



**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**

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

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

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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
Aug 28, 2018	2018_626501_0012	017537-18	Resident Quality Inspection

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

SUSAN SEMEREDY (501), JOANNE ZAHUR (589), STELLA NG (507a)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): July 16, 17, 18, 19, 20, 23, 24, 25, 26, 27, 30, 31, August 1, 2, 3, 7, 2018.

This inspection was conducted concurrently with inspection #2018_630589_0009.

The following intakes were inspected:

004758-18 Follow up related to air temperature

006817-18 (CIS #2503-000005-18) related to infection prevention and control

007919-18 (CIS #2503-000009-18) related to infection prevention and control

001522-18 complaint related to infection prevention and control

016180-17 complaint related to air temperature

017754-18 complaint related to air temperature

004690-18 complaint related to pest control and housekeeping services

010618-18 complaint related to housekeeping

010921-18 complaint related to medication incident and continence care and bowel management.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Office Manager (OM), Environmental Manager (EM), Nurse Managers, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), housekeeping aides, physiotherapist assistant, maintenance worker, family members, residents and substitute decision-makers.

During the course of the inspection, the inspectors observed staff and resident interactions and the provision of care, and reviewed health records, temperature logs, posted inspections, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Continence Care and Bowel Management

Dignity, Choice and Privacy

Infection Prevention and Control

Medication

Minimizing of Restraining

Residents' Council

Safe and Secure Home



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

4 WN(s)

3 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 21.	CO #001	2018_646618_0003		501

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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :



1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licence that the licensee shall comply with every order made under this Act.

On February 28, 2018, compliance order (CO) #001, from inspection #2018_646618_0003 was made under O.Reg. 79/10 s.21:

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.

The compliance date was March 30, 2018.

On July 25, 2018, the Daily Work Routine for maintenance was reviewed and met the requirement to ensure the protocols accurately reflects the legislation for acceptable air temperature. The licensee failed to complete steps 1, 2 and 3, and communicate the updated protocols to all staff.

Review of the schedule of responsible staff to take and document the air temperature indicated that during the day shift maintenance is to take air temperatures and during the night shift the nurse manager is to take air temperatures. The evening shift had no one listed to take the air temperatures. Air temperatures below 22 degrees Celsius and above



26 degrees Celsius were to be reported immediately to the Administrator or designate. There was no date on the schedule sheet to indicate when this protocol was developed. However, a review of nursing logs indicated that the nursing manager was to complete the log weekdays on evenings and nights and on weekends during days, evenings and nights.

During interviews with maintenance worker #117 on July 23 and 30, 2018, they stated that they take the air temperatures when they are on duty in the early morning around 0730 hours. If the air temperature is below 22 degrees Celsius, they report to their supervisor. As the home has been without an Environmental Manager (EM), the maintenance worker stated they were not sure who they should report low air temperatures to. The maintenance worker stated that they usually try to trouble shoot the problem by checking thermostats and turning up the heat. Both the maintenance worker and the Office Manager (OM) indicated that in the absence of an EM, they would contact the home's Heating, Ventilation and Air-Conditioning contractor.

Review of air temperature logs taken by maintenance from April 1 to July 24, 2018, indicated that air temperatures were taken most days except for some weekends. Review of air temperature logs taken by nursing indicated that for some days the air temperatures were taken twice while for other days the air temperature was taken once. There was a period of time between July 10 and 19, 2018, when no air temperatures were taken. On July 10, 14 and 15, 2018, maintenance was not in the building and had not taken air temperatures either. Air temperatures taken by maintenance were in dining rooms and hallways whereas the air temperatures taken by nursing were in dining rooms and outside specific resident rooms. Both logs had low air temperatures at 21.3 and 20.8 degrees Celsius on April 16, 2018. According to maintenance worker #117, they immediately told the EM and the heat was turned up. Review of nursing air temperature logs for the period June 28 to July 7, 2018, indicated air temperatures were above 26 degrees Celsius in many areas of the home with the highest air temperature being 30.6 degrees Celsius on July 3, 2018, on an identified floor and room.

Review of an education attendance record dated March 7, 2018, titled "how to use thermometer and take temperatures" presented by maintenance worker #117 indicated there were two RNs in attendance, one who was RN #120, and the other was an identified evening RN. During an interview with the OM, they confirmed that there was no description of what the above education comprised of. There was no indication whether the education included a reporting channel and direction for reporting when air temperature issues arise or daily roles and responsibilities for all staff involved in the

monitoring of air temperatures.

