

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Central East Service Area Office  
33 King Street West, 4th Floor  
OSHAWA ON L1H 1A1  
Telephone: (905) 440-4190  
Facsimile: (905) 440-4111

Bureau régional de services de  
Centre-Est  
33, rue King Ouest, étage 4  
OSHAWA ON L1H 1A1  
Téléphone: (905) 440-4190  
Télécopieur: (905) 440-4111

**Public Copy/Copie du rapport public**

---

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|-----------------------------------|--|
| Feb 27, 2020                                   | 2020_598570_0001                              | 000373-20, 001074-20              | Complaint  |

---

**Licensee/Titulaire de permis**

Haliburton Highlands Health Services Corporation  
7199 Gelert Road Box 115 HALIBURTON ON K0M 1S0

---

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

Highland Wood  
7199 Gelert Road P.O. Box 115 HALIBURTON ON K0M 1S0

---

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

SAMI JAROUR (570)

---

**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): February 3, 4, 5, 12, 13 & 14, 2020**

**Two complaints logs related to concerns specific to leaks from the roof and concerns around residents evacuation from the home were inspected.**

**BERNADETTE SUSNIK (Inspector #120) attended this inspection on February 12, 13, and 14, 2020.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Director of Facilities and Projects, Manager of Environmental Services, Administrator/Director of Care (DOC) of Hyland Crest, Administrator/Director of Care (DOC) of Highland Wood, Resident Care Coordinator (RCC), RAI Coordinator, Registered Practical Nurses (RPN), Personal Support Workers (PSW), Support Services Aides, Activity Aide (AA), Maintenance Attendants, residents and family members.**

**During the course of the inspection, the inspector (s) completed an observation of common areas, reviewed training records, email communication documents, emergency plans, housekeeping and maintenance policies.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Maintenance  
Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**

**4 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Légende</p> <p>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</p>  |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans**

**Specifically failed to comply with the following:**

**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. (7) The licensee shall,**

**(a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).**

**(b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).**

**(c) conduct a planned evacuation at least once every three years; and O. Reg. 79/10, s. 230 (7).**

**(d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans. O. Reg. 79/10, s. 230 (7).**

### **Findings/Faits saillants :**

1. The licensee failed to ensure that the emergency plans addressed the components of communications plan and specific staff roles and responsibilities.

The Ministry of Long-Term Care (MLTC) received two complaints related to concerns specific to leaks from the roof and concerns around residents' evacuation from the home.

In February 2019, all residents were evacuated from the home due to severe roof leaks. Based on documentation provided by the LTC home management staff, related to input from families and staff about the evacuation, many had concerns about the lack of communication and staff roles during the incident.

During the inspection, the licensee's emergency plans were reviewed related to their evacuation process and any specific plans related to flooding scenarios. One was developed related to a burst water pipe. These plans included when the plan was to be activated and lines of authority, but failed to include specific details about communications plans and staff roles and responsibilities.

Communications plans are necessary to establish how and when certain individuals would be informed about the actions taking place at the LTC home. This would include but is not limited to who would be making the necessary contacts with staff, families, residents, volunteers, partner facilities, community agencies and resources responding or involved with the emergency, how the communication would be conveyed and how often. Although the management of the LTC home provided copies of the correspondence they maintained during the evacuation period, including emails, website postings, phone-in hotline, media releases, the emergency plans did not include any of these options or what other resources could be used to assist staff in developing communications plans.

Specific staff roles and responsibilities include but are not limited to the tasks each person in each department of the LTC home is required to conduct during the emergency. The current emergency plans developed were predominately for hospital staff and did not include roles specific to LTC home staff. [s. 230. (5)]

2. The licensee failed to conduct a planned evacuation at least once every three years.

According to the CEO, and Manager of Environmental Services, the last planned evacuation took place in 2012, whereby community agencies such as fire and EMS (Emergency Medical Services) attended. Other evacuations were conducted, but were specific to fire, and included a partial evacuation to other areas in the home and involved very few staff. [s. 230. (7)]

***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 the emergency plans addressed the components of communications plan and specific staff roles and responsibilities, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 87. Emergency plans**

**Specifically failed to comply with the following:**

**s. 87. (2) Every licensee of a long-term care home shall ensure that the emergency plans are tested, evaluated, updated and reviewed with the staff of the home as provided for in the regulations. 2007, c. 8, s. 87. (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the emergency plans were reviewed and tested with the staff of the home as provided for in the regulations.

Emergency plans that were required to be tested and reviewed with staff included those identified under s.230(4)1 and 2 of O. Reg. 79/10, such as a planned evacuation related to any identified hazard or risk giving rise to an emergency in the home.

In February 2019, a roof leak and subsequent flooding inside the home occurred in the home which required an emergency response by staff.

During interviews with PSW #116, Activity Aide #117, RPN #105 and RPN #108, all indicated that they had not participated in any planned evacuations at the home or were given any information or training related to a roof leak and flooding.

Interview with Administrator/DOC from Hyland Crest LTC home, who was covering for the Administrator/DOC at Highland Wood, identified that an on-line system identified as "Surge Learning" was used to provide information to staff at both LTC homes about various emergency situations, identified by colour codes (i.e. yellow for missing resident, red for fire, grey for infrastructure loss/failure). The training records for emergency codes provided for review included staff training records with completion dates between November 12, 2019 to February 2, 2020. No training records related to any emergency and evacuation procedures were available prior to November 2019. The content of the information on Surge Learning did not include all of the relevant emergencies required by s.230(4)1 or the licensee's plan related to water leaks/flooding. [s. 87. (2)]

---

### **WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping**

**Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**

**(a) cleaning of the home, including,**

**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**

**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**

1. As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee failed to ensure that procedures were developed and implemented for cleaning carpets and flooring surfaces.

