



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

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Mar 24, 2014, 2014\_189120\_0020, H-000128-14, Critical Incident System

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

GARDEN CITY MANOR
168 Scott Street, St. Catharines, ON, L2N-1H2

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

BERNADETTE SUSNIK (120)

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): January 23, 2014

During the course of the inspection, the inspector(s) spoke with the Director of Care, registered and non-registered staff.

During the course of the inspection, the inspector(s) toured several home areas and reviewed the home's emergency plans for loss of essential services.

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



Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<p>Legend</p> <p>WN – Written Notification            VPC – Voluntary Plan of Correction            DR – Director Referral            CO – Compliance Order            WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit            VPC – Plan de redressement volontaire            DR – Aiguillage au directeur            CO – Ordre de conformité            WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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 home did not have guaranteed access to a generator that was operational within 3 hours of a power outage that occurred on December 23, 2013 and that could maintain the heating system, emergency lighting in corridors, stairways and exits and essential services including:

- \* dietary services equipment required to store food at safe temperatures (hot and cold) and prepare meals
- \* the resident-staff communication and response system,
- \* elevator
- \* safety and emergency equipment (door locking mechanisms, fire safety equipment etc)

The home lost electrical power between 2:30 a.m. and 8:15 a.m. on December 23, 2013 due to a winter storm. The home was confirmed to have used 3 portable generators to keep their refrigerators operational in the main kitchen, however none of the other required essential services were operational. The home is classified as a "C" facility and is not required to have a full capacity generator of their own and on site at all times until December 31, 2016. However, the home was required to ensure that all essential services remained operational within 3 hours of a power outage for the duration of the power outage. This was not the case as confirmed by information submitted by the home on December 23, 2013 and in speaking with several staff members at the home during the inspection who were present during the power outage.

The home has a contract with a generator supplier which can deliver a generator to the site, if road conditions, weather and equipment supplies are not impacted. The decision was made at the time of the outage to forgo contacting the supplier as the home's hydro supplier identified that the power would be restored at approximately 7:00 a.m. According to staff, residents were not negatively impacted by the outage as it occurred throughout the night while most residents slept. [s. 19(4)]



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***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 home has guaranteed access to a generator that is operational within 3 hours of a power outage and that can maintain the required essential services, to be implemented voluntarily.***

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**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. (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).**

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**Findings/Faits saillants :**



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1. The emergency plans, specifically the plans related to a loss of essential services did not address the following components:

Lines of authority  
Communications plan  
Specific staff roles and responsibilities

The plan identified as "EPM-J-20" dated September 2011 dealing with a loss of hydro, identifies when the plan is to be activated, offers some directives but fails to meet other key components.

Directives in the plan do not specify who will give the directive and who will conduct the tasks outlined (lines of authority). The plan does not address who will communicate to whom and how regarding various issues. Only a brief mention is made of communications under point #5 regarding the front desk and relaying emergency codes and critical messages. The plan fails to identify home specific tasks. As an example, point #2 of the plan states that emergency lighting will be turned on automatically to illuminate stairwells, corridors and common areas. This was not the case on Dec. 23, 2013 when a winter storm caused a local area power outage for 5.5 hours. During the power outage, no lighting was available in the corridors or common areas. Exits were illuminated for a total of 2 hours by battery power and then remained off for the duration of the outage. The plan is out of date and does not identify the current generator supplier. [s. 230(5)]

***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 emergency plans related to a loss of essential services addresses the required components, to be implemented voluntarily.***



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Issued on this 24th day of March, 2014

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

B. Sosnik