

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 20, 2021	2021_910142_0002	011772-21	Complaint

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**Licensee/Titulaire de permis**

Gem Health Care Group Limited  
15 Shoreham Lane, Suite 101 Halifax NS B3P 2R3

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

Groves Park Lodge  
470 Raglan Street North Renfrew ON K7V 1P5

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

JANET MCPARLAND (142)

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**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): August 17 and 18, 2021**

**The following intake was completed in this Complaint Inspection:**

**Log # 011772-21 related to screening measures the licensee has in place for hiring staff.**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSWs), Housekeepers, Registered Practical Nurses (RPNs), the Director of Care, and the Administrator.**

**During the course of the inspection, the inspector observed infection control practices, residents' rooms, and resident home areas. A review of relevant records was also completed including review of screening measures for hiring staff and air temperature monitoring documentation.**

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

**Infection Prevention and Control**

**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. 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, in one resident common area on every floor of the home, which may include a lounge, dining area, or corridor and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

In a review of the home's air temperature monitoring system documentation, it was noted that the air temperatures were not measured and documented from May 15, 2021 to June 9, 2021.

The Administrator confirmed that air temperatures were not measured in the required areas and documented in writing until June 10, 2021.

When steps are not taken to measure and document the air temperatures in the specified areas of the home during the required time frames, it places risk to resident comfort and safety.

Sources: Written temperature records and interview with the Administrator. [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, at a minimum in the following areas of the home: at least two resident bedrooms in different parts of the home; and one resident common area on every floor of the home, which may include a lounge, dining area or corridor. The temperature required to be measured 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, to be implemented voluntarily.***

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**Issued on this 20th day of August, 2021**

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

**Original report signed by the inspector.**