



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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		Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection March 24, 25 2011	Inspection No/ d'inspection 2011_102_2117_23Mar165621	Type of Inspection/Genre d'inspection Critical Incident Log # O-000342	
Licensee/Titulaire Extendicare Toronto Inc., a subsidiary of Extendicare (Canada) Inc. 3000 Steeles Avenue East, Suite 700 Markham, Ontario L3R 9W2 Fax # 905 470 5588			
Long-Term Care Home/Foyer de soins de longue durée Extendicare Scarborough 3830 Lawrence Avenue east Scarborough, Ontario M1G 1R6 Fax # 416 439 4818			
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)			
Inspection Summary/Sommaire d'inspection			



The purpose of this inspection was to conduct a critical incident inspection related to an Environmental Hazard.

During the course of the inspection, the inspector spoke with: the Acting Administrator, Director of Care, Assistant Director of Care, Support Services Manager, maintenance person.

During the course of the inspection, the inspector: entered mechanical rooms on the lower and 1st floors; toured the 1st floor; entered a number of 1st and 2nd floor resident rooms; reviewed maintenance logs; reviewed the preventative maintenance program; reviewed reports from an HVAC (heating ventilation and air conditioning) contractor; reviewed water temperature logs; reviewed HVAC service records; reviewed inspection reports from Enbridge and TSSA (Technical Standards and Safety Authority); reviewed Resident Council meeting minutes for February 2011. During the inspection, privacy curtains were identified to be insufficient in a number of residents' bedrooms that are equipped with ceiling lifts.

The following Inspection Protocols were used in part or in whole during this inspection: Safe and Secure Home; Accommodation Services-Maintenance.

Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN
2 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

Findings:

1. Sufficient privacy curtains to provide privacy are not provided in several bedrooms on the 1st floor that are equipped with ceiling lifts and are each occupied by more than one resident: rooms 101, 110, 127. Each of the identified rooms contains 2 beds.

Inspector ID #: 102



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 bedrooms that are occupied by more than one resident have sufficient privacy curtains to provide privacy, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with The Long Term Care Homes Act, S.O. 2007, c. 8, S. 15 (2) Every licensee of a long-term care home shall ensure that, (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

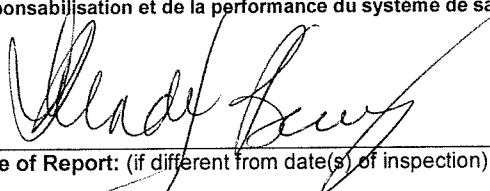
Findings:

1. On February 11, 2011, four of five gas fired boilers were shut down by order of a Fuels Safety Inspector. TSSA FS Inspection Report, Inspection Report # 3239124.
2. RBI heating boiler #2 in the boiler room on ground level on the north side of the building was identified by the Fuel Safety Inspector as producing high levels of carbon monoxide that were being drawn back into the building through an air intake. The boiler was shut down and left off by TSSA as a result of its operation creating a hazard.
3. 3 boilers located in the basement level mechanical room in the south end of the building were also shut down by the Fuels safety Inspector due to venting not installed according to CSA code, venting severely corroded and showing evidence of heavy condensation.
4. On February 11, 2011, 2 residents of Extencicare Scarborough were sent to hospital and were determined to have had carbon monoxide exposure.
5. The identified boilers were not maintained in a safe condition and in a good state of repair.

Inspector ID #: 102

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 equipment is maintained in a safe condition and in a good state of repair and that the preventative maintenance program for all heating, ventilation, air conditioning and hot water supply equipment is reflective of the equipment needs and manufacturers' specifications for the equipment in the home, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection). April 11, 2011	