



**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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**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>
Jun 12, 2014	2014_178102_0029	O-000240- 14	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**

WEST LAKE TERRACE  
1673 COUNTY ROAD, 12, R. R. #1, PICTON, ON, K0K-2T0

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

WENDY BERRY (102)

**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 30, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Maintenance Supervisor, several staff.**

**During the course of the inspection, the inspector(s) checked the availability and set up of the generator to provide back up power to the home; reviewed the emergency plans; checked the security system on a stairway door; reviewed a critical incident report related to a power outage; observed the availability of the resident staff communication and response system in a resident lounge.**

**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. 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).

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**Findings/Faits saillants :**

1. The resident staff communication and response system is not available in every area accessible by residents:
- common areas including the residents' lounge across from room 109.
  - it was verbally identified by staff that the resident staff communication and response system is also not available in at least 2 other resident use communal areas within the home.

The lack of availability of the resident staff communication and response system is a potential risk to the health, safety and well-being of residents. Visitors, staff or residents are not able to quickly and easily indicate that assistance is required in the identified locations. [s. 17. (1) (e)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**



Specifically failed to comply with the following:

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**

**i. kept closed and locked,**

**ii. equipped with a door access control system that is kept on at all times, and**

**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system,**

**or**

**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**

**O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency. O. Reg. 79/10, s. 9. (1).**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).**

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#### **Findings/Faits saillants :**

1. The resident accessible door leading from the main floor corridor to the basement level is not equipped with:

1. an audible door alarm that allows calls to only be canceled at the point of activation; and

2. is not connected to an audio visual enunciator at the closest nursing station, with a manual reset switch at the door. [s. 9. (1)]



***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 all resident accessible doors leading to stairways and non secure areas outside of the home are equipped with required safety systems, to be implemented voluntarily.***

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**WN #3: 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. (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 :**



1. The emergency plans for the home do not identify a current plan in writing related to loss of power; including the availability and use of a generator at West lake terrace. [s. 230. (2)]

2. In developing the emergency plans, there is no indication or evidence that the licensee has consulted with relevant community agencies and resources. [s. 230. (3)]

3. Emergency plans do not provide for dealing with a number of emergencies that may specifically affect West Lake Terrace, including loss of essential services. [s. 230. (4) 1.]

4. Resources, supplies and equipment vital for emergency responses are not identified. [s. 230. (4) 3.]

5. Community agencies and resources involved in responding to emergencies at West lake Terrace are not identified; for example: public health, municipality, regional. [s. 230. (4) 4.]

6. Emergency plans do not address required components; for example: loss of hydro does not identify the use of the generator that has now been provided at the site: plan activation, lines of authority, communications plan, specific staff roles and responsibilities in a power outage. [s. 230. (5)]

7. There was no evidence to support that the emergency plans for West Lake Terrace are evaluated and updated at least annually. Emergency contact information had been updated. [s. 230. (6)]

8. This was not fully reviewed. There was no evidence to support that specified emergency plans are tested on an annual basis. [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 written emergency plans for the home are current, relevant to the home and include all required components, including testing of the plans as specified, to be implemented voluntarily.***

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**WN #4: 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).**

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**Findings/Faits saillants :**

1. A mobile generator with a quick connect switch is stored in a trailer at West Lake Terrace LTC home. The generator is intended to be shared with the licensee's other LTC homes.

During a power outage commencing December 21, 2013, the generator was connected to the home within 3 hours of the power outage. While still experiencing a power failure on December 22, 2013 the generator was disconnected at 07:30 and was relocated to another LTC home which had also been without hydro. At 14:30 the generator was returned to West Lake Terrace LTC home and was subsequently reconnected due to the continuing power outage.

Everything required to be powered by a generator within 3 hours of a power outage under clause (1) (a), (b) and (c), was not maintained by a generator for the duration of the power outage.

The emergency lighting, the heating system and essential services were not maintained by a generator during the power outage after the onsite generator was disconnected while the home was still in a continuing power outage.. [s. 19. (4)]



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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.**

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**Findings/Faits saillants :**

1. Critical Incident Report (CIR) # 0997-000011-13 identifies that a power outage affected the home on December 21 and 22, 2013. During the outage on December 22, the generator in use at the home was stopped and sent to another home that was without power.

The CIR identifies that the air temperature in West Lake Terrace was 19.1 degrees during the day on December 22, 2013, prior to the restoration of generator power to the heating system.

A minimum air temperature of 22 degrees Celsius was not maintained in the home. [s. 21.]

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**Issued on this 12th day of June, 2014**

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