



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 26, 2018	2018_646618_0003	029661-17, 000501-18	Complaint

Licensee/Titulaire de permis

CVH (No. 1) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H 5L8

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

CRAIGLEE NURSING HOME
102 CRAIGLEE DRIVE SCARBOROUGH ON M1N 2M7

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

CECILIA FULTON (618)

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): This inspection was conducted on January 18, 19, 22, and 23, 2018.

This inspection was conducted to inspect complaints found in log #'s 029211-17 and # 000501-18 and Critical Incident Report (CIR) #2503-000031-17, related to cold indoor air temperatures in the month of December 2017.

During the course of the inspection, the inspector(s) spoke with The Administrator, the Social Worker/Assistant Administrator, the acting Environmental Services Manager, Maintenance staff, Personal Support workers and Residents.

During the course of this inspection, the inspector made observations of air temperature in all areas of the home and observed residents with particular attention to their attire related to the homes air temperature.

**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)

0 VPC(s)

1 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>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. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Findings/Faits saillants :

1. The Licensee has failed to ensure that the temperature in the home was maintained at a minimum of 22 degrees Celsius.

This inspection is initiated to inspect complaint intakes # 029211-17 and # 000501-18, as well as Critical Incident #2503-00031-17, regarding the home experiencing a loss of heat



in December 2017.

Review of the heat record logs reveal that the air temperature was monitored and recorded in this log. The log has documentation of all home areas in December 2017 on all the days except: December 2,3,9,10,16,17,18, 22,24,25,27 and 30 2017. According to the Environmental Services Manager (ESM), the temperatures are only monitored and recorded on the dates when Maintenance staff are on site and that no monitoring is conducted on the other days.

Review of the log revealed the following temperatures below 22 degrees. (all temperatures in Celsius)

December 7, 2018.

- First Floor, east hall temperature was 21.1 degrees.
- Second floor, west hall temperature was 21.1 degrees.
- Third floor dining room was 3.3 degrees and in the centre, the east and west halls were 7.2 degrees.

December 19, 2018.

- First floor, centre hall temperature was 20 degrees.
- Second floor dining room was 15.7 degrees, centre hall was 20.2 degrees and the west hall was 19.3 degrees.
- Third floor dining room was 17.4, centre hall was 16.6, east hall was 15.7 degrees and the west hall was 11.1 degrees.

December 20, 2018.

- Third floor dining room was 21.0, east hall was 20.7 degrees and the west hall was 21.2 degrees.

December 21, 2018.

- First floor, dining room was 20.5 degrees, centre hall was 18.1 degrees, east hall was 16.0 degrees and the west hall was 21.2 degrees.
- Second floor dining room was 16.2 degrees, centre hall was 20.6 degrees, east hall was 21.5 degrees and west hall was 20.2 degrees.
- Third floor dining room was 17.3, centre hall was 19.0 degrees, east hall was 18.0 degrees and the west hall was 20.1 degrees.

December 23, 2018.



- First floor, dining room 20.5 degrees, east hall was 16.8 degrees and the west hall was 21.7 degrees.
- Second floor dining room was 21.2 degrees, centre hall was 21 degrees, east hall was 21.8 degrees and the west hall was 18.0 degrees.
- Third floor dining room was 20.1, east hall was 17.3 and the west hall was 20.3 degrees.

December 26, 2018.

- First floor, dining room 18.2 degrees, centre hall was 19.7 degrees, east hall was 17.9 degrees and the west hall was 21 degrees.
- Second floor dining room was 16.5 degrees, centre hall was 20.6 degrees, east hall was 20.9 degrees and the west hall was 17.5 degrees.
- Third floor dining room was 17.6 degrees, centre hall was 20.1 degrees, east hall was 19.7 degrees and the west hall was 16.9 degrees.

December 28, 2018.

- First floor, dining room 9.4 degrees, centre hall was 15.7 degrees, east hall was 16.6 degrees and the west hall was 16.2 degrees.
- Second floor dining room was 20.5 degrees, centre hall was 14.9 degrees, east hall was 19.8 degrees and the west hall was 11.5 degrees.
- Third floor dining room was 18 degrees, centre hall was 11.4 degrees, east hall was 11.2 degrees and the west hall was 15.1 degrees.

December 29, 2018

- First floor, dining room 17.1 degrees, centre hall was 18.8 degrees, east hall was 18.2 degrees and the west hall was 14.3 degrees.
- Second floor dining room was 15 degrees, centre hall was 15.5 degrees, east hall was 17.7 degrees and the west hall was 18.8 degrees.
- Third floor dining room was 15.5 degrees, centre hall was 17.2 degrees, east hall was 16.6 degrees and the west hall was 17.7 degrees.

Review of the home's document found in the Maintenance Binder and titled "The Daily Work Routine", Tab 3 (2016), identifies that at the beginning of each shift, maintenance staff are to check the following and take action if required to correct problems and that the temperatures inside the building are suitable. Instruction provided in this document state that "In winter, temperatures must exceed 72 degree Fahrenheit or 21 degrees Celsius".



