



**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**

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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**

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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
Aug 30, 2013	2013_204133_0020	O-000572- 13	Critical Incident System

Licensee/Titulaire de permis

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE
1750 Russell Road, OTTAWA, ON, K1G-5Z6

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

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE
1750 RUSSELL ROAD, OTTAWA, ON, K1G-5Z6

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

JESSICA LAPENSEE (133)

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): August 13, 15, 16 - 2013

This inspection was conducted concurrent to Follow Up inspection #2013_204133_0021, Log # O-000213-13.

During the course of the inspection, the inspector(s) spoke with the Chief of Resident Care, the Chief Financial Officer, the Director of Support services, the Manager of Support Services, the Improvement Performance Consultant, a RAI RPN, members of the dietary services department, a physiotherapist and a non registered nursing staff member.

During the course of the inspection, the inspector(s) Reviewed Critical Incident Report #C595-000053-13, observed the laundry chemical dispensing area and system within the soiled laundry production area (within the Perley Center) and reviewed emergency plans in place at the time of the inspection.

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	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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

2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an 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. (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



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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 :



This inspection was in response to a Critical Incident, reported to the Ministry of Health and Long Term Care, by the home's Director of Support Services, that occurred on a day in June 2013. In summary, a series of unlikely events occurred and as a result, some diesel fuel vapors (related to the generator) and chlorine gas vapors (related to the laundry) entered the Perley Center ventilation system and surrounding areas. The Perley Center was consequently evacuated and local emergency responders attended the site. As reported, 3 residents who were in the Perley Center at the time were returned to their care units, and they were unaffected by the incident. The incident occurred, as reported, in the evening, and therefore there were not as many residents within the Perley Center as there may typically be during the day time. The resident care units were not affected by this incident, the Perley Center ventilation system is not connected with the ventilation systems within each of the 3 buildings (i.e. Rideau, Gatineau and Ottawa buildings).

1. The licensee has failed to comply with O. Reg. 79/10, s.230. (4)1.ii. in that the licensee has failed to ensure that there is an emergency plan in place that provides for dealing with community disasters. During the inspection, on August 13th 2013, the home's Performance Improvement Consultant (PIC) confirmed to the inspector that such an emergency plan has not yet been developed by the Emergency Planning Committee. [s. 230. (4) 1.]

2. The licensee has failed to comply with O. Reg. 79/10, s.230. (4) 2. in that the licensee has failed to ensure that the emergency plan in place, at the time of the inspection, that provides for dealing with evacuation of the home, includes a system to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents in case of an emergency. The plan, titled "Evacuation Procedures", dated 2006-03-17, outlines a system to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents from a care unit to another care unit within the home. The plan does not detail a system to account for the whereabouts of all residents in the event it is necessary to evacuate and relocate residents to the outside of the home or to another facility. The plan does not address the possible necessity to evacuate and relocate residents from the Perley Center. [s. 230. (4) 2.]

3. The licensee has failed to comply with O. Reg. 79/10, s.230. (5) in that the emergency plan that provides for dealing with evacuation of the home does not address the following components: plan activation, lines of authority, communication



plan, and specific staff roles and responsibilities. The plan in place at the time of the inspection that provides for dealing with evacuation of the home, titled "Evacuation Procedures", dated 2006-03-17, was reviewed by the inspector and found not to fully address the 4 components noted above. It is noted that the plan does speak to the role of the care unit "Code Red" person for each shift and the role of the Registered Nurse with "Red Vest" responsibilities. [s. 230. (5)]

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

The emergency plan in place at the time of the inspection that provides for dealing with evacuation of the home, titled "Evacuation Procedures", dated 2006-03-17, was discussed with the PIC who confirmed this plan has not been evaluated and updated annually. The PIC informed the inspector that the Emergency Planning Committee, which is chaired by the PIC, has begun preliminary work on evaluating and updating the evacuation plan.

The emergency plans in place at the time of the inspection that provide for dealing with the loss of essential services, titled "Power Failure", "Water Supply – Distribution of Services", "Natural Gas/Steam Supply – Disruption of Services", "Domestic Hot Water – Disruption of Services", "Nurse Call System", "Fire Alarm System Failure", "Elevator Failure" and "Access Control System failure", are all dated December 21, 1999. No evidence was provided to the inspector to support that these plans have been evaluated and updated annually. During the inspection, on August 13th 2013, the PIC provided the inspector with a final draft copy of a new emergency plan that has been created to provide for dealing with loss of essential services, titled "Code Grey (Loss of Essential Services)". The PIC informed the inspector this will go for final discussion with the Emergency Planning Committee at the next meeting, scheduled for August 27th 2013. It is noted that this final draft plan does not provide for dealing with a loss of the heating system and all of the essential services described in O. Reg. 79/10, s.19(1).

During the inspection, on August 15th 2013, the home's Manager of Support Services (MSS) provided the inspector with a final draft of a new emergency plan that provides for dealing with a chemical spill, titled "Chemical Spills (Code Brown)". The MSS indicated that this policy would go for discussion with the Emergency Measures



Committee, next meeting scheduled for August 27th 2013. During the inspection, at a debriefing meeting, the Director of Support Services (DSS) made reference to older existing emergency plans that are based on specific chemicals. There was no evidence provided to the inspector to support that those plans have been evaluated and updated annually. It is noted that the DSS stated that the home's Joint Health and Safety Committee has reviewed those plans annually as they relate to staff health and safety. The referenced plans were not provided to the inspector for review. [s. 230. (6)]

5. The licensee has failed to comply with O. Reg. 79/10, s. 230. (7) a. in that the licensee has failed to ensure that the emergency plans related to loss of essential services, including the arrangements with the community agencies, partner facilities and resources that may be involved in responding to the emergency, have been tested on an annual basis. During the inspection, on August 13th 2013, the PIC confirmed to the inspector that the emergency plans related to loss of essential services have not been tested within the last year.

The licensee has failed to comply with O. Reg. 79/10, s.230. (7) b. in that the licensee has failed to ensure that emergency plans related to bomb threats, including the arrangements with the community agencies, partner facilities and resources that may be involved in responding to the emergency, have been tested at least once every 3 years. During the inspection, the PIC confirmed to the inspector that the emergency plan which provides for dealing with bomb threats has not been tested within the last 3 years.

The licensee has failed to comply with O. Reg. 79/10. S.230. (7) d. in that the licensee has failed to ensure that a written record of a planned evacuation (which is required every 3 years), and of the changes made to improve the evacuation plan as a result, has been maintained . While the inspector was informed by the PIC that a planned evacuation was conducted in December 2011, there is no written record of the planned evacuation and of changes made to improve the evacuation plan as a result. Meeting minutes and other documentation was provided to the inspector, by the PIC, which make reference to a Partial Code Green (evacuation) exercise conducted during the day shift in the Rideau building, in December 2011. [s. 230. (7)]



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Issued on this 30th day of August, 2013

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

Jessica Lapensee