During an interview with RN #119 on July 26, 2018, they stated that they received training on how to take air temperatures and believed that evening and night nurses were to take air temperatures. RN #119 was not listed to have received the in-service training on how to take air temperatures on the attendance record. RN #119 stated that they would consider a low air temperature to be 19 or 20 degrees Celsius and a high air temperature to be 29 or 30 Celsius and would report these to the incoming morning RN who would report to the EM and would also write on the 24 hour shift report/census under building concerns. RN #119 stated they would never call maintenance, the EM, or the on call manager during the night for air temperature.

During an interview with RN #120 on July 26, 2018, they stated they received training on how to use the new thermometer. It was documented that RN #120 attended the education on how to take temperatures. They stated they would report high or low air temperatures by calling the EM. According to RN #120, a high air temperature would be 27 degrees Celsius and was not sure what a low air temperature would be but, thought it was on a sheet somewhere. RN #120 recalled reporting a high air temperature sometime in June to the DOC.

During an interview with nurse manager #109, they were unable to show if evening or night registered nurses have any instructions or guidelines for reporting abnormal air temperatures which they thought would be attached to their log sheets. During an interview with DOC #100, they indicated that they thought registered staff were to call the EM during the night if air temperatures were low but admitted that it is not clearly stated anywhere what their roles and responsibilities are.

During an interview with the Administrator #120 on July 31, 2018, they stated they were unaware of the sheet of paper titled "schedule of responsible staff to take and document the air temperature" where it indicated that air temperatures below 22 degrees Celsius and above 26 degrees Celsius were to be reported immediately to the Administrator or designate. According to the Administrator, their designate is the EM and nursing should report low air temperatures before they leave to the EM or on the 24 hour shift/census report. The Administrator indicated air temperatures would be taken more frequently during the cold months but not that frequently during the warmer months. As well, the Administrator expected nursing to call them or the EM immediately if it was a weekend and air temperatures were abnormal. The Administrator could not produce any document or written protocol that gave such specific directions for weekends and cold months.



During a follow up interview on August 1, 2018, the Administrator #120 stated that part of the education of taking air temperatures that was provided included reporting to maintenance if air temperatures were below 22 degrees Celsius. Maintenance would then report to the EM who would then contact the HVAC contractor. The Administrator could not produce any documentation that these directions were part of the training and indicated that part of the problem was that the home for a period of time did not have an EM. The Administrator confirmed that because the Inspector had brought to their attention discrepancies in their actions, it was evident that clear protocols had not been developed and communicated to staff as was stipulated in the compliance order. [s. 101. (3)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).



Findings/Faits saillants :

1. The licensee has failed to ensure that the resident's right to have his or her personal health information within the meaning of the Personal Health Promotion Protection Act, 2004 kept confidential in accordance with that Act was fully respected and promoted.

On July 16, 2018, the Inspector observed licensee inspection report #2017_632502_0019 was among the public reports in the Ministry Communication binder located in the lobby.

Record review of the above mentioned inspection report indicated the identified report contained personal health information, and it was confirmed through an interview with the Director of Care #100. [s. 3. (1) 11. iv.]

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 resident's right to have his or her personal health information within the meaning of the Personal Health Promotion Protection Act, 2004 kept confidential in accordance with that Act is fully respected and promoted, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :



1. The licensee had failed to ensure that no drug was used by or administered to a resident in the home unless the drug had been prescribed for the resident.

The Ministry of Health and Long Term Care (MOHLTC) received a complaint related to a medication error. The complaint indicated that on an identified date resident #016 had been administered a drug by an identified registered staff that had not been prescribed for them. The complainant voiced concerns in the complaint related to potential interactions and adverse reactions with existing prescribed medications for resident #016.

A review of resident #016's documentation notes indicated they had not experienced any adverse reactions.

In an interview, DOC #100 stated that medications for residents #016 and resident #021 had been prepared at the same time, that the registered staff had been distracted and when returned to the medication cart picked up the incorrect medication cup and administered to resident #016 without completing the eight rights of medication administration.

A review of the home's investigation notes verified the sequence of events as described by the DOC.

The identified registered staff involved in this incident was not interviewed as they were no longer employed by the long-term care home (LTCH).

In an interview, DOC #100 verified that the home had failed to ensure that no drug was administered to a resident in the home unless the drug had been prescribed for the resident. [s. 131. (1)]



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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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.

WN #4: 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. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

Review of a complaint intake indicated that a family member of resident #020 was concerned that the home was not following infection prevention and control protocols. During an interview with resident #020's family member, they stated that the resident was diagnosed with an identified infection while in the hospital during an identified time. Upon return to the home they were told by the physician that isolation was not necessary. The family remained confused as to whether the resident was contagious and needed to be isolated.

