



**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 13, 2015	2015_346133_0015	O-001770-15	Critical Incident System

Licensee/Titulaire de permis

MARIANHILL INC.
600 CECELIA STREET PEMBROKE ON K8A 7Z3

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

MARIANHILL NURSING HOME
600 CECELIA STREET PEMBROKE ON K8A 7Z3

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

JESSICA LAPENSEE (133)

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): May 7th, 8th, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Director of Building Services, and a resident.

The inspector reviewed a Critical Incident Report submitted to the Ministry of Health and Long Term Care, related to a fire in the home's elevator mechanical room, in February 2015. The Administrator, the Director of Building Services and the inspector toured the building in order to observe affected areas and evacuation routes. The inspector reviewed elevator maintenance log books and an inspection report, dated March 27th, 2015, from the Technical Standards and Safety Authority. As well, the inspector reviewed the home's written emergency plans.

**The following Inspection Protocols were used during this inspection:
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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).	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. 230. Emergency plans

Specifically failed to comply with the following:

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. (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).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 230 (4) 1. viii. in that the licensee has failed to ensure that the emergency plans provide for dealing with the loss of one or more essential services.

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

As per O. Reg. 79/10, s. 19 (1), essential services include the following: dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system, elevators and life support, safety and emergency equipment. As well, the heating system has been deemed an essential service in the winter.

On May 7th, 2015, Inspector #133 reviewed all of the home's written emergency plans, as found on the home's intranet, in the "Fire and Disaster" section of the Marianhill Policies and Procedures manual. In addition, at the request of the Administrator, the inspector conducted numerous word searches of the Policies and Procedures manual, using key words relating to essential services. The inspector did not find any emergency



plans that provide for dealing with the loss of essential services. It is acknowledged that the code brown plan alludes to the loss of heat, and loss of water, however the plan does not provide for dealing with the loss of heat or water. The plan only provides for dealing with an internal chemical spill (non flammable vs flammable), and a breakdown of communication equipment.

Following the inspector's review of the emergency plans, the Administrator and the Director of Care confirmed there were no other plans to be reviewed. It was noted that the home uses the incident command system to respond to emergencies, and has adopted the standard emergency response codes (ie black, blue, brown, green, grey, orange, purple, white and yellow). The standard emergency code system does not provide for dealing with the loss of essential services, except for if the loss eventually led to the need to evacuate the home, which is covered by code green. [s. 230. (4) 1.]

2. The licensee has failed to comply with O. Reg. 79/10, s. 230 (6) in that the licensee has failed to ensure that the emergency plans for the home are evaluated and updated at least annually.

On May 7th, 2015, the home's Administrator explained that the home's Environmental Services Committee (ESC) is responsible for the development and ongoing review and updating of the home's emergency plans. The Administrator provided the inspector with a binder containing all of the emergency plans, and it was noted that there were no dates on the plans. The Administrator indicated that relevant dates (ie. creation dates, review and revision dates) would only be seen on the online version of the plans. Inspector #133 was given access to one of the home's computers and was logged into the home's intranet by the Director of Care (DOC), in order to allow for a review of the most current emergency plans, found within the "Fire and Disaster" section of the Marianhill Policies and Procedures manual. The "Fire and Disaster" section was comprised of the following sub sections: air exclusion, code red, floor plans, incident command, introduction and other codes. Each policy within each subsection had a red or green circle to the left of it, indicating if the policy had been reviewed within the last year. Each policy had a "last review" date and a "next review date" to the right of it. The vast majority of the policies had a red circle to the left, a "last review" date of 08/01/2013, and a "next review" date of 8/1/2014. There were 3 exceptions, which had a green circle to the left, and had been reviewed within the last year. The three exceptions are as follows: air exclusion policy within the air exclusion section (last review date 4/24/2015, next review date 4/1/2016), the emergency fan out list within the fan out lists section (last review date 11/5/2014, next review date 11/18/2015), and #6 job action – sector leader – nursing manager/RN within



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the incident command section (created 11/05/2014, review date 11/5/2015).

On May 8th, 2015, Inspector #133 spoke with the DOC about the review dates, as she is a member of the home's ESC. The DOC confirmed that the red dot to the left of a policy reflects that the policy has not been reviewed by the required date, and the "next review date" reflects when the policy should have been last reviewed. The DOC explained that the ESC meets quarterly, that review of the emergency plans is always on the agenda, but competing priorities had prevented the committee from conducting the required annual review of the emergency plans in 2014. [s. 230. (6)]

Issued on this 13th day of May, 2015

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

Original report signed by the inspector.