

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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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Jun 10, 2021	2021_714673_0008 (A1) (Appeal\Dir#: n/a)	003784-21	Follow up

Licensee/Titulaire de permis

City of Toronto
Seniors Services and Long-Term Care (Union Station) c/o 55 John Street Toronto ON
M5V 3C6

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

Cummer Lodge
205 Cummer Avenue North York ON M2M 2E8

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

Amended by BABITHA SHANMUGANANDAPALA (673) - (A1)(Appeal\Dir#: n/a)

Amended Inspection Summary/Résumé de l'inspection modifié

Amending WN #1 to reflect the correct legislative reference - O.Reg. 79/10, s. 20.1 (1.1)

Issued on this 10th day of June, 2021 (A1)(Appeal\Dir#: n/a)

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

Original report signed by the inspector.

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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 21, 25, and 26, 2021.

The following intake was completed in this Follow up inspection:

- Log #003784-21, related to abuse prevention.

During the course of the inspection, the inspector(s) spoke with Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Director of Care (DOC), Assistant Director of Care (ADOC), Nurse Managers (NM), Technicians, Acting Custodian, Infection Prevention and Control (IPAC) Lead, Building Services Manager, Recreation Assistant, Residents, and Family Members.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home**

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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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 # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2021_650565_0003	673

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 20. Cooling requirements

Specifically failed to comply with the following:

s. 20. (1.2) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices. O. Reg. 79/10, s. 20 (1.2).

s. 20. (1.3) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,
(a) any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day; and O. Reg. 79/10, s. 20 (1.3).
(b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 21 (2) and (3) reaches 26 degrees Celsius or above, for the remainder of the day and the following day. O. Reg. 79/10, s. 20 (1.3).

Findings/Faits saillants :

(A1)(Appeal/Dir# n/a)

1. The licensee has failed to ensure that the heat related illness prevention and management plan for the home was evaluated and updated, at a minimum, annually in accordance with evidence-based practices.

The home identified the following two policies as being part of their heat related illness prevention and management plan:

-Policy titled Hot/Cold Weather Alert Response, #RC-0158-14, Section 05-Resident Planning Process; published January 7, 2015

-Policy titled Heatstroke, #EM-0607-00, Section 06-Internal Disaster, published January 1, 2019

The policies did not contain all of the required provisions under O. Reg. 79/10, s. 20. 1 (1), and had not been revised since publication. The DOC indicated that if they had been evaluated and/or revised since their publication as the dates of the evaluation and/or revision would be noted in the policies.

Sources: Policy titled Hot/Cold Weather Alert Response, Policy titled Heatstroke, DOC [s. 20. (1.2)]

2. The licensee has failed to ensure that the heat related illness prevention and

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management plan for the home was implemented by the licensee every year during the period from May 15 to September 15.

Interventions included in the home's heat related illness prevention and management plan were to ensure appropriate clothing, ensure residents are not covered with blankets, close curtains and windows, and ensure extra fluids in the form of ice water in a cooler on each unit.

The air conditioning on three South units in the home were not working from May 18-21, 2021, as maintenance was being completed. Environment Canada forecasted the outside temperature to be above 26 degrees Celsius during this period. The Air Temperature Log showed that the air temperature in a resident bedroom on unit four South was 27 degrees Celsius at 0730hrs on May 21, 2021. The temperature where most residents were congregated on unit four South was near the nursing station which was 28 degrees Celsius and near the TV area which was 27 degrees Celsius at approximately 1345hrs.

On May 21, 2021, at approximately 1330hrs, extra fluids were not available on unit four South.

At approximately 1345hrs, a second resident bedroom on unit four South was 31 degrees (C). The resident who resided in this room stated that it was too hot in their room. The curtains were noted to be open, there was a sheet covering the resident, and there were no fluids nearby. The resident bedroom next door was 31 degrees C, and the resident who resided in this room expressed that they were uncomfortably hot. Both residents were assessed to be at low risk for heat related illness.

PSW #104 stated that an intervention part of the heat related illness prevention and management plan is to crack open windows. Recreation Assistant #107 stated that they left the window in the staff room open, and the door to the staff room open to the unit as a cooling intervention.

Residents were observed on unit two South in two resident bedrooms at approximately 1710hrs, with their curtains open. PSW #105, who was in one of the rooms with a resident, did not know why the curtains needed to be closed as an intervention for heat risk. RN #106 who was their supervisor had not informed their staff to implement this intervention.

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The DOC acknowledged that the heat related illness prevention and management plan for the home was not implemented as required on May 21, 2021, on units two and four South.

Sources: Temperature readings, Air Temperature Log, NM#103, RPN #102, DOC, residents #004 and #005, PSW #104, Recreation Assistant #107, PSW #105, RN #106 [s. 20. (1.3)]

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 that the heat related illness prevention and management plan for the home is evaluated and updated, at a minimum, annually in accordance with evidence-based practices; and that the heat related illness prevention and management plan for the home is implemented by the licensee every year during the period from May 15 to September 15 and also implemented any day on which the outside temperature forecasted by Environment Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day, and anytime the temperature in an area in the home measured by the licensee reaches 26 degrees Celsius or above, for the remainder of the day and the following day, to be implemented voluntarily.

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. (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 temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home.

The Air Temperature Log showed that between May 15-25, 2021, the temperature was being measured and documented in only one resident bedroom or common area in the home per day.

The Building Services Manager and DOC acknowledged that the home's current process only required staff to measure the temperature in one random room in the home and document it. They acknowledged that this process did not meet the legislated requirement.

Sources: Air Temperature Log, Building Services Manager and DOC [s.21. (2) 1.]

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

The Air Temperature Log showed that each day between May 15-25, 2021, the

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temperature was being measured and documented in only one resident bedroom or common area in the home per day.

The Building Services Manager and DOC acknowledged that the home's current process only required staff to measure the temperature in one random room in the home and document it. They acknowledged that this process did not meet the legislated requirement.

Sources: Air Temperature Log, Building Services Manager and DOC [s.21. (2) 2.]

3. The licensee has failed to ensure that the temperatures from at least two resident bedrooms in different parts of the home and in one resident common area on every floor of the home, were measured and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

As per The Air Temperature Log, the air temperature was to be recorded once daily at 0800hrs, and in case of extreme weather condition alerts by Toronto Public Health or HVAC Equipment failure, record air temperature once per shift at 0800hrs, 1600hrs, and 2200hrs. The Air Temperature Log showed that between May 15-25, 2021, the temperature was being measured and documented in only one resident bedroom or common area in the home once per day between 0645hrs and 0745hrs.

The Building Services Manager and DOC acknowledged that the home's current process needed to be changed to ensure that it met the legislated requirement for times and locations of measuring and recording air temperature.

Sources: Air Temperature Log, Building Services Manager and DOC [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 to ensure that the temperature is measured and documented in writing in at least two resident bedrooms in different parts of the home; in 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.

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

There was an ongoing COVID-19 outbreak on an identified unit. According to the outbreak measures in place, all residents on the unit were on droplet/contact precautions. A PSW was observed without a face shield going into a resident room on this unit to provide direct care.

IPAC lead #108 confirmed that a face shield is one of the personal protective equipment required to be worn when providing direct care to a resident, especially on a unit on outbreak.

Sources: Inspector observation, IPAC lead, PSW #109 [s. 229. (4)]

Additional Required Actions:

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***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 10th day of June, 2021 (A1)(Appeal/Dir# n/a)

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

Original report signed by the inspector.