A) The licensee developed procedures related to floor care entitled “Spray Buffing Floors” and “Applying Floor Finish”, both dated October 19, 2018. The first procedure included a frequency of weekly or three times a week (depending on location) for buffing, to remove marks, surface soil, scratches, patches and restore shine. The latter procedure included the need to wax floors to protect them but did not include a frequency of how often a flooring surface would require stripping or a wax application and which type of flooring material required waxing.

During the inspection, the flooring surfaces in the dining room, celebration room and the activity room were observed to have marks, scratches and darkened patches and areas where the wax had worn away. The flooring material in the dining room did not appear to be the type requiring any wax. According to support services aide, staff #114, the flooring material in the dining room was last stripped and waxed over a year prior.

The Manager of Environmental Services stated that the flooring material in the areas identified above had not been buffed and did not have a schedule to buff the floors as per their procedure.

B) The licensee’s procedure entitled “Carpet Cleaning – Wet Extraction” and “Carpet Cleaning Specifications”, both dated October 18, 2019, included instructions for cleaning the carpet and that routine carpet steam cleaning in all areas would be scheduled



according to traffic and soilage. The schedule for the corridors had not been developed according to the Manager of Environmental Services other than it was deep cleaned by an external contractor twice per year. Carpets in corridors were cleaned only when stains appeared and a spot treatment applied.

A complaint was received by the MLTC regarding concerns specific to the roof leak and a white residue observed on the carpet in the corridors, along the edges and in corners. The complainant thought that the residue was mould. The complainant reported their concerns to the Administrator/DOC. A review of email communications provided to Inspector #570 by the Administrator/DOC identified as per the Director of Facilities and Projects that the residue was dry wall dust and in some areas was either salt or dry paint. The areas identified by complainant as being covered by a white residue were cleaned up by maintenance staff with a steam cleaner.

On February 3, 2020, Inspector #570 observed white stains on the carpet along the baseboards in the corridors. After the inspector questioned what the stains were and why they were present, the Manager of Environmental Services directed housekeeping staff to clean the white stains. On February 13, 2020, the white stains were no longer present as confirmed by observation and staff #115 verified that they had used a steam cleaner to remove the stains. The white stains were confirmed to be salt stains as per a professional report. In the report, the white residue was attributed to a de-icing agent (salt) that leaked down from the roof with the melted ice water in February 2019. The salt stains would re-appear in the future with carpet extraction processes and would diminish over time. The Manager of Environmental Services was not aware that the salt stains continued to persist and had not developed a schedule to continuously remove them until they were completely eliminated. [s. 87. (2) (a)]

---

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services****Specifically failed to comply with the following:**

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

**Findings/Faits saillants :**

1. As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee failed to ensure that there were schedules and procedures in place for routine and preventive maintenance related to the roofing system and flooring material.

The MLTC received two complaints regarding concerns specific to roof leaks at Highland Wood LTC home in February 2019. All residents had to be evacuated from the LTC home.

In late January 2019, the flat roof above the LTC home began to leak into multiple areas within the home and the residents were evacuated in early February 2019. Based on the maintenance policies and procedures in place at that time, which were also reviewed at time of inspection, the licensee's procedures did not include any information for the maintenance staff related to the roofing system. No schedules were developed for preventive inspections, no procedures were included identifying the key areas that needed to be checked on the roof related to condition, and no documentation was kept of any spot checks, inspections or follow-up action conducted by maintenance staff in 2018.

According to maintenance attendant staff #104, the roof drains and interior ceiling areas were checked routinely in 2018, however no documentation was kept of the dates of the inspections or of any observations. No check list was used at the time. Three minor and short-lived ceiling leaks were identified in June, July and October 2018. The original water entry point into the building could not be identified by maintenance staff.

A request for proposal to replace the roof was issued on May 31, 2018, and a roofing contractor visited the site on, and prepared a quote to replace the roof with a date to be determined. The date depended on when the roofing replacement was completed at another LTC home (Hyland Crest LTC home), which the company began and completed in September 2018. By the time they completed the work, the weather was no longer conducive (requiring three weeks of dry weather) to begin the project for Highland Woods LTC home and was postponed for the spring of 2019.

According to the Director of Facilities and Projects, no roofing contractor had inspected or made any repairs to the roof in 2018, other than to provide quotes for roofing replacement. An inspection conducted by an engineering firm in May 2017, for the roof

above the hospital and the LTC home, identified several deficiencies related to the roof (ponding, blistering and wearing of the membrane, uneven distribution of aggregate, and improper slope towards drains) and identified the asset integrity at imminent breakdown. The firm suggested that the roof would need to be replaced in 2018 to 2021.

Post incident, the licensee developed a new policy entitled "Maintenance Service Program Policy" dated November 5, 2019, which listed that "building support systems, equipment, interior and exterior finishes" would be routinely inspected. The roofing system was not specifically identified in the policy, however other systems such as heating, plumbing, and ventilation systems were listed. A check list was established in October 24, 2019, to include a daily roofing check for "damage" and to check the roof drains to ensure they were clear. However, no additional information was included as to what specifically was meant by "damage". [s. 90. (1) (b)]

---

**Issued on this 6th day of March, 2020**

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

**Original report signed by the inspector.**