



**Ministry of Health and  
Long-Term Care**

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

**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  
performance et de la conformité**

Ottawa Service Area Office  
347 Preston St 4th Floor  
OTTAWA ON L1K 0E1  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

**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**

Bureau régional de services d'Ottawa  
347 rue Preston 4iém étage  
OTTAWA ON L1K 0E1  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 8, 2014	2014_178102_0055	O-000590-14	Follow up

**Licensee/Titulaire de permis**

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP  
1090 MORAND STREET WINDSOR ON N9G 1J6

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

REGENCY MANOR NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME  
LIMITED PARTNERSHIP  
66 DORSET STREET EAST PORT HOPE ON L1A 1E3

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**  
WENDY BERRY (102)

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



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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): November 26, 2014**

**This follow up inspection was specific to a compliance order related to the availability of a generator within 3 hours of a power outage that can maintain all required services, including the elevator that serves the 2 floors of the long-term care home.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services staff, Nursing staff.**

**The following Inspection Protocols were used during this inspection:  
Safe and Secure Home**

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

**1 WN(s)  
0 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**



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

**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Legendé**

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).

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.

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

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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soins de longue durée**

1. On November 26, 2014, a follow up inspection to Compliance order (CO) #001, inspection # 2014 178102 0026 with a compliance date of October 30, 2014, was conducted.

During the follow up inspection, it was identified that the resident-staff communication and response system, door security and fire safety systems were connected to the on site generator following inspection # 2014 178102 0026.

Staff of the home confirmed that the elevator that serves the long term care home is not connected to the on site generator. The generator provided does not have sufficient load capacity or wiring to power an elevator.

The Administrator of the home confirmed that there are no arrangements or plans in place for the home to be provided with guaranteed access to a generator that will be operational within 3 hours of a power outage that can maintain everything that is required including the elevator that serves the long term care home.

A functioning elevator in a prolonged power outage is a required essential service to support the safe and effective delivery of care and services to residents and ongoing operation of the long term care home.

Compliance order (CO) #001 with a compliance date of October 30, 2014 has not been fully complied with. A review of the CO by the Director was not requested by the licensee after its date of issue, June 23, 2014.

The licensee has failed to ensure that the home has guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain all essential services, which includes the elevator that serves the 1st and 2nd floor of the long term care home. Residents' services and accommodations are located on both floors. [s. 19. (4)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.***



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**Issued on this 8th day of December, 2014**

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

**Original report signed by the inspector.**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**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 performance et de la conformité**

**Public Copy/Copie du public**

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** WENDY BERRY (102)

**Inspection No. /**

**No de l'inspection :** 2014\_178102\_0055

**Log No. /**

**Registre no:** O-000590-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Dec 8, 2014

**Licensee /**

**Titulaire de permis :**

PROVINCIAL NURSING HOME LIMITED  
PARTNERSHIP  
1090 MORAND STREET, WINDSOR, ON, N9G-1J6

**LTC Home /**

**Foyer de SLD :**

REGENCY MANOR NURSING HOME, DIVISION OF  
PROVINCIAL NURSING HOME LIMITED  
PARTNERSHIP  
66 DORSET STREET EAST, PORT HOPE, ON,  
L1A-1E3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

Angela Rodrigues



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

To PROVINCIAL NURSING HOME LIMITED PARTNERSHIP, you are hereby  
required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**

**Lien vers ordre  
existant:** 2014\_178102\_0026, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**

The licensee will ensure that the home has guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain everything required, including the elevator that serves the 1st and 2nd floors of the long term care home.

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**

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Staff of the home confirmed that the elevator that serves the long term care home is not connected to the on site generator. The generator provided does not have sufficient load capacity or wiring to power an elevator.

The Administrator of the home confirmed that there are no arrangements or plans in place for the home to be provided with guaranteed access to a generator that will be operational within 3 hours of a power outage that can maintain everything that is required including the elevator that serves the long term care home.

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Compliance order (CO) #001 with a compliance date of October 30, 2014 has not been fully complied with. A review of the CO by the Director was not requested by the licensee after its date of issue, June 23, 2014.

The licensee has failed to ensure that the home has guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain all essential services, which includes the elevator that serves the 1st and 2nd floor of the long term care home. Residents' services and accommodations are located on both floors. (102)

**This order must be complied with /**

**Vous devez vous conformer à cet ordre d'ici le :**

Feb 28, 2015



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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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 to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

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



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsb.on.ca](http://www.hsb.on.ca).

**Issued on this 8th day of December, 2014**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** WENDY BERRY

**Service Area Office /  
Bureau régional de services :** Ottawa Service Area Office