

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 23, 2025

Inspection Number: 2025-1517-0001

Inspection Type:

Other

Licensee: North Renfrew Long-Term Care Services Inc.

Long Term Care Home and City: North Renfrew Long-Term Care Services, Deep River

INSPECTION SUMMARY

The following intake(s) were inspected:

- Intake: #00141140 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)

Attestation

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

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

Source: Interview with the Acting 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) and (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 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, and keep a record of the consultation.
- ii) Ensure hazards and risks that may give rise to an emergency impacting the home

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are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.

iii) Consult with the Residents' Council and the Family Council, if any.

B) Develop a written emergency plan, in consultation with the entities identified in part A of this Compliance Order (CO), to provide for dealing, without being limited to: community disasters

violent outbursts

medical emergencies

chemical spills

situations involving a missing resident

loss of one or more essential services, including as defined by O. Reg 246/22, s. 22.

(1) (c)

gas leaks

natural disasters and extreme weather events

boil water advisories

floods

C) Update the evacuation plans, in consultation with the entities identified in part A of this CO, to include, at a minimum:

i) A transportation plan to move residents, staff, students, volunteers and others to the evacuation location.

ii) A plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location to ensure resident safety.

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

i) Ensure that resources, supplies, personal protective equipment (PPE) and equipment vital for the emergency response are set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, PPE

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and equipment have not expired.

ii) 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.

iii) Identify the roles and the responsibilities of the entities referred to in part D ii) of this CO and a plan for consulting with such entities on their involvement.

E) Create a plan, in consultation with the entities identified in part A of this CO, for food and fluid provision in an emergency.

F) Create a plan, in consultation with the entities identified in part A of this CO, to ensure that in an emergency all residents have timely access to all drugs that have been prescribed for them.

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

i) Plan activation, including identifying who or which entity declares there is an emergency at the home and who or which entity declares that the emergency is over at the home, as agreed upon by the entities the licensee consulted with in part A i) of this CO.

ii) Lines of authority.

iii) 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, if any, 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.

iv) Specific staff roles and responsibilities.

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

I) Keep current all arrangement 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,

J) 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.

K) In consultation with the entities identified in part A of this CO, evaluate and update the emergency plans for dealing with bomb threats, including the contact information of the entities referred to in part A i) of this CO. If required, evaluate and update the emergency plans for dealing with outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.

L) Test each of the emergency plans, that are required to be developed in part B of this CO, and evaluated and updated as part K 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.

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

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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.

The licensee did not consult with the required entities in developing and updating the emergency plans for dealing with fires, as required by O. Reg 246/22, s. 268 (3).

They did not ensure that emergency plans provided for dealing with community disasters, violent outbursts, medical emergencies, chemical spills, situations involving a missing resident, loss of one or more essential services, gas leaks, natural disasters and extreme weather events, boil water advisories and floods, as required by O. Reg, s. 268 (4) 1. As these emergency plans were not in place, they are not being updated and evaluated or tested at the required frequencies, as specified by O. Reg 246/22, s. 268 (8) and s. 268 (10), respectively. They were not taught to staff, volunteers and students as required by O. Reg 246/22, s. 268 (14).

They did not identify the entities that may be involved in or provided emergency services in the area where the home was located and partner facilities and resources that would be involved in responding to the emergency, as required by O. Reg 246/22, s. 268 (4) 4. They did not identify the roles and responsibilities of these entities or have a plan for consulting with them on their involvement with the emergency, as required by O. Reg 246/22, s. 268 (4) 5. They did not have current arrangements with these entities, as required by O. Reg 246/22, s. 268 (12).

The evacuation plans did not include a transportation plan to move residents and others to the evacuation location, and they did not include a plan to transport critical items to the evacuation location to ensure resident safety, as required by O. Reg

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246/22, s. 268 (4) 2. iii. and iv, respectively.

The emergency plans did not provide for resources, supplies, personal protective equipment and equipment vital for emergency response being set aside, and did not include a process to ensure they were not expired, as required by O. Reg 246/22, s. 268 (4) 3. They did not provide a plan for food and fluid provision in an emergency or a plan to ensure that residents had timely access to all prescribed drugs, as required by O. Reg 246/22, s. 268 (4) 6. and 7., respectively.

The emergency plans did not address plan activation and deactivation, lines of authority, a communications plan and specific staff roles and responsibilities, as required by O. Reg 246/22, s. 268 (5).

The current version of the emergency plans were not available on the home's website, as required by O. Reg 246/22, s. 268 (7).

The emergency plan for dealing with bomb threats had not been evaluated and updated in the past year, and was not tested in the past three years, as required by O. Reg 246/22, s. 268 (8) and (10).

Source: Interviews with the Acting Administrator.

This order must be complied with by July 17, 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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor

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Director

c/o Appeals Coordinator
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e-mail: 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.