



**Ministry of Health and  
Long-Term Care**

**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  
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### **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>
May 7, 2014	2014_357101_0015	T-452-14	Critical Incident System

#### **Licensee/Titulaire de permis**

EXTENDICARE SOUTHWESTERN ONTARIO INC  
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE BAYVIEW  
550 CUMMER AVENUE, NORTH YORK, ON, M2K-2M2

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

AMANDA WILLIAMS (101)

#### **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): May 1, 2014.**

**During the course of the inspection, the inspector(s) spoke with the Administrator and the Environmental Manager.**

**During the course of the inspection, the inspector(s) reviewed the home's emergency plans and documentation of the home's completion of tests of the emergency plans.**

**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>	
<b>Legend</b>	<b>Legendé</b>
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. 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 has failed to ensure the home has guaranteed access to a generator within three hours of a power outage as demonstrated on December 21, 2013, when the home lost power for a period of 17 hours (December 21, 2013 at 10 p.m. to December 22, 2013, at 3 p.m.) before a generator was present and connected to the home. During the 17 hour time frame, the home was unable to maintain any of the required essential services in the home. [s. 19. (4)]

2. Record review identified the home's contract with Robertson Bright Inc. (RBI, a generator supply company), that does not guarantee the home access to a generator within three hours of a power outage. [s. 19. (4)]

***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 within three hours of a power loss, and in the interim, steps are taken to ensure residents are maintained in a safe and secure environment, 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**



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**Specifically failed to comply with the following:**

**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 licensee has failed to update their emergency plans at least annually as confirmed by the Administrator and Environmental Manager and documentation review. It was also noted that the emergency plans present in the home were not home specific to give clear direction to staff in cases of emergencies. [s. 230. (6)]
2. The licensee has failed to test the following emergency plans a) on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; or b) maintained a record of the test of the emergency plans including the changes made to improve the plans:
  - situations involving a missing resident,
  - medical emergencies, and
  - violent outbursts. [s. 230. (7)]
3. The licensee has failed to test the following emergency plans a) at least once every three years, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; or b) maintained a record of the test of the emergency plans including the changes made to improve the plans:
  - bomb threat,
  - chemical spill, and
  - community disaster. [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 emergency plans related to loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts are tested on an annual basis and all other emergency plans are test at least once every three years so that staff are aware of measures to take in these situations, to be implemented voluntarily.***

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**Issued on this 8th day of May, 2014**

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

A handwritten signature in black ink, appearing to read "J. O'Neil", written in a cursive style.