

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 performance du système de santé Direction de l'amélioration de la performance et de la conformité Hamilton Service Area Office 119 King Street West, 11th Floor HAMILTON, ON, L8P-4Y7 Telephone: (905) 546-8294 Facsimile: (905) 546-8255 Bureau régional de services de Hamilton 119, rue King Ouest, 11iém étage HAMILTON, ON, L8P-4Y7 Téléphone: (905) 546-8294 Télécopieur: (905) 546-8255

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	•	Type of Inspection / Genre d'inspection
May 28, 2014	2014_189120_0031	H-000519- 13	Follow up

Licensee/Titulaire de permis

VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR 302 Town Centre Blvd, Suite #200, MARKHAM, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - MISSISSAUGA 2250 HURONTARIO STREET, MISSISSAUGA, ON, L5B-1M8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 14, 2014

An inspection was previously conducted on August 13, 2013 at which time an Order was issued for failure to provide a generator within 3 hours of a power outage that could operate all essential services (heat, elevator, refrigeration and food preparation equipment). For this inspection, the Order stands with an extended compliance date.

During the course of the inspection, the inspector(s) spoke with the environmental services supervisor regarding emergency contingency plans and the availability of a generator with a capacity to operate all essential services during a power outage.

During the course of the inspection, the inspector(s) reviewed the home's generator supplier contract and loss of hydro contingency plans and observed the electrical panel room.

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

Findings of Non-Compliance were found during this inspection.



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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. 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 licensee did not have guaranteed access to a generator that would be operational within 3 hours of a power outage and that could operate essential services such as an elevator, heat, refrigeration and food preparation equipment.

The City of Mississauga was affected by a rain storm beginning 5:30 p.m. on July 8, 2013 causing a wide area power outage. The home lost power and was without heating, refrigeration, elevators and food processing equipment for 10 hours. A portable generator was available to operate other essential services such as the emergency lighting, door security systems, resident-staff communication and response system and fire safety equipment for the duration of the outage. The management and staff of the home were able to mitigate risks to the residents as no harm was reported. During an inspection on August 13, 2013 (2013-189120-0053), the administrator reported that they had an arrangement with a generator company that could provide access to a generator which could supply the necessary power to operate the services required under clauses 1(a),(b)and(c), however one was not ordered on July 8, 2013 due to the unpredictability of the length of the power outage. An Order was therefore issued.

For this follow-up visit, the licensee did not comply with the Order made on August 13, 2013. The home had not experienced a power outage since July 8, 2013 and therefore compliance could not be verified to determine if a generator was made available within 3 hours of an outage and that could operate all essential services. Secondly, the licensee could not provide adequate documentation that specified that they had guaranteed access to a generator that would be operational within three hours of a power outage. The agreement the home acquired from the generator supplier identified that "the availability of equipment is on a first-come first-serve basis and cannot warranty the availability of equipment at any particular time". Based on the scope of the non-compliance, the potential risk to residents should a generator not be operational within three hours of a power outage, and the compliance history (original conditions of the order were not met), an Order is warranted with an extended compliance date.

[s.19(4)]

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. 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. (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).

Findings/Faits saillants:

1. The home's emergency plans did not provide for dealing with loss of one or more essential services such as elevators.

The home is equipped with 2 elevators, 4 floors, 237 residents and over 50 staff. The elevators were heavily used to transport residents from the various floors down to the main floor dining room, 3 times per day. More than 80% of the residents were dependent on a wheelchair or walker and were not able to use the stairs. During the power outage on July 8, 2013, the elevators were not functional and approximately 40 residents became stranded on the main floor and had to spend the night in the dining room. Residents on the other floors were also stranded in that they could not leave their floor if necessary. The home did not have any contingency plans to address how residents, supplies, equipment, linens and foods would be transported within the home when elevators ceased to function either due to mechanical reasons or due to a power loss.



