

**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**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 9, 2021	2021_505103_0005	013556-21, 013657-21	Complaint

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**Licensee/Titulaire de permis**

Belcrest Nursing Homes Limited  
250 Bridge Street West Belleville ON K8P 5N3

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

Belmont Long Term Care Facility  
250 Bridge Street West Belleville ON K8P 5N3

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

DARLENE MURPHY (103)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): September 1-2, 7-8, 2021.**

**Log #013556-21 and Log #013657-21-complaints related to air temperature.**

**During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurses (RPN), a Registered Nurse (RN), the Infection Prevention and Control lead (IPAC), the Director of Care (DOC) and the Administrator.**

**During the course of the inspection, the inspector reviewed resident health care records, the home's documented air temperature records, applicable policies related to infection prevention and control and heat related illness and made observations related to resident care.**

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

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

**3 WN(s)**

**3 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home is a safe and secure environment for residents.

As per Directive #3 for Long-Term Care Homes, under the Long-Term Care Homes Act, 2007, staff are required to comply with universal masking at all times, even when they are not delivering direct patient care, including in administrative areas. Masks must not be removed when staff are in contact with residents and/or in designated resident areas.

This inspector observed a PSW exiting a resident room with their mask positioned below their chin. The PSW walked down the hallway past residents and staff members to dispose of garbage. Thirty-five minutes later, the same PSW was seen with their mask positioned below their chin while transporting a resident in a wheelchair through the hallway and into the dining area that had approximately twenty-five residents present. Approximately one hour later, the same PSW was summoned to assist in repositioning a resident in their wheelchair. The PSW's mask remained below their chin while providing this assistance.

Discussion was held with the IPAC lead who acknowledged they had previously identified and corrected this PSW for the improper wearing of their mask. The IPAC lead indicated additional education would be provided. Improper use of personal protective equipment increases the risk of virus transmission to residents and staff members.

Sources: Inspector observations, Directive #3 (July 16/21) and interview with IPAC lead. [s. 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 staff comply with Directive #3 regarding universal masking at all times during contact with residents and/or in designated resident areas, to be implemented voluntarily.***

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**WN #2: 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).**

**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:**

**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).**

**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:**

**3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure air temperatures were measured and documented in at least two resident bedrooms in different parts of the home.

The home's air temperature logs were reviewed and there were dates whereby at least two resident bedrooms in different parts of the home were not measured and documented. The Administrator was able to confirm the missing dates. [s. 21. (2) 1.]

2. The licensee has failed to ensure that air temperatures were measured and documented in one resident common area on every floor of the home.

During a review of the home's air temperature logs, there were dates whereby at least one resident common area on every floor of the home did not have the air temperature measured and documented. The Administrator was able to confirm the missing dates. [s. 21. (2) 2.]

3. The licensee has failed to ensure that air temperature was measured and documented in every designated cooling area.

The home's air conditioning unit on the Green Acres resident unit is not functioning and is awaiting repair. The Administrator indicated the dining area on the Green Acres unit is a designated cooling area while awaiting the repairs to the air conditioning. During a review of the air temperature logs, there were dates noted whereby the air temperatures were not measured and documented in this designated cooling area.

When steps are not taken to measure and document the air temperatures in the specified areas of the home during the required time frames, it places risk on resident comfort and safety.

Sources: Air temperature records, interview with Administrator. [s. 21. (2) 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 to ensure 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.***
- 2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.***
- 3. Every designated cooling area, if there are any in the home, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. Staff failed to participate in the implementation of the infection prevention and control program related to sanitizing resident's hands before and after meals.

Observations were made of three resident dining areas. Staff failed to assist residents with hand sanitizing prior to and upon completion of the meal service.

The IPAC lead indicated it is a part of the home's infection prevention and control program for staff to assist residents with hand sanitizing before and after meals. The IPAC lead further indicated they had previously identified this omission and continue to complete audits, provide staff education and have posted signage at the entrance of each dining room as a reminder. Failing to complete hand hygiene before and after meals increases the risk of virus transmission among residents and staff.

Sources: Dining observations on Green Acres, Belcrest and Streamway resident units, interview with IPAC lead. [s. 229. (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 staff assist residents with hand sanitizing before and after meals, to be implemented voluntarily.***

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Issued on this 10th day of September, 2021

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

**Original report signed by the inspector.**