

**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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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_891649_0015	005596-21	Critical Incident System

Licensee/Titulaire de permis

Kristus Darzs Latvian Home
11290 Pine Valley Drive Woodbridge ON L4L 1A6

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

Kristus Darzs Latvian Home
11290 Pine Valley Drive Woodbridge ON L4L 1A6

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

JULIEANN HING (649)

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): July 22, 23, 27, 28, 29, and 30, 2021.

The following Critical Incident System (CIS) intake was completed during this CIS inspection:

Log #005596-21, CIS #2997-000005-21 related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Environmental Service Manager (ESM), Registered Nurses (RNs), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Maintenance, Housekeeper, and Medical Lab Technician.

During the course of the inspection the inspector observed staff to resident interactions, reviewed one resident's clinical records, the home's temperature records, staffing schedules and observed Infection Prevention and Control Practices (IPAC).

The following Inspection Protocols were used during this inspection:

Falls Prevention

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. (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 home was maintained at a minimum temperature of 22 degrees Celsius.

Staff interviews indicated that maintenance staff were responsible for measuring and documenting the temperature in the morning and afternoon, and nursing staff were responsible for measuring and documenting the temperature in the evening or night.

Review of the home's temperature logs for the period of May 15 to July 23, 2021, indicated that the temperature was below 22 degrees Celsius three days in May and June and two days in July 2021, in the TV areas and residents' rooms.

Maintenance staff acknowledged that the temperature was below 22 degrees Celsius on the above mentioned dates.

The registered nurse confirmed that the temperature was below 22 degrees Celsius on the above mentioned dates.

Sources: review of the home's temperature logs from May 15 to July 23, 2021, interviews with two Maintenance staff, one registered staff, and other staff. [s. 21.]

2. The licensee has failed to ensure that 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.

Staff interviews indicated that the temperature was being measured and documented three times a day in two resident bedrooms, and three times a day in one resident common area on every floor by two different departments. Maintenance staff were responsible for measuring and documenting the temperature in the morning and afternoon, and nursing staff were responsible for measuring and documenting the temperature in the evening or night.

Review of the home's temperature logs for the period of May 15 to July 23, 2021, indicated that the temperature was not measured and documented on the following dates at the frequency of three times a day in at least two resident rooms:

-The temperature was not documented in the morning on five instances in May and two instances in July 2021.

-The temperature was not documented in the afternoon on four instances in May and two instances in July 2021.

-The temperature was not documented in the evening or night on five instances in May, 14 instances in June, and five instances in July 2021.

Further review of the home's temperature logs for the period of May 15 to July 23, 2021, indicated that the temperature was not measured and documented on the following dates at the frequency of three times a day in one resident common area on every floor of the home:

- The temperature was not documented in the morning on five instances in May, two instances in June, and four instances in July 2021.
- The temperature was not documented in the afternoon on four instances in May, two instances in June and July 2021.
- The temperature was not documented in the evening or night on six instances in May, 15 instances in June, and five instances in July 2021.

Two Maintenance staff acknowledged that the temperature was not measured and documented on the above mentioned dates, times, and at the required frequency.

The registered nurse confirmed that the temperature was not measured and documented on the above mentioned dates, times, and at the frequency of three times a day.

This gap in practice was brought to the ESM and DOC's attention. The ESM acknowledged the need for improvement and that they were going to follow-up with the Maintenance staff. According to the DOC having the Screener record and measure the temperature instead of the nursing staff would ensure no further gaps in the evening or night.

Sources: review of the home's temperature logs from May 15 to July 23, 2021, interviews with two Maintenance staff, one registered nurse, and other staff. [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 home is maintained at a minimum temperature of 22 degrees Celsius and that 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, 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.