



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

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du
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| Date of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|---|-----------------------------|---------------------------------------|
| December 29, 2010 | 2010-120-2849-29DEC133241 | H-03036 - Critical Incident |

Licensee/Titulaire

Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga ON L5R 4B2

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

Ridgeview Long Term Care Centre, 385 Highland Road West, Stoney Creek ON L8J 3X9

Name of Inspector(s)/Nom de l'inspecteur(s)

Bernadette Susnik -Environmental Health #120

Inspection Summary / Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to a Critical Incident Report (#2849-000031-10) that was submitted to the Ministry of Health and Long-term Care on December 16, 2010. The incident relates to a burst sprinkler system which caused the flooding of many resident rooms.

During the course of the inspection, the above noted inspector spoke with the Administrator and the NOVA Environmental Services Supervisor. The Nash and Gage home areas affected by the flooding were visually inspected and the emergency plans, NOVA policies and procedures for sprinkler system maintenance and the sprinkler maintenance inspection records were reviewed.

The following Inspection Protocols were used during this inspection:

- Safe and Secure Home
- Accommodation Services - Maintenance

Findings of Non-Compliance were found during this inspection. The following actions were taken:

2 WN
2 VPC

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: *The licensee has failed to comply with the LTCHA, 2007, S.O., 2007 s. 15(2)(c).* The licensee shall ensure that

(c) the home, furnishings and equipment are maintained in as safe condition and in a good state of repair.

Findings:

The contracted maintenance service for the home, known as NOVA, did not ensure that the dry sprinkler system was being maintained according to NOVA policy and procedure #C50-30. The policy requires the sprinkler system to be drained of any accumulated condensate on a weekly basis throughout the winter months. The system was last drained Dec.1, 2010 and records indicated that the system was being drained monthly. As a result, the condensate that built-up in the sprinkler system froze in the pipes running along the unheated ceiling space above the Gage and Nash home areas. The pressure from the frozen liquid burst the pipes in various sections causing a large volume of water to flow down into the home areas, damaging building materials and displacing residents.

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 with s. 15(2)(c) in respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: *The licensee has failed to comply with O. Reg. 79/10, s. 230(5) and 230(6).*

230(5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation.
2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities.

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.


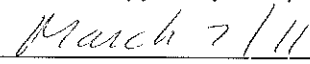
Findings:

The emergency plans related to flooding did not address specific staff roles and responsibilities, lines of

authority, when the plan is to be activated or a communications plan. Very little information was available in the plan to guide the staff of the home when a flood occurs. Although it appears that the administrator reviews the emergency plans on an annual basis, no evaluation or test of the plan has taken place to determine if the original plans created more than 5 years ago remain effective.

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 with s. 230(5) and 230(6) in respect to ensuring that the emergency plans address the necessary components 1 through 4 noted above and that the plans are evaluated and updated at least annually, including the updating of all emergency contact information, to be implemented voluntarily.

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| Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné | | Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. | |
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| Title: | Date: | Date of Report (if different from date(s) of inspection).  | |