



**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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### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 16, 2014	2014_357101_0021	T-456-14	Critical Incident System

#### **Licensee/Titulaire de permis**

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT  
LP  
302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - SCARBOROUGH  
130 MIDLAND AVENUE, SCARBOROUGH, ON, M1N-4B2

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

AMANDA WILLIAMS (101)

### **Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): May 16, 2014**

**During the course of the inspection, the inspector(s) spoke with the Interim Executive Director, the Environmental Manager, the Interim Director of Care, the Vice President of Operations and the Senior Director of Building and Capital Assets.**

**During the course of the inspection, the inspector(s) reviewed the home's emergency plans policies and procedures and documentation of tests completed of the emergency plans.**

**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**

Legend	Legendé
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.)  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. 19. Generators Specifically failed to comply with the following:**

**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. The licensee failed to ensure that the home has guaranteed access to a generator that can maintain the heating system in the home. This was evidenced on December 22, 2013, when the home lost power at ~0400hrs and did not have it restored by the City until December 23, 2013 at ~ 1700hrs (a period of ~13 hours. The home's on-site generator was not connected to the home's heating system as confirmed by the Interim Executive Director, Environmental Manager and the Senior Director of Building and Capital Assets. [s. 19. (4)]

***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 generator connected to the home maintains all required essential services including the heating system in cases of power loss, to be implemented voluntarily.***

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**WN #2: 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:**

**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).**

**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).**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information. This was evidenced by the following:

- record review of the emergency plans noted that the plans were last evaluated and updated by the home in March 2012.
- record review of the home's contact list in cases of emergencies (i.e. fan out list) was noted to be out of date. The Executive Director and Director of Care information was inaccurate. [s. 230. (6)]

2. The licensee failed to ensure that the following emergency plans have been tested on an annual basis:

- missing resident,
- medical emergencies, and
- violent outbursts.

This was confirmed by record review of completed tests of the emergency plans as well as interviews with the interim Executive Director, interim Director of Care (who is also responsible for education) and the Environmental Manager. [s. 230. (7)]

3. The licensee failed to ensure a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans are maintained.

Record reviews identified the following:

- Bomb Threat test was last completed October 7 and 9, 2013 with no written record maintained of changes made to improve the plans.
- External Air Exclusion test was last completed June 6, 2013 with no written record maintained of changes made to improve the plans.
- There was no written record maintained for emergency plan tests related to missing resident, medical emergency, and violent outbursts for 2013. [s. 230. (7)]



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***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 that emergency plan tests are conducted on an annual basis for loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts; and once every three years for all other emergency plans so that staff are aware of and take appropriate action in cases of emergencies, to be implemented voluntarily.***

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**Issued on this 17th day of June, 2014**

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

A handwritten signature in black ink, appearing to read "Michael Willis". The signature is written in a cursive style with a large initial "M" and a long horizontal stroke at the end.