN - Written Notifications/Avis écrit

VPC - Voluntary Plan of Correction/Plan de redressement volontaire

DR - Director Referral/Régisseur envoye

CO - Compliance Order/Ordres de conformité

WAO - Work and Activity Order/Ordres: travaux et activities

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le Loi de 2007 les foyers de soins de longue dureé à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The licensee has failed to comply with the LTCHA, 2007, S.O., 2007, c.8, s. 15(2)(c). Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

A water pipe located in a storage room located on the 3rd floor (attic), burst on December 14, 2010, following a number of cold days dipping below -10C. The pipe which runs the length of an exterior wall, was not exposed to any heat from the room due to poor ventilation. Boxes were apparently stacked in the room, blocking the ventilation and the heat from the pipe. The pipe was therefore not maintained to ensure that it would remain in good condition.

The water ran down to the 2nd and 1st floors, damaging the ceilings. The repairs that were started in the 2nd floor lounge area remain to be unfinished, without a drop ceiling (wires exposed) and a wall that still has not had the hoarding removed. The 1st floor dining room ceiling that has not been sanded and painted.

WN #2: The licensee has failed to comply with O. Reg. 79/10, s. 230(1)(b), 230(4)1.v, viii, 230(5) and 230(6).

230(1)(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.

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

- 1. Dealing with,
 - v. medical emergencies,
 - vi. chemical spills,
 - viii. loss of one or more essential services.

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

1.Plan activation.



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- 2.Lines of authority.
- 3. Communications plan.
- 4. Specific staff roles and responsibilities.

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.

Findings:

The home's elevator became inoperational on February 7, 2011. The home was not prepared for the loss of the elevator. No plans, specific staff roles and responsibilities were in place to determine how food items, supplies, linens etc. would be managed should the elevator fail. Plans to manage how residents on the second floor would be transported down to the first floor were not available prior to the failure.

The emergency manuals located at the 1st and 2nd floor nursing stations did not list contingencies for a loss of one or more essential services (elevator, electricity, water etc.), chemical spills or medical emergencies. The home has not undertaken any efforts to determine the types of risks or hazards that may arise within the home or in the surrounding vicinity.

A "Loss of Hydro" contingency plan dated August 9, 2005 was found in a red duotang, along with the Disaster Plan which was dated August 2010. The "loss of hydro" plan did not have any information other than to have someone call to order a back-up generator. No lines of authority were given, no communications plans or specific staff roles and responsibilities.

The emergency contingency plans have not bee evaluated annually to determine what types of emergencies need to be enhanced, included or updated.

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 in respect to ensuring that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community, that the emergency plans provide dealing with, medical emergencies, chemical spills, and loss of one or more essential services, that the emergency plans address the necessary components 1 through 4 noted above, that the plans are evaluated and updated at least annually, including the updating of all emergency contact information, to be implemented voluntarily.

Signature of Licensee or Re Signature du Titulaire du rep		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		April 11/11	