

**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
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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
Jun 28, 2021	2021_882760_0021	005899-21, 005900- 21, 009244-21	Complaint

Licensee/Titulaire de permis2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8**Long-Term Care Home/Foyer de soins de longue durée**Langstaff Square Care Community
170 Red Maple Road Richmond Hill ON L4B 4T8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JACK SHI (760), ROMELA VILLASPIR (653)

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): June 14, 15, 16, 17, 18, 2021.

The following intakes were completed in this critical incident inspection:

A log was related to air temperatures in the home;

A follow-up log to Compliance Order (CO) #001, O. Reg. 79/10 s. 8 (1) (b), related to falls prevention, issued under inspection #2021_715672_0010, on April 9, 2021, with a compliance date of June 15, 2021, was inspected;

A follow-up log to Compliance Order (CO) #002, O. Reg. 79/10 s. 73 (1), related to dining service, issued under inspection #2021_715672_0010, on April 9, 2021, with a compliance date of April 30, 2021, was inspected.

During the course of the inspection, the inspector(s) spoke with Director of Environmental Services (DES), IPAC Lead, the Executive Director (ED), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and the Director of Care (DOC).

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Infection Prevention and Control

Safe and Secure Home

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

3 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 73. (1)	CO #002	2021_715672_0010		760
O.Reg 79/10 s. 8. (1)	CO #001	2021_715672_0010		653

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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe environment related to infection prevention and control measures specified in Directive #3.

The Chief Medical Officer of Health (CMOH) implemented Directive #3, which has been issued to Long-Term Care Homes (LTCHs), and sets out specific precautions and procedures that homes must follow to protect the health of residents and address the risks of an outbreak of COVID-19 in LTCHs. As part of this directive, dated June 9, 2021, the following has been issued to Long-Term Care Homes:

- Physical distancing must be practiced at all times.
- All staff and visitors must always comply with universal masking requirements.

The following observations were made during the course of this inspection:

- Two housekeepers were seen exiting an elevator with another staff member inside the elevator. The IPAC Lead stated that the signage on the elevators state that there were supposed to be only two people allowed in the elevators at one time to ensure physical distancing was maintained.
- A visitor was seen without a mask covering their nose, while they were sitting beside the resident. The IPAC lead stated that the home's expectations with universal masking requirements include the application of a mask that covers their nose.

There was potential risk of harm to residents associated with these observations because by not adhering to the home's IPAC program and the measures set out in Directive #3, there could be possible transmission of infectious agents.

Sources: Directive #3, dated June 9, 2021; Interviews with two housekeepers, a visitor, the IPAC Lead and other staff; Observations made throughout the home during the inspector's inspection. [s. 5.]

WN #2: 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 failed to ensure that the home's heat related illness prevention and management plan was implemented by May 15, 2021.

A review of the home's air temperature monitoring logs noted that prior to a date in May 2021, there were no air temperatures being documented in the home. According to the Director of Environmental Services (DES), this was because the home did not implement the heat related illness prevention and management plan until that date in May 2021.

Sources: Review of the home's air temperature monitoring logs; Interview with the DES and other staff. [s. 20. (1.3) (a)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21. (1).

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).

Findings/Faits saillants :

1. The licensee failed to ensure that the temperature was maintained at a minimum of 22 degrees on a date in June 2021.

A review of the home's air temperature monitor logs indicated that on a date in June 2021, the temperatures recorded in the home was noted to be below 22 degrees during specified periods of the day on various resident home areas. The Director of Environmental Services (DES) confirmed that on the date in June 2021, the temperature in the resident areas of the home was not maintained at a minimum of 22 degrees.

Sources: Review of the home's air temperature monitoring logs; Interview with the DES and other staff. [s. 21. (1)]

2. The licensee failed to ensure that the temperature was recorded in one resident common area on every floor of the home between a date in May 2021 to a date in June 2021.

A review of the home's air temperature monitoring logs noted that between the period in May to June 2021, the air temperature was not taken on one resident common area on every floor of the home, for at least three times a day. According to the DES, the home implemented a new air temperature monitoring log after the date in June 2021. The DES acknowledged that prior to this form being implemented, the home recorded the air temperature in one common area of the home, on each shift and did not cover every floor of the home.

Sources: Review of the home's air temperature monitoring logs; Interview with the DES and other staff. [s. 21. (2) 2.]

Issued on this 29th day of June, 2021

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

Original report signed by the inspector.