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Discussions were held separately with the Director of Care on May 20, 2014 and the Environmental Services Supervisor on May 21, 2014 by telephone. Both confirmed that emergency plans for loss of essential services were being amended corporately and were not available for review. They were asked to provide verbally what contingency plans they had in place in the event that their elevators ceased to function. Both reported that the management had purchased 60 stretchers which could be used to transport mattresses down stairs while a resident is strapped on top of the mattress. These "evacusleds" remain positioned under the mattresses on resident beds until needed. However, these stretchers are not ideal for use in situations when a resident needs assistance up and down stairs during times when evacuation is not necessary. The home did not have any other contingencies in place. [s. 230(4)1]

- 2. The home's emergency plans did not address the following components:
- 1. Plan activation
- 2. Lines of authority
- 3. Communications plan.

The home's emergency plans for loss of hydro provides specific staff roles and responsibilities but the other components were missing or were very vague. The plans, according to management staff, were being amended corporately and the updated plans were not available for review at the time of inspection. [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 deal with the loss of elevator service and that the emergency plans address components related to plan activation, lines of authority and communications, to be implemented voluntarily.



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Issued on this 2nd day of June, 2014

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



Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the Long-Term Care
Homes Act, 2007, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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

Name of Inspector (ID #) /

Nom de l'inspecteur (No): BERNADETTE SUSNIK (120)

Inspection No. /

No de l'inspection : 2014_189120_0031

Log No. /

Registre no: H-000519-13

Type of Inspection /

Genre Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : May 28, 2014

Licensee /

Titulaire de permis : VIGOUR LIMITED PARTNERSHIP ON BEHALF OF

VIGOUR

302 Town Centre Blvd, Suite #200, MARKHAM, ON,

L3R-0E8

LTC Home /

Foyer de SLD: LEISUREWORLD CAREGIVING CENTRE -

MISSISSAUGA

2250 HURONTARIO STREET, MISSISSAUGA, ON,

L5B-1M8

Name of Administrator / Nom de l'administratrice

ou de l'administrateur : GARY BUTT



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007, S.O. 2007, c.8*

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

To VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR, you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act*, 2007, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

Order # / Order Type /

Ordre no: 001 Genre d'ordre: Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /

Lien vers ordre 2013_189120_0053, CO #001;

existant:

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre:

The licensee shall ensure that a generator is made available and operational within 3 hours of a power outage that can maintain everything required under clauses (1) (a), (b) and (c).

Grounds / Motifs:



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act*, 2007, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

1. The licensee did not have guaranteed access to a generator that would be operational within 3 hours of a power outage and that could operate essential services such as an elevator, heat, refrigeration and food preparation equipment.

The City of Mississauga was affected by a rain storm beginning 5:30 p.m. on July 8, 2013 causing a wide area power outage. The home lost power and was without heating, refrigeration, elevators and food processing equipment for 10 hours. A portable generator was available to operate other essential services such as the emergency lighting, door security systems, resident-staff communication and response system and fire safety equipment for the duration of the outage. The management and staff of the home were able to mitigate risks to the residents as no harm was reported. During an inspection on August 13, 2013 (2013-189120-0053), the administrator reported that they had an arrangement with a generator company that could provide access to a generator which could supply the necessary power to operate the services required under clauses 1(a),(b)and(c), however one was not ordered on July 8, 2013 due to the unpredictability of the length of the power outage. An Order was therefore issued.

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Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le :

May 29, 2015



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act*, 2007, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director c/o Appeals Coordinator Performance Improvement and Compliance Branch Ministry of Health and Long-Term Care 1075 Bay Street, 11th Floor TORONTO, ON M5S-2B1

Fax: 416-327-7603



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar 151 Bloor Street West 9th Floor Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvemen

Performance Improvement and Compliance

Branch

Ministry of Health and Long-Term Care

1075 Bay Street, 11th Floor

TORONTO, ON

M5S-2B1

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act*, 2007, S.O. 2007, c.8

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Ordre(s) de l'inspecteur

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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur a/s Coordinateur des appels Direction de l'amélioration de la performance et de la conformité Ministère de la Santé et des Soins de longue durée 1075, rue Bay, 11e étage Ontario, ON M5S-2B1

Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act*, 2007, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire Commission d'appel et de révision des services de santé 151, rue Bloor Ouest, 9e étage Toronto (Ontario) M5S 2T5 Directeur a/s Coordinateur des appels Direction de l'amélioration de la performance et de la conformité Ministère de la Santé et des Soins de longue durée 1075, rue Bay, 11e étage

Ontario, ON M5S-2B1

Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 28th day of May, 2014

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office