



**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  
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Performance Improvement and  
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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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 5, 2014	2014_357101_0013	T-453-14	Critical Incident System

#### **Licensee/Titulaire de permis**

KRISTUS DARZS LATVIAN HOME  
11290 Pine Valley Drive, Woodbridge, ON, L4L-1A6

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

KRISTUS DARZS LATVIAN HOME  
11290 Pine Valley Drive, Woodbridge, ON, L4L-1A6

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

AMANDA WILLIAMS (101)

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

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

**This inspection was conducted on the following date(s): April 29, 2014**

**During the course of the inspection, the inspector(s) spoke with The Executive Director.**

**During the course of the inspection, the inspector(s) reviewed the home's emergency plans, documentation of tests completed of emergency plans, and reviewed the home's summary of actions taken during the December 21, 2013 ice storm in which the home lost power for an extended period of time.**

**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. 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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1. The home does not have guaranteed access to a generator within three hours of a power loss that can maintain the required essential services in the home as demonstrated December 21, 2013 when the home lost power for a period of 113 hours (i.e. 4 days and 17 hours). The home's on-site generator did not maintain all required essential services. [s. 19. (4)]

2. The home's on-site generator does not maintain the following essential services in the home as confirmed by the Executive Director:

- heat, and
- a fridge/freezer (dietary services equipment to store food at safe temperatures). [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 that the home has guaranteed access to a generator within three hours of a power loss and that in the interim steps are taken to ensure residents are maintained in a safe and secure environment, to be implemented voluntarily.***

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



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**Specifically failed to comply with the following:**

**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. (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).**

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**Findings/Faits saillants :**



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1. The licensee has failed to ensure that the emergency plans for the home are evaluated and updated at least annually.

The emergency plans have not been evaluated and updated since February 2012 as confirmed by the Executive Director. [s. 230. (6)]

2. The licensee has failed to ensure that:

- test of emergency plans related to situations involving a missing resident, medical emergencies and violent outbursts are completed on an annual basis, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency;
- test of all other emergency plans (i.e. community disasters, bomb threat, chemical spills) are completed at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency; and
- a written record is kept of the testing of the above noted emergency plans and of the changes made to improve the plans.

The home has not tested the above noted emergency plans on an annual basis or every 3 years and a written record kept of the test and of the changes made to improve the plans as confirmed by the Executive Director and documentation review. [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 to ensure that emergency plans related to loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts are tested on an annual basis and all other emergency plans are test at least once every three years so that staff are aware of measures to take in these situations, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 92. Designated lead — housekeeping, laundry, maintenance**



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**Specifically failed to comply with the following:**

- s. 92. (2) The designated lead must have,**
- (a) a post-secondary degree or diploma; O. Reg. 79/10, s. 92 (2).**
  - (b) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and O. Reg. 79/10, s. 92 (2).**
  - (c) a minimum of two years experience in a managerial or supervisory capacity. O. Reg. 79/10, s. 92 (2).**
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**Findings/Faits saillants :**

1. The home has not have a qualified designated lead for housekeeping, laundry and maintenance services since February 4, 2014. The home is in the process of interviewing and recruiting for the position. In the interim the Executive Director and maintenance staff are performing the duties of the designated lead in housekeeping, laundry and maintenance although they do not qualify for the position. [s. 92. (2)]
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**Issued on this 8th day of May, 2014**

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

A handwritten signature in black ink, appearing to read "D. Williams", written in a cursive style within a rectangular box.