Review of the 24 hour nursing reports revealed that on December 26th and 27th 2017, there was documentation regarding some residents being provided heaters.

Interview with PSWs #106, 103 and 104 revealed that there was a problem with the temperature in December 2017, however exact dates could not be recalled.

PSW #106 stated that there were blankets available for residents and that many families provided extra blankets and some brought in heaters.

PSWs # 103 and 104 stated that there was a shortage of blankets and that many families provided extra blankets and some brought in heaters.

The Social Worker/Assistant Administrator (staff #102), revealed that when they entered the home on December 28, 2017, they were immediately aware that the home felt cold. Staff #102 revealed that there were blankets available and that they purchased several heaters on December 28, 2017, which were distributed where needed. Staff #102 revealed that they had not been made aware of the temperature issue prior to entering the building on December 28, 2017.

Three residents were interviewed and revealed that it had recently been cold in the building. They were not able to identify any dates. Two of the residents said they were provided extra blankets, and one of these residents stated they had been provided a flannel instead of a blanket because there were no blankets.

Interview with Maintenance staff #107 revealed that it is one of their duties to monitor and record the temperature on the days that they are working and when they observe a temperature that is not within the required range, they would trouble-shoot the problem and report it to their supervisor. Review of the heat log with staff #107 confirmed that they had been the one who recorded the identified low temperatures and they recalled that they were aware that the air temperature of the home felt cold. They revealed that they had shared that information with their manager

Interview with the acting Environmental Services Manager (ESM) revealed that there were problems related to the heating system and that the third party Heating Ventilation Air Conditioning (HVAC) service provider was in the building to attend to the matter on December 13, 14, 15, 19, 22, 28 and 29, 2017.

Review of the heat log with the Administrator confirmed that there were many



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temperatures recorded in the month of December which did not meet the minimum required temperature of 22 degrees Celsius. [s. 21.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 6th day of March, 2018

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

Original report signed by the inspector.



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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

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

**Long-Term Care Homes Division
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**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CECILIA FULTON (618)

Inspection No. /

No de l'inspection : 2018_646618_0003

Log No. /

No de registre : 029661-17, 000501-18

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Feb 26, 2018

Licensee /

Titulaire de permis : CVH (No. 1) LP
766 Hespeler Road, Suite 301, c/o Southbridge Care
Homes, CAMBRIDGE, ON, N3H-5L8

LTC Home /

Foyer de SLD : CRAIGLEE NURSING HOME
102 CRAIGLEE DRIVE, SCARBOROUGH, ON,
M1N-2M7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Patrick Brown

To CVH (No. 1) LP, 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*

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
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Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10. S. 21.

Specifically, the licensee shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

Within 30 days of receiving this order the Licensee shall ensure that they review their current written protocols related to temperature monitoring and ensure that the protocols accurately reflects the requirements of the legislation for acceptable air temperature.

1. Establishment of trouble-shooting steps to perform when getting temperature readings that are unexpected or do not meet the requirement.
2. Establishment of a reporting channel and direction for reporting when air temperature issues are identified.
3. Establishment of daily roles and responsibilities for all staff involved in the monitoring of air temperatures.

Within 15 days of development of these protocols, communicate the updated protocols to all staff and maintain a record of who received the updates, the method in which they were informed, and the date(s) they were informed.

Grounds / Motifs :

1. The Licensee has failed to ensure that the temperature in the home was maintained at a minimum of 22 degrees Celsius.

This inspection is initiated to inspect complaint intakes # 029211-17 and # 000501-18, as well as Critical Incident #2503-00031-17, regarding the home experiencing a loss of heat in December 2017.

Review of the heat record logs reveal that the air temperature was monitored and recorded in this log. The log has documentation of all home areas in December 2017 on all the days except: December 2,3,9,10,16,17,18, 22,24,25,27 and 30 2017. According to the Environmental Services Manager (ESM), the temperatures are only monitored and recorded on the dates when Maintenance staff are on site and that no monitoring is conducted on the other days.

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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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**Ministère de la Santé et
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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 of the heat log with the Administrator confirmed that there were many temperatures recorded in the month of December which did not meet the minimum required temperature of 22 degrees Celsius.

The severity of the non-compliance and the severity of the harm were minimal/potential risk. The scope of the non-compliance was widespread. A review of the compliance history revealed that there was an unrelated Written Notification (WM) and Voluntary plan of Correction (VPC) issued in inspection #2015_357101_0003 dated Feb 9, 2015 related to the Long-Term Care Homes Act, 2007. (618) (618)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 30, 2018



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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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Pursuant to section 153 and/or
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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
Long-Term Care Inspections 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.



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RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 26th day of February, 2018

**Signature of Inspector /
Signature de l'inspecteur :**



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

**Ministère de la Santé et
des Soins de longue durée**

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*

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*

Name of Inspector /

Nom de l'inspecteur :

Cecilia Fulton

Service Area Office /

Bureau régional de services : Toronto Service Area Office