Review of resident #020's medical record indicated the resident was sent to the hospital for an identified time period. According to a progress note made by RPN #116 the resident was positive for the identified contagious infection. According to another progress note, on the same day, the resident was screened for the identified contagious infection.

A further progress note on an identified date, indicated that the physician discontinued isolation precautions. Another note, on the same day, indicated that swab results were still pending. Laboratory (lab) results that the home documented as received on an identified date, indicated that swabs were negative for the contagious infection. There were no further lab results until a few months later.

Review of the home's policy #IC-05-01-03 titled states that in order to discontinue precautions for the identified contagious infection, staff are to take three cultures at least one week apart or as directed by your local public health authority. Contact precautions can only be discontinued after three consecutive negative samples.

During an interview with PSW #107, they stated they were confused about what precautions to take when resident #020 returned from the hospital. During an interview with RPN #116, they admitted they were unaware about the infection prevention and control practice of obtaining three negative swabs for the identified contagious infection to discontinue precautions. RPN #116 stated they have since been re-educated.

During an interview with the DOC #100, they confirmed that the home did not follow their policy and get three negative swabs for resident #020 until it was brought to their attention a few months later. [s. 229. (4)]



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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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 13th day of September, 2018

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

Original report signed by the inspector.



**Ministry of Health and
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**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

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

**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) : SUSAN SEMEREDY (501), JOANNE ZAHUR (589),
STELLA NG (507a)

Inspection No. /

No de l'inspection : 2018_626501_0012

Log No. /

No de registre : 017537-18

Type of Inspection /

Genre d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Aug 28, 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:



**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*

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Order / Ordre :

The licensee must be compliant with LTCHA, 2007 S.O. 2007, c.8, s. 101.

Specifically the licensee must comply with the following requirement of the LTCHA: it is a condition of every licensee that the licensee shall comply with every order made under this Act.

The licensee shall develop written protocols for the management of air temperatures within the home which must include but may not be limited to:

1. Acceptable air temperature ranges
2. Identify who will be responsible to measure daily air temperatures whether maintenance is in the home or not
3. Identify specific hours of the day when air temperatures are to be taken
4. The use of identified tools the staff are to use to measure daily air temperatures including humidex readings during the summer
5. The use of log sheets that indicate how air temperatures are to be documented and also indicates specific home areas and resident rooms where air temperatures are to be taken
6. Actions staff are to take when air temperatures are not within acceptable air temperature ranges which should include: specifically who is to report, when they are to report, what they are to report and who to report to, using an identified means of communication
7. Actions that those receiving reports of unacceptable air temperatures are to take including trouble shooting steps and when the home's Heating, Ventilation and Air-Conditioning contractor is to be notified
8. Indicate if protocols are specific for cold or hot weather and what months the home considers such protocols relevant.

Education and training of these protocols must be provided to all those involved with measuring and receiving of air temperatures which would include a written acknowledgement of having received and understood these protocols. The home must keep documentation of when this training occurred, what exactly it comprised of and acknowledgements from those in attendance.

Grounds / Motifs :

1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licence that the licensee shall comply with every order made under this Act.

On February 28, 2018, compliance order (CO) #001, from inspection

#2018_646618_0003 was made under O.Reg. 79/10 s.21:

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.

The compliance date was March 30, 2018.

On July 25, 2018, the Daily Work Routine for maintenance was reviewed and met the requirement to ensure the protocols accurately reflects the legislation for acceptable air temperature. The licensee failed to complete steps 1, 2 and 3, and communicate the updated protocols to all staff.

Review of the schedule of responsible staff to take and document the air temperature indicated that during the day shift maintenance is to take air temperatures and during the night shift the nurse manager is to take air temperatures. The evening shift had no one listed to take the air temperatures. Air temperatures below 22 degrees Celsius and above 26 degrees Celsius were to be reported immediately to the Administrator or designate. There was no date on the schedule sheet to indicate when this protocol was developed. However, a review of nursing logs indicated that the nursing manager was to complete the log weekdays on evenings and nights and on weekends during days, evenings

and nights.

During interviews with maintenance worker #117 on July 23 and 30, 2018, they stated that they take the air temperatures when they are on duty in the early morning around 0730 hours. If the air temperature is below 22 degrees Celsius, they report to their supervisor. As the home has been without an Environmental Manager, the maintenance worker stated they were not sure who they should report low air temperatures to. The maintenance worker stated that they usually try to trouble shoot the problem by checking thermostats and turning up the heat. Both the maintenance worker and the Office Manager (OM) indicated that in the absence of an EM, they would contact the home's Heating, Ventilation and Air-Conditioning contractor.

