



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 sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
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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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 12, 2014	2014_178102_0009	001233-13	Critical Incident System

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

KENTWOOD PARK
2 ONTARIO STREET, PICTON, ON, K0K-2T0

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

WENDY BERRY (102)

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**

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Loi de 2007 sur les foyers de
soins de longue durée**

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 19, 2014.

The home experienced a hydro outage on December 22, 2013. The home was without power for a period of approximately 7 hours, until a generator arrived on site.

During the course of the inspection, the inspector(s) spoke with the Administrator, several staff and several residents.

During the course of the inspection, the inspector(s) toured the home, reviewed documentation related to the critical incident, reviewed emergency plans.

**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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).
-

Findings/Faits saillants :

1. During the inspection of the home on February 19, 2014, it was identified that the resident staff communication and response system is not available in a dining room and an adjacent program/lounge space that are provided for resident use.

The lack of availability of the resident staff communication and response system in areas accessed by residents is a potential risk to the health, comfort, safety and well being of residents who may not be able to call or have calls placed for assistance by staff or visitors. [s. 17. (1) (e)]

Additional Required Actions:

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

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. (3) In developing the plans, the licensee shall,
(a) consult with the relevant community agencies, partner facilities and resources that will be involved in responding to the emergency; and O. Reg. 79/10, s. 230 (3).
(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community. O. Reg. 79/10, s. 230 (3).

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with,
 - i. fires,
 - ii. community disasters,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - vi. chemical spills,
 - vii. situations involving a missing resident, and
 - viii. loss of one or more essential services. O. Reg. 79/10, s. 230 (4).

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home. O. Reg. 79/10, s. 230 (4).

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency. O. Reg. 79/10, s. 230 (4).

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

1. Plan activation. O. Reg. 79/10, s. 230 (5).
2. Lines of authority. O. Reg. 79/10, s. 230 (5).
3. Communications plan. O. Reg. 79/10, s. 230 (5).
4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).



s. 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. O. Reg. 79/10, s. 230 (6).

s. 230. (8) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to emergencies. O. Reg. 79/10, s. 230 (8).

Findings/Faits saillants :

1. During the inspection at the home on February 19, 2014, a white binder labeled "The Omni Way Emergency Manual" was provided by staff for review by the inspector. Emergency codes were also observed to be referenced on a one page sheet that was posted on the volunteers' bulletin board.

The written emergency plans for the home do not reflect current arrangements or practices; for example: operation of the home during a power failure; emergency codes posted on the bulletin board do not all have corresponding plans in writing; etc. [s. 230. (2)]

2. Emergency plans do not identify or indicate that plans have been developed in consultation with relevant community agencies, partner facilities or resources that will be involved in responding to emergencies. [s. 230. (3)]

3. Emergency plans do not provide for the loss of one or more essential services i.e. loss of heat, loss of resident staff communication and response system, loss of safety systems. Plans are not identified for dealing with violent outbursts within the home; example: by a resident. Plans to deal with chemical spills are not identified, etc. A reference is made to the use of emergency codes, but the plans that are provided do not correspond to each of the identified codes. Loss of heat page I. D. 4.8. Identify sources of heat in the home: page is blank. Extended power failure- loss of utilities page I.D. 4.2: there is no identification of the access to a generator; what it will power and "who does what". [s. 230. (4) 1.]

4. The plans do not identify resources, supplies and equipment vital for emergency responses being set aside and readily available at the home. [s. 230. (4) 3.]

5. The emergency plans are not current in identifying or do not identify available community agencies, partner facilities and resources to be involved in responding to



emergencies. Template provided for the "Emergency Data Base for the Municipal Disaster Plan" is blank. [s. 230. (4) 4.]

6. The plans does not address plan activation, lines of authority, communication plan, specific staff roles and responsibilities for required emergency plans; for example: loss of power and process involved in obtaining the generator, etc [s. 230. (5)]

7. The plans have not been evaluated and updated annually. A sheet in the front of the emergency manual binder indicates that the emergency manual was reviewed in February 2013; however there is no identification of the evaluation or testing of any of the plans, other than a fire drill in December 2013. Information provided in a number of the sections of the manual is incomplete: Community Disaster plan page I D 9.2: template is blank. [s. 230. (6)]

8. Arrangements with community agencies, partner facilities and resources involved in responding to the emergencies are not kept current. Information from the Public Health department is dated 1999. A current fire plan is not provided. Evacuation site arrangements include an agreement with a now closed long term care home that is dated 2007; a bus transportation letter is dated 2010, other evacuation site letters are dated 2012. [s. 230. (8)]

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 that written emergency plans for the home include all required components and are developed in consultation with relevant community agencies, partner facilities and resources that will be involved in responding to the emergencies, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 19. Generators



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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 home has access to a generator; however, it was not on site and operational within 3 hours of a power outage that affected the home on Dec 22, 2013 at 02:15 am. Critical incident report #0893-000016-13 identifies that a generator is shared with a "sister" long term care home and that the generator did not arrive on site until 9am. [s. 19. (4)]

Issued on this 12th day of March, 2014

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

WENDY BERRY



Ministry of Health and
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Ministère de la Santé et
des Soins de longue durée

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*

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_0009

Log No. /
Registre no: 001233-13

Type of Inspection /
Genre
d'inspection: Critical Incident System

Report Date(s) /
Date(s) du Rapport : Mar 12, 2014

Licensee /
Titulaire de permis : OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12,
PETERBOROUGH, ON, K9K-2M9

LTC Home /
Foyer de SLD : KENTWOOD PARK
2 ONTARIO STREET, PICTON, ON, K0K-2T0

Name of Administrator /
Nom de l'administratrice
ou de l'administrateur : TINA COLE

To OMNI HEALTH CARE 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

Ministère de la Santé et
des Soins de longue durée

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

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

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

The licensee will ensure that the resident staff communication and response system is available in every area accessible to residents.

Grounds / Motifs :



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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*

1. During the inspection of the home on February 19, 2014, it was identified that the resident staff communication and response system is not available in a dining room and an adjacent program/lounge space that are provided for resident use.

The lack of availability of the resident staff communication and response system in areas accessed by residents is a potential risk to the health, comfort, safety and well being of residents who may not be able to call or have calls placed for assistance by staff or visitors.

(102)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 30, 2014



Ministry of Health and
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Ministère de la Santé et
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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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



**Ministry of Health and
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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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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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.



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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, 11^e 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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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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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.hsarb.on.ca.

Issued on this 12th day of March, 2014

Signature of Inspector /

Signature de l'inspecteur :

WENDY BERRY

Name of Inspector /

Nom de l'inspecteur :

WENDY BERRY

Service Area Office /

Bureau régional de services : Ottawa Service Area Office