

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

**Toronto District**  
5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

## Original Public Report

<b>Report Issue Date:</b> June 23, 2023	
<b>Inspection Number:</b> 2023-1280-0004	
<b>Inspection Type:</b> Complaint	
<b>Licensee:</b> 2063414 Ontario Limited as General Partner of 2063414 Investment LP	
<b>Long Term Care Home and City:</b> Midland Gardens Care Community, Scarborough	
<b>Lead Inspector</b> Maya Kuzmin (741674)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 8, 12, 16, 19, 20, 2023

The following intake(s) were completed in this complaint inspection:

- Intake 00089436 was related to air temperature in the Long-Term Care Home (LTCH)

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

Safe and Secure Home  
Infection Prevention and Control

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Directives by Minister

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that the policy directive that applies to the long-term care home was complied.

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In accordance with FLTCA, 2021 s. 184 (3), the licensee shall carry out every operational or policy directive that applies to the long-term care home.

Specifically, staff did not comply with the Minister's Directive 1.2: Masking, effective March 31, 2023, when a staff did not wear their surgical mask appropriately inside the Long-Term Care Home (LTCH) upon greeting visitors, staff and residents, on an identified date.

**Rationale and Summary:**

Upon entry into the building, inspector observed a staff was sitting in receptionist area with surgical mask that was not covering their nose. The staff acknowledged that the mask was not worn properly and should have been covering their nose. After speaking with the inspector, the staff immediately adjusted the surgical mask to fit in a proper way, covering the nose.

There was an increased risk of transmission of infection to staff and residents when staff did not properly don a surgical mask in LTCH.

**Sources:** Observations on an identified date; Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes, COVID-19 Guidance Document for Long-Term Care Homes in Ontario; Interviews with staff.

[741674]

**WRITTEN NOTIFICATION: Cooling requirements**

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 23 (4) (b)

The licensee has failed to ensure that the heat related illness prevention and management plan for the home was implemented by the licensee during May 15 to September 15, 2023, when the temperatures in multiple areas in the home measured 26 degrees Celsius or above.

**Rationale and Summary:**

The LTCH policy directed the Executive Director or designate to assign a member of the management team to review the daily air temperature logs to ensure temperatures are within 22-25.9 degrees Celsius and implement the required interventions.

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Air temperature records for May 15 to June 12, 2023, were reviewed and indicated on multiple days and multiple areas of the LTCH measured at 26 degrees or higher.

Numerous staff acknowledged that when temperatures were recorded to be 26 degrees Celsius or higher, there would be adjustment of temperatures in the building. A staff specifically indicated they were to report elevated temperatures to the Director of Care (DOC) or Executive Director. The staff reported the elevated temperatures on numerous occasions but not for every date that measured elevated temperatures. The heat related illness prevention and management plan was not implemented on the days that the elevated temperature in the LTCH were not reported.

Director of Care #100 acknowledged they were informed of the elevated temperatures only on two identified dates and not any other time when temperatures in the LTCH measured above 26 degrees Celsius.

**Sources:** Prevention and Management of Heat Related Illnesses Policy (VII-G 10.30 Revised April 2023); Temperature Readings in the LTCH from May 15 to June 12, 2023; Interviews with staff.

[741674]

### **WRITTEN NOTIFICATION: Air temperature**

**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 24 (3)

The licensee has failed to ensure that temperature for the cooling areas on numerous floors was measured and documented on an identified date by a staff.

#### **Rationale and Summary:**

The LTCH's policy directed the leadership team to monitor indoor temperatures in resident rooms and common areas (lounge, dining rooms, corridors, and library) at minimum three times a day: once every morning, once every afternoon between 12:00 to 5:00 pm and once every evening or night.

On an identified date, air temperature records used by the LTCH had missing temperature records for the designated cooling areas on identified floors.

A staff acknowledged that the documentation was not completed. DOC # 100 acknowledged that

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temperature records for the designated cooling areas on identified floors were not completed by a staff or member of management that day.

There was an increased risk of heat related illness to residents in the designated cooling areas on identified floors of the LTCH as there was unknown temperature readings.

**Sources:** Prevention and Management of Heat Related Illnesses Policy (VII-G 10.30 Revised April 2023); Temperature Records on an identified date; Interviews with staff.

[741674]

### **WRITTEN NOTIFICATION: Air temperature**

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 24 (4)

The licensee has failed to ensure that the temperature of resident #001 and resident #002's bedroom which was not served by air conditioning was measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

#### **Rationale and Summary:**

The LTCH's policy directed the leadership team to monitor resident rooms without air conditioning daily between 12 p.m. and 5 p.m.

A staff acknowledged that they did not record the temperature for the shared bedroom between resident #001 and resident #002 that was not served by air conditioning (as per residents' request) at the time of the inspection. DOC # 100 acknowledged that any rooms that are not served by air conditioning should have temperature monitored and recorded between 12 p.m and 5 p.m.

There was an increased risk in identifying heat related illness to resident #001 and resident #002 as there was unknown temperature reading for their shared bedroom.

**Sources:** Observations an identified date; Prevention and Management of Heat Related Illnesses Policy (VII-G 10.30 Revised April 2023); Interviews with staff.

[741674]