Review of air temperature logs taken by maintenance from April 1 to July 24, 2018, indicated that air temperatures were taken most days except for some weekends. Review of air temperature logs taken by nursing indicated that for some days the air temperatures were taken twice while for other days the air temperature was taken once. There was a period of time between July 10 and 19, 2018, when no air temperatures were taken. On July 10, 14 and 15, 2018, maintenance was not in the building and had not taken air temperatures either. Air temperatures taken by maintenance were in dining rooms and hallways whereas the air temperatures taken by nursing were in dining rooms and outside specific resident rooms. Both logs had low air temperatures at 21.3 and 20.8 degrees Celsius on April 16, 2018. According to maintenance worker #117, they immediately told the EM and the heat was turned up. Review of nursing air temperature logs for the period June 28 to July 7, 2018, indicated air temperatures were above 26 degrees Celsius in many areas of the home with the highest air temperature being 30.6 degrees Celsius on July 3, 2018, on an identified floor and room.

Review of an education attendance record dated March 7, 2018, titled "how to use thermometer and take temperatures" presented by maintenance worker #117 indicated there were two RNs in attendance, one who was RN #120, and the other was an identified evening RN. During an interview with the OM, they confirmed that there was no description of what the above education comprised of. There was no indication whether the education included a reporting channel and direction for reporting when air temperature issues arise or daily roles and responsibilities for all staff involved in the monitoring of air temperatures.

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*

During an interview with RN #119 on July 26, 2018, they stated that they received training on how to take air temperatures and believed that evening and night nurses were to take air temperatures. RN #119 was not listed to have received the in-service training on how to take air temperatures on the attendance record. RN #119 stated that they would consider a low air temperature to be 19 or 20 degrees Celsius and a high air temperature to be 29 or 30 Celsius and would report these to the incoming morning RN who would report to the EM and would also write on the 24 hour shift report/census under building concerns. RN #119 stated they would never call maintenance, the EM, or the on call manager during the night for air temperature.

During an interview with RN #120 on July 26, 2018, they stated they received training on how to use the new thermometer. It was documented that RN #120 attended the education on how to take temperatures. They stated they would report high or low air temperatures by calling the EM. According to RN #120, a high air temperature would be 27 degrees Celsius and was not sure what a low air temperature would be but, thought it was on a sheet somewhere. RN #120 recalled reporting a high air temperature sometime in June to the DOC.

During an interview with nurse manager #109, they were unable to show if evening or night registered nurses have any instructions or guidelines for reporting abnormal air temperatures which they thought would be attached to their log sheets. During an interview with DOC #100, they indicated that they thought registered staff were to call the EM during the night if air temperatures were low but admitted that it is not clearly stated anywhere what their roles and responsibilities are.

During an interview with the Administrator #120 on July 31, 2018, they stated they were unaware of the sheet of paper titled "schedule of responsible staff to take and document the air temperature" where it indicated that air temperatures below 22 degrees Celsius and above 26 degrees Celsius were to be reported immediately to the Administrator or designate. According to the Administrator, their designate is the EM and nursing should report low air temperatures before they leave to the EM or on the 24 hour shift/census report. The Administrator indicated air temperatures would be taken more frequently during the cold months but not that frequently during the warmer months. As well, the Administrator expected nursing to call them or the EM immediately if it was a weekend and air temperatures were abnormal. The Administrator could not produce any document or written protocol that gave such specific directions for



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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

weekends and cold months.

During a follow up interview on August 1, 2018, the Administrator #120 stated that part of the education of taking air temperatures that was provided included reporting to maintenance if air temperatures were below 22 degrees Celsius. Maintenance would then report to the EM who would then contact the HVAC contractor. The Administrator could not produce any documentation that these directions were part of the training and indicated that part of the problem was that the home for a period of time did not have an EM. The Administrator confirmed that because the Inspector had brought to their attention discrepancies in their actions, it was evident that clear protocols had not been developed and communicated to staff as was stipulated in the compliance order.

The severity of this issue was determined to be a level 2 as there was minimal/potential harm to the residents. The scope of the issue was a level 3 as it was widespread affecting all residents of the home. Compliance history was a level 3 as there was related non-compliance that included:

- Compliance order (CO) made under s.21 of the Regulations, February 28, 2018, (#2018_646618_0003) with a compliance date of March 30, 2018.
(501)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 05, 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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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, 11^e 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 28th day of August, 2018

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



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Name of Inspector /

Susan Semeredy

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Toronto Service Area Office