

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Ottawa District**

347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Public Report

**Report Issue Date:** April 17, 2025

**Inspection Number:** 2025-1198-0002

**Inspection Type:**

Other

**Licensee:** Arnprior Regional Health

**Long Term Care Home and City:** The Grove Nursing Home, Arnprior

## INSPECTION SUMMARY

The inspection occurred offsite on the following date(s): March 5, 6, 13, 26 and 2025.

The following intake(s) were inspected:

- Intake: #00141142 was related to an outstanding Emergency Planning Annual Attestation.

The following **Inspection Protocols** were used during this inspection:

Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Attestation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 270 (3)**

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Attestation

s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

The licensee failed to submit their Emergency Planning Annual Attestation by December 31, 2024.

Sources: The licensee's Emergency Planning Attestation Form and interview with the Administrator.

**COMPLIANCE ORDER CO #001 Emergency Plans**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 268 (1)**

Emergency plans

s. 268 (1) This section applies to the emergency plans required under subsection 90 (1) of the Act.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

Ensure that all of the requirements of Ontario Regulation (O. Reg) 246/22, s. 268 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14), and O. Reg 246/22, s. 269 (1) (2) and (3) have been complied with, including but not limited to:

A) In developing and updating the emergency plans:

- i) Consult with the partner facilities and resources that will be involved in responding to the emergency, and keep a record of the consultation.
- ii) Ensure 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

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in the surrounding vicinity or community.

iii) Consult with the Residents' Council and the Family Council.

B) Develop and implement a formalized emergency plan, in consultation with the entities identified in part A of this Compliance Order (CO), to provide for dealing with outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics that is compliant with O. Reg, s. 268 and s. 269.

C) Update the emergency plans, in consultation with the entities identified in part A of this CO, to:

- i) Identify the entities that may be involved in or that may provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency and the current contact information for each entity.
- ii) Identify the roles and the responsibilities of the entities referred to in C i) of this CO, and create a plan for consulting with such entities on their involvement.
- iii) Keep current all arrangements with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency.
- iv) Address a communications plan. Ensure that the communications plan includes a process for the licensee to ensure frequent and ongoing communication to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, on the emergency in the home including at the beginning of the emergency, when there is a significant status change throughout the course of the emergency, and when the emergency is over.

D) Make the revised emergency plans available on the home's website.

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E) Update the emergency plans, in consultation with the entities identified in part A of this CO, to address recovery from an emergency including:

- (i) Requiring that residents, their substitute decision-makers, if any, staff, volunteers, and students be debriefed after the emergency;
- (ii) Establishing how to resume normal operations in the home; and
- (iii) Establishing how to support those in the home who experienced distress during the emergency

F) In consultation with the entities identified in part A of this CO, evaluate and update the emergency plans for dealing with the following, including, without being limited to, and include the contact information of the entities referred to in part A i) this CO:

community disasters

violent outbursts

bomb threats

medical emergencies

chemical spills

situations involving a resident

any other emergency plan that is required under O. Reg 246/22, s. 268 (4) 1. that has not been evaluated and updated in the past year.

G) Test each of the emergency plans, that are required to be evaluated and updated as part F of this CO, using simulation or discussion-based exercises. This must include the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency.

H) Test each of the emergency plans, that require annual testing or testing at least once every three years, that have not been tested at the required frequencies. This

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must include the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency.

l) Train staff, volunteers and students on the emergency plans.

**Grounds**

The licensee has failed to ensure that the emergency plans in place for the home complied with the requirements of the Fixing Long-Term Care Homes Act (FLTCA), 2021, s. 90 (1) and Ontario Regulation (O. Reg) 246/22, s. 268 and s. 269, including, measures for dealing with, responding to and preparing for emergencies.

Specifically, in developing and updating the emergency plans, the licensee did not consult with partner facilities and resources that would be involved in responding to the emergency, the Residents' Council and the Family Council. They did not ensure that hazards and risks that may give rise to an emergency were identified and assessed, as required by O. Reg 246/22, s. 268 (3).

As per r. 268 (4) 1. i, the home was required to have an emergency plan for dealing with outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics, with additional requirements outlined in O. Reg, s. 269. The processes for dealing with outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics, including the additional requirements required under O. Reg 246/22, s. 269 (1), were not formalized in a plan.

The emergency plans did not provide for the identification of entities that may be involved in or that may provide emergency services in the home's area, partner

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facilities and resources that would be involved in responding to the emergency, the roles and responsibilities of these entities and their current contact information, as required by O. Reg 246/22, s. 268 (4) 4.

The emergency plans lacked a formal communications plan, as required by O. Reg 246/22, s. 268 (5) 3, and the current recorded version of the emergency plans were not available on the home's website, as required by O. Reg 246/22, s. 268 (7).

Emergency plans for dealing with community disasters, violent outbursts, bomb threats, medical emergencies, chemical spills and situations involving a missing resident had not been evaluated and updated since 2022. Evaluation and updating of the plans was required to be done annually according to O. Reg 246/22, s. 268 (8) iii, iv, v, vi, vii and vii, respectively.

Testing of the emergency plans for situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, boil water advisories and floods had not been conducted annually as required by O. Reg 246/22, s. 268 (10) (a).

The emergency plans for dealing with outbreaks of a disease of public health significance, epidemics and pandemics were last tested in 2021 or 2022, and not annually as required, O. Reg 246/22, s. 268 (10) (a).

The emergency plans did not address recovery from an emergency, including debriefing after the emergency, and establishing how to resume normal operations in the home and how to support those in the home who experienced distress during the emergency, as required by O. Reg 246, s. 268 (13).

The emergency plans that were being reviewed by staff, volunteers and students before they perform their responsibilities, and at least annually thereafter, as required by O. Reg 246/22, s. 268 (14), were out of date.

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Source: Interviews and email correspondence with the Administrator.

**This order must be complied with by July 16, 2025**

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).