Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District
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Original Public Report

Report Issue Date: June 30, 2023	
Inspection Number: 2023-1554-0003	
Inspection Type: Complaint	
Licensee: The Corporation of Haldimand County	
Long Term Care Home and City: Grandview Lodge / Dunnville, Dunnville	
Lead Inspector Carla Meyer (740860)	**Inspector Digital Signature** Paola C Meyer Digitally signed by Paola C Meyer Date: 2023.07.11 10:39:42 -04'00'

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 12-14, 2023

The following intake(s) were inspected:

- Intake: #00089428 - Complaint related to air temperature, ventilation and call bell.

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Resident Care and Support Services
Safe and Secure Home

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 6 (1) (a)

The licensee has failed to comply with their Heat Related Illness Prevention Plan (HRIPP).

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the home has a heat related illness prevention plan, and that this plan must be complied with.

Specifically, the home failed to ensure that the plan of care for residents were updated to include the planned care for the residents as per the home's HRIPP.

Rationale and Summary

As part of the home's HRIPP, all residents were to have a Heat Risk Assessment completed on admission and annually, and those identified to be susceptible to heat stroke or exhaustion will have their susceptibility documented in their plan of care and in the clinical record.

A review of resident clinical records who had a score of high on their Heat Risk assessment in Point Click Care (PCC) showed that this, or their susceptibility to heat stroke or exhaustion was not included in their plan of care. The Resident Assessment Instrument-Coordinator (RAI-C) confirmed that all residents had their susceptibility for heat stroke and heat exhaustion assessed, but the Administrator acknowledged that this was not included in the residents' plan of care.

On June 14, 2023, the RAI-C and Administrator informed the inspector that those residents who had been identified to be a moderate or high heat risk has had their plan of care updated to include this information. A review of all residents' plan of care who had been identified as having moderate or high heat risk was completed and the information was confirmed by the inspector.

Sources: Interview with the Administrator, DOC, and RAI-C; review of residents' clinical records and plans of care, and the home's HRIPP/policies titled, "Heat Risk Assessment," last reviewed June 2022, and "Heat Alert- Elderly," last reviewed June 2022.

Date Remedy Implemented: June 14, 2023

[740860]

WRITTEN NOTIFICATION: Air temperature

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)

The licensee failed to document air temperatures that were required to be measured as per section (2) 24 of the regulations, 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 Ontario Regulations, 246/22, s. 24 (2), every license 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.
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.

Rationale and Summary

The home shared that air temperatures were measured via an automated system which included all resident rooms, common areas, as well as other areas in the home. The maintenance staff confirmed that these measurements were monitored by themselves daily and documented in the home's Temperature Monitoring Log Sheet.

A review of the Temperature Monitoring Log Sheet records provided by the DOC showed that temperature measurements began to be documented on an identified date in May. Since this date, there were missing documented temperature for seven dates in May. These gaps in documentation were acknowledged by the DOC.

The maintenance staff acknowledged that the temperature measurements were not monitored and documented on those dates.

By not monitoring and documenting the required temperatures there was risk to resident as possible high air temperatures may not have been identified, impacting the home's ability to implement their HRIPP as required.

Sources: Interview with DOC, Maintenance staff; and review of the home's Temperature Monitoring Log Sheets.

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