

**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**Central West Service Area Office
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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 25, 2021	2021_729615_0026	005915-21, 006992- 21, 008593-21, 010198-21, 010355-21	Critical Incident System

Licensee/Titulaire de permispeopleCare Communities Inc.
735 Bridge Street West Waterloo ON N2V 2H1**Long-Term Care Home/Foyer de soins de longue durée**peopleCare Hilltop Manor Cambridge
42 Elliott Street Cambridge ON N1R 2J2**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

HELENE DESABRAIS (615), SHERRI COOK (633)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): August 10, 11, 12, 17, 18 and 19, 2021.

The following intakes were inspected during this inspection:

Critical Incident System (CIS) report #2606-000009-21/Log #008593-21 related to personal support services, and;

the following CISs related to falls prevention:

CIS #2606-000005-21/Log #005915-21; CIS #2606-000006-21/Log #006992-21;

CIS# 2606-000010-21/Log #010198-21; CIS #2606-000011-21/Log #010355-21.

Complaint Inspection #2021_729615_0025 was completed in conjunction with this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Assistant Executive Director (AED), the Executive Director of Nursing (EDON), the Director of Infection Prevention and Control (DIPAC), the Director of Environmental Services (DES), the Director of Resident Care (DRC), the Environmental Supervisor (ES), a Physiotherapist Assistant (PTA), a Registered Nurse (RN) and two Personal Support Workers (PSWs).

The inspectors also toured the home, observed Infection Prevention and Control practices, Cooling and Air Temperatures Systems, residents and the care provided to them, reviewed residents' clinical records, the home's policies and procedures and other relevant documents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Personal Support Services

Safe and Secure Home

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

**3 WN(s)
3 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. 20. Cooling requirements

Specifically failed to comply with the following:

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 :

1. The licensee has failed to ensure that the home's heat related illness prevention and management plan was implemented.

Memorandum (memo) to Long Term Care Home (LTCH) Stakeholders dated April 1, 2021, advised of the changes to Ontario Regulation 79/10 under the LTCHA, 2007, that a heat related illness prevention and management plan was to be implemented by May 15, 2021. The home's policy "Heat Related Illness Prevention and Management Plan" contained resident risk factors and strategies to mitigate the risk for heat related illness. Residents' heat related risk assessments were to be completed annually by May 1.

There were 174 residents that resided at the home and 173 out of 174 resident's had not been assessed for heat related illness by May 15, 2021, as required. As of August 11, 2021, 143 residents still had not been assessed for their risks related to heat related illness.

The licensee's failure to implement the home's heat related illness prevention and management plan posed a risk to residents in relation to the home's ability to respond to heat related illness.

Sources: Memo to LTC Home Stakeholders: Amendments to O Reg. 79/10 under the LTCHA, 2007 related to enhanced cooling requirements (April 1, 2021), MLTC Cooling and Air Temperatures Requirements for LTCHs: A Summary of Changes (July 2021), the home's policy Heat Related Illness Prevention and Management Plan 005210.00 (undated), Assessment History Report Heat Risk Assessment-V2 (August 2021), Resident Listing Report (August 2021); interview with the EDN. [s. 20. (1.3) (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 heat related illness prevention and management plan is implemented, 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. (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:

3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that temperatures were measured and documented in writing in at least two resident bedrooms, one common area on every floor, and all designated cooling areas of the home.

Memorandum to Long Term Care Home (LTCH) Stakeholders dated April 1, 2021, advised of the changes to Ontario Regulation 79/10 under the LTCHA, 2007. Licensees were required to measure and document the air temperature, at a minimum, in certain specified areas in the LTC home at specified intervals as outlined in the legislation effective May 15, 2021.

The home did not have central air conditioning in residents' bedrooms.

From May 15 to July 13, 2021, there were no temperatures taken in residents' bedrooms. From May 15 to July 31, 2021, there were 15 days when no temperatures were taken in one common area on every floor and in every designated cooling area. A contributing factor to this non-compliance was that the home's policies entitled "Heat Stress Policy" and "Heat Related Illness Prevention and Management Plan" did not contain a procedure for measuring the temperatures which was in keeping with the legislation.

The lack of measurement and documentation of air temperatures posed a risk that heat related concerns may not be addressed in a timely manner.

Sources: Memorandum to LTC Home (LTCH) Stakeholders: Amendments to O. Reg. 79/10 under the LTCHA, 2007 related to Enhanced Cooling (April 1, 2021), MLTC Cooling and Air Temperatures Requirements for LTCHs: A Summary of Changes (July 2021), the home's air temperature logs (May/June/July 2021); the home's policies Heat Stress Policy (last reviewed January 19, 2021) and Heat Related Illness Prevention and Management Plan (undated); interview with the DES. [s. 21. (2) 1.]

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 temperatures are measured and documented in writing in at least two resident bedrooms, one common area on every floor, and all designated cooling areas of the home, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee has failed to ensure that staff used safe wheelchair techniques when assisting a resident.

A resident sustained an injury when a staff member did not use safe techniques when helping the resident to mobilize in their wheelchair. A PTA stated that there were safe ways that should have been implemented when assisting the resident.

Sources: home's CIS report. resident's clinical records, home's policy "Assistive Device Program" (reviewed March 5, 2018), observations of residents assisted with a device, interviews with PTA, the DRC and a PSW. [s. 36.]

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 use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

Issued on this 26th day of August, 2021

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

Original report signed by the inspector.