



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

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

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

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 6, 2018	2018_625133_0024	012712-18	Complaint

Licensee/Titulaire de permis

St. Patrick's Home of Ottawa Inc.
2865 Riverside Drive OTTAWA ON K1V 8N5

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

St. Patrick's Home
2865 Riverside Drive OTTAWA ON K1V 8N5

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



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

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

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

**Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée***

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 15, 16, 17, 2018

**The following intake was completed in this complaint inspection:
Log #012712-18, related to the home's elevators and emergency plans.**

During the course of the inspection, the inspector(s) spoke with the President and CEO, the Assistant Vice President of Nursing, the Manager of Human Resources and Staff Development, the Vice President of Building Operations, the lead hand for maintenance.

During the course of the inspection, the inspector reviewed identified emergency plans and documentation related to elevator repair and maintenance.

**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.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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).	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. 216. Training and orientation program

Specifically failed to comply with the following:

s. 216. (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 76 and 77 of the Act. O. Reg. 79/10, s. 216 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that the training and orientation program for the home is developed and implemented to provide the training and orientation under sections 76 and 77 of the Act.

As per LTCHA, 2007, S.O. 2007, c. 8, s. 76 (2) 8., all staff are to receive training in emergency and evacuation procedures prior to performing their responsibilities.

As per LTCHA, 2007, S.O. 2007, c. 8, s. 76 (2) 8. and s. 76 (4), and O. Reg. 79/10, s. 219 (1), staff are to receive annual training in emergency and evacuation procedures.

On October 17, 2018, the Vice President of Building Operations (#101, VPBO) indicated that the orientation and annual training provided to staff, related to evacuation procedures, was based on the home's emergency plans and addressed horizontal evacuation procedures, in relation to fire, to beyond a set of fire doors. The VPBO indicated that orientation and annual training provided to staff did not provide for vertical evacuation procedures, down the stairs. In relation to fire, the VPBO said "we have relied on coming into a new building and new technologies so we can keep people in the building, which is not always a reality". The VPBO indicated that vertical evacuation could be required for non fire related situations as well.

The training and orientation program for the home was not developed and implemented to provide orientation and training in the area of evacuation procedures, specifically related to vertical evacuation procedures. [s. 216. (1)]

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 O. Reg. 79/10, s. 216, which requires the licensee to ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 76 and 77 of the Act, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans



Specifically failed to comply with the following:

s. 230. (2) Every licensee of a long-term care home shall ensure that the emergency plans for the home are in writing. O. Reg. 79/10, s. 230 (2).

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 has failed to ensure that the emergency plans for the home are in writing.

As per O. Reg. 79/10, s. 230 (4) 1. viii., the licensee shall ensure that the emergency plans provide for the loss of essential services.

As per O. Reg. 79/10, s. 19 (1) (c), essential services includes elevators.

As per O. Reg. 79/10, s. 230 (4) 2., the licensee shall ensure that the emergency plans provide for evacuation of the home.

On October 15, 2018, the Vice President of Building Operations (#101, VPBO) provided the Inspector with documentation from the home's elevator service provider (elevator company) for the period of April 2018 to October 2018. The VPBO indicated that on May 11, 2018, one of the home's two elevators (#2) was damaged and out of service until May 15, 2018. The VPBO indicated that as per the documentation from the elevator company, elevator #1 was also out of service for undefined periods of time on May 13,



2018 and May 14, 2018.

On October 15, 2018, the Manager of Human Resources and Staff Development (#102, MHRDS) indicated that they were the manager on call from May 11, 2018 to May 18, 2018. The MHRDS indicated that on May 13th and 14th, 2018, there were periods of time where neither of the home's two elevators were working. The MHRDS indicated that during the day, on May 13th, 2018, elevator #1 malfunctioned and was in and out of service so the elevator company was called in and it was repaired. The MHRDS indicated that elevator #1 malfunctioned again at night and the elevator company returned and repaired it. The MHRDS indicated that the elevator company had responded to the calls for service quickly, on May 13, 2018. The MHRDS indicated that on May 14, 2018, elevator #1 malfunctioned again and was out of service between 1900 hours and 2300 hours, as reported to the Ministry of Health and Long Term Care in Critical Incident Report (CIR) #C569-000034-18. As reported in the CIR, the MHRDS indicated that there had been five residents from the upper care units, in wheelchairs, that were on the ground floor when elevator #1 malfunctioned on May 14, 2018. The MHRDS indicated that the fire department was called and was asked if they could come to the home to transfer the five residents back to the care units, via the stairs, at 2130 hours. The MHRDS indicated that there would have been no other way to return the residents to their care units. The MHRDS indicated that the fire department arrived at 2200 hours, at the same time as the elevator company arrived. The MHRDS indicated that the five residents were returned to their care units between 2200 hours and 2300 hours, via elevator #1.

On October 16, 2018, the home's emergency plan that provides for dealing with loss of service to elevators (policy XIV-EMG-D-10.22 "loss of utilities"), as provided by the VPBO, was reviewed. The home is a 5 story building, with one care unit of the ground floor and two care units on the second, third, fourth and fifth floors. It was noted that the plan did not provide for transporting people, who are unable to use the stairs independently. It was noted that the plan did not provide for food service, on the care units. On October 17, 2018, the VPBO indicated that the home's emergency plan related to the loss of elevator service was not in writing as it did not provide for moving people up or down the stairs and it did not provide for moving supplies, such as food services related supplies.

On October 16, 2018, the home's emergency plan that provides for dealing with evacuation of the home (policy XIV-EMG-D.10.10 "Code Green Evacuation) and the home's emergency plan that provides for dealing with fires (policy XIV-EMG-D-10.00



"Code Red Fire Alarm"), as it related to evacuation, were reviewed. It was noted that the plans did not provide for evacuating people, who are unable to use the stairs independently. On October 17, 2018, the VPBO indicated that the home's emergency plans related to evacuation were not in writing as they did not provide for moving people vertically, down the stairs.

The licensee has failed to ensure that the home's emergency plans that provide for the loss of elevator service, and evacuation of the home, are in writing. [s. 230. (2)]

2. The licensee has failed to ensure that a written record of the testing of the emergency plan was kept, and that a written record of the changes made to improve the plan was kept, in relation to the emergency plan that provides for dealing with loss of elevators.

On May 14, 2018, both of the home's elevators were out of service, as reported to the Ministry of Health and Long Term Care in Critical Incident Report #C569-000034-18.

On October 17, 2018, the President and CEO (#103) of the home indicated that the home's response to the elevator service outage on May 14, 2018 was the annual test of the emergency plan. The President and CEO indicated that a written record of the test of the plan, and a written record of changes made to improve the plan, had not been kept.

The licensee has failed to ensure that a written record of the testing of the emergency plan was kept, and that a written record of the changes made to improve the plan was kept, in relation to the emergency plan that provides for dealing with loss of elevators. [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 with O. Reg 79/10, s. 230 (2) and (7), which require, respectively, that the licensee ensure that emergency plans for the home are in writing, and that a written record of the testing of the emergency plans and of the changes made to improve the plans are kept, to be implemented voluntarily.



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

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

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

**Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée***

Issued on this 7th day of November, 2018

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

Original report signed by the inspector.