



**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
Oct 10, 2014	2014_357101_0041	T-168-14	Critical Incident System

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT
LP
302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - ST GEORGE
225 ST. GEORGE STREET, TORONTO, ON, M5R-2M2

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): September 16, 2014 (on-site); September 18, 29 and 30, 2014 (off-site).

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

During the course of the inspection, the inspector(s) reviewed the home's emergency plans policies and procedures, documented tests of those plans as well as the home's generator contract.

**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 :



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1. The licensee has failed to ensure that the home has guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain the heating system, emergency lighting in hallways, corridors, stairways and exits and essential services required in the legislation.

This was demonstrated December 27, 2013 when the home lost power for a period of ~2 hours. The home's on-site generator provides enough power to maintain the emergency lighting in the home only. This was confirmed by the Environmental Services Manager and the Administrator. It was noted the power was restored to the home within 2 hours and an off-site generator arrived at the home ~ 4 hours following the power outage in case the outage extended beyond the 2 hours or re-occurred. [s. 19. (4)]

2. The home does not have guaranteed access to a generator that will be operational within 3 hours of a power outage that can maintain the home's essential services as outlined in legislation 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 maintains 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 has failed to ensure that Medical Emergency (Code Blue) emergency plan is tested annually. This was evidenced by record review and confirmation by the Administrator that this plan was not tested in 2013. [s. 230. (7)]

2. The licensee failed to ensure that the following emergency plans have been tested once every 3 years since the inception of the Act in 2010:

- community disasters
- chemical spills.

This was evidenced by record review and confirmation by the Administrator. [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 the required emergency plans are tested annually and once every 3 years and that a written record is kept of the test and of the changes made to improve the plans, to be implemented voluntarily.



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Issued on this 10th day of October, 2014

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

A handwritten signature in black ink, appearing to read "André Allis".