

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée****Sudbury Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 16, 2021	2021_899609_0002	009246-21	Complaint

Licensee/Titulaire de permis**Board of Management for the District of Nipissing West
100 Michaud Street Sturgeon Falls ON P2B 2Z4****Long-Term Care Home/Foyer de soins de longue durée****Au Chateau
100 Michaud Street Sturgeon Falls ON P2B 2Z4****Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs****CHAD CAMPS (609), RYAN GOODMURPHY (638)**

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 28-30 and July 5-9, 2021.

The following intake was completed during this Complaint Inspection:

One intake related to a complaint about air temperature documentation in the home.

A Critical Incident System (CIS) Inspection #2021_899609_0003 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with residents, the Administrator, Director of Care (DOC), Environmental Services Manager (ESM), Public Health Nurses (PHNs), Infection Prevention and Control (IPAC) Lead, Administrative Assistants, Behavioural Supports Ontario (BSO) Lead, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Activity Aides, Housekeepers, and Screeners.

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff and resident interactions, reviewed relevant health care records, internal investigation notes, training records, temperature logs, Human Resources (HR) files, as well as the home's relevant policies and procedures.

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

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<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>Légende</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. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

- 1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).**
- 2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).**
- 3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).**

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the air temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home as well as documented in every designated cooling area and one resident common area on every floor of the home.

On June 29, 2021, the Environmental Services Manager (ESM) was unable to provide documentation of any air temperatures in resident rooms, designated cooling or common areas. The home's Hot Weather policy did not identify that resident rooms required air temperature monitoring or documentation. The policy did not identify that the air temperatures in common and cooling areas needed to be documented. The ESM verified that the home did not have a process in place for monitoring and documenting air temperatures in resident rooms.

The home's failure to ensure that air temperatures were monitored in at least two resident bedrooms as well as not documented in every cooling area and at least one common area on every floor of the home presented minimal risk to residents.

Sources: Interviews with the ESM and the home's policy titled "Nursing- Hot Weather Related Illness Prevention and Management" Index – H-070 last revised July 2020. [s. 21. (2)]

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2. The licensee has failed to ensure that the air temperature in at least two resident rooms in different areas of the home, every designated cooling area and one common area on every floor of the home was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

On June 29, 2021, the Environmental Services Manager (ESM) indicated that the home did not have a process for documenting the air temperatures in the home three times per day. The ESM indicated that they would now be developing a process to ensure that the air temperature of at least two resident rooms were documented by staff while a common area on each of the home's three floors and every designated cooling area would be documented by the home's digital system and exported to a file for the ESM to review.

The home's failure to ensure that air temperatures were monitored at least three times per day presented minimal risk to residents.

Sources: Sources: Interviews with the ESM and the home's policy titled "Nursing- Hot Weather Related Illness Prevention and Management" Index – H-070 last revised July 2020. [s. 21. (3)]

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 the air temperature is measured and documented in writing in at least two resident bedrooms in different parts of the home, documented in every designated cooling area and one resident common area on every floor of the home at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.

Issued on this 9th day of August, 2021

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

Original report signed by the inspector.