



**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
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 16, 2014	2014_357101_0028	T-454-14	Critical Incident System

Licensee/Titulaire de permis

VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR
302 Town Centre Blvd, Suite #200, MARKHAM, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - ALTAMONT
92 ISLAND ROAD, SCARBOROUGH, ON, M1C-2P5

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): July 4, 2014 (on-site) and July 16, 2014 (off-site)

During the course of the inspection, the inspector(s) spoke with the Environmental Services Manager, the Director of Care, and the Executive Director.

During the course of the inspection, the inspector(s) reviewed the home's emergency contingency plans policies and procedures, contracts, and written records of tests completed.

**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 :



1. The licensee failed to ensure that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain all the required essential services in the home. This was evidenced by the incident of December 22, 2013 when the home lost power at ~1:30am and did not receive a generator that can maintain all the required essential services in the home until ~11:30pm on December 22, 2013 (a total of 22 hours). [s. 19. (4)]
2. The licensee failed to ensure that when the home is served by a generator in the event of a power outage it can maintain the dietary services required to store food at safe temperatures. Upon review of the home's Loss of Power policy and procedure as well as interviews with the Environmental Services Manager, Director of Care, and the Executive Director, it was confirmed that the home's on-site generator does not support the home's dietary services equipment required to store food at safe temperatures. [s. 19. (4)]
3. The home does not have guaranteed access to a generator that will be operational within 3 hours of a power outage as demonstrated by the home's current contract with Agility Ready Suite -generator supply company. The current contract does not identify the time frame in which a generator will be provided to the home. In fact, the contract states that "availability of services and equipment shall be on a first-come, first-serve basis and Agility makes no representation or warranty with respect to the availability of equipment at any particular time". [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 residents are kept safe and secure during a loss of power until such time that a generator that can maintain all the required essential services in the home is connected, 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. (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 failed to ensure that a written record of the tests of the emergency plans and planned evacuation and of the changes made to improve the plans are maintained. This was evidenced by review of the home's written record of tests of the emergency plans. Changes made to improve the plans were missing from the documentation. Staff attendance and the title of the completed test was noted. [s. 230. (7)]

2. The licensee failed to ensure that test of emergency plans related to medical emergencies is completed annually. This was confirmed by review of the home's written record of tests of emergency plans for 2013 and 2014 to date. [s. 230. (7)]



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Issued on this 16th day of July, 2014

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

A handwritten signature in black ink, appearing to read "K. O'Neil" or similar, written in a cursive style.