

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection prévue
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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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
Jul 17, 2019	2019_680687_0019	013257-19	Complaint

Licensee/Titulaire de permis

Finlandia Nursing Home Limited
c/o Sudbury Finnish Rest Home 233 Fourth Avenue SUDBURY ON P3B 4C3

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

Finlandia Hoivakoti Nursing Home
233 Fourth Avenue SUDBURY ON P3B 4C3

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

LOVIRIZA CALUZA (687)

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): July 15 to 16, 2019.

The following intake was inspected during this Complaint Inspection:

- A complaint was submitted to the Director regarding elevated air temperatures in the home.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care (ADOC), Director of Food Services (FSS), Manager of Maintenance (MM), Computer Systems Technologist, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping Aids (HAs), Receptionist, residents and family members.

The Inspector also conducted a daily tour of resident home areas, observed the provision of care and services to the residents, reviewed relevant health records, as well as reviewed 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's policy titled "Heat Risk: Safety and Emergency Interventions" policy (NM-S-23) effective June 2011, was complied with.

In accordance with O. Reg 79/10, s. 20 (1), the licensee shall ensure that a written hot weather related illness prevention and management plan of the home meets the needs of the residents and developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and implemented when required to address the adverse effects on residents related to heat.

Specifically, staff did not comply with the home's "Heat Risk: Safety and Emergency Interventions" policy (NM-S-23) effective June 2011, which was part of the home's Prevention and Management of Heat Related Illnesses - Heat Risk Policy. The policy outlined that "the Maintenance Department will carry out Temperature and Humidity readings daily and as required in order to calculate the Humidex Value. Should the Humidex Value reach 30 degrees Celsius, hot weather interventions should be implemented as outlined".

A complaint was submitted to the Director. The complainant indicated an increase in air temperatures in the home. The complainant further stated that resident #001 was a resident in a specified home area and had a specific health condition which was being affected by the increase in air temperature.

In a review of the "Temperature Readings Sheet" for the specified home area, the document recorded the date and temperature reading. The Inspector identified no humidity readings were completed to calculate the humidex value.

In an interview conducted by Inspector #687 with resident #001, they indicated that their room and the specified home area hallways were hot. The resident further stated “I am sweating all day and I can’t cool down”.

During an interview conducted by Inspector #687 with Personal Support Worker (PSW) #104, they stated that the hallways and rooms in specified home areas were very warm.

In an interview conducted with Registered Practical Nurse (RPN) #109, they stated that they received a couple of concerns regarding hot temperature in the specified home area and they reported this to the Registered Nurse (RN). They further stated that the home had a specified cooling area for residents.

During an interview with RN #108, they stated that they had received concerns regarding the increased temperature in the specified home area and they had reported this to the Assistant Director of Care (ADOC). The RN further stated that the home had a specified cooling area for residents.

In an interview with the ADOC, the ADOC acknowledged that the temperature along the hallway of the specified home area was “dead warm”. They stated that the home had a specified cooling area for residents.

During an interview conducted by Inspector #687 with the Manager of Maintenance (MM), they stated that they obtained the home’s daily internal temperature readings in the building which include the specified home area but not the humidity readings. The MM further stated that they were unaware of their policy to take the humidity reading to obtain the Humidex Value and acknowledged that the specified home area had a warmer temperature reading in comparison to other home areas. The MM further stated that they should have verified and followed their policy. [s. 8. (1) (a)]

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 home's policy titled "Heat Risk: Safety and Emergency Interventions" policy (NM-S-23) effective date June 2011, be complied with, to be implemented voluntarily.

Issued on this 18th day of July, 2019

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

Original report signed by the inspector.