

**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
Jul 15, 2021	2021_875501_0015	006518-21, 006519-21	Follow up

Licensee/Titulaire de permis

Royal Canadian Legion District 'D' Care Centres
59 Lawson Rd Toronto ON M1C 2J1

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

Tony Stacey Centre for Veterans' Care
59 Lawson Road Toronto ON M1C 2J1

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

SUSAN SEMEREDY (501)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 6, 7, 8, 2021.

The following intakes were inspected in this follow-up inspection:

Log # 006519-21: Follow-up to CO#001 from inspection #2021_823653_0008 regarding nutrition and hydration, s. 68. (2) of the O.Reg 79/10, with a compliance due date of July 5, 2021; and,

Log #006518-21: Follow-up to CO#002 from inspection #2021_823653_0008 regarding Infection Prevention and Control (IPAC) practices, s. 229. (4) of the O.Reg 79/10, with a compliance due date of May 10, 2021.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Operations Manager, Administrative Director of Care/IPAC Lead, Registered Practical Nurses, Personal Support Workers, housekeepers and residents.

During the course of the inspection, the inspectors observed resident and staff interactions, IPAC practices and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

Inspector #694426 was also present during this inspection.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Nutrition and Hydration

Safe and Secure Home

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

2 WN(s)

2 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. 229. (4)	CO #002	2021_823653_0008		501
O.Reg 79/10 s. 68. (2)	CO #001	2021_823653_0008		501

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 and secure environment for its residents.

Directive #3 indicates homes are to follow Key Elements of Environmental Cleaning in Healthcare Settings Coronavirus Disease 2019 (COVID-19) Public Health Ontario which indicates high touch or frequently touched surfaces are to be cleaned and disinfected at least twice daily. Examples of these surfaces include doorknobs, call bells, bedrails, light switches, toilet handles, hand rails, and keypads.

Interviews with a housekeeper and the Operations Manager indicated the home only cleans high touch surfaces in resident rooms once daily. These surfaces would include doorknobs, call bells, bedrails, light switches, and toilet handles.

Failing to ensure high touch surfaces are cleaned and disinfected twice daily puts residents at risk for infectious disease.

Sources: COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 and Key Elements of Environmental Cleaning in Healthcare Settings Coronavirus Disease 2019 (COVID-19) Public Health Ontario; Interviews with the Operations Manager and other staff. [s. 5.]

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 a safe and secure environment for its residents, 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:

3. Every designated cooling area, if there are any in the home. 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.

The home's room temperature logs indicated that no resident bedroom temperatures were being measured and documented. The Operations Manager indicated they were unaware of the new regulation requiring bedrooms to be monitored. [s. 21. (2) 1.]

2. The licensee has failed to ensure that the temperature was measured and documented in writing in every designated cooling area.

The home's room temperature logs indicated that the temperature for the designated cooling area was not measured and documented. The Operations Manager indicated the dining room was the designated cooling area and acknowledged that temperatures were not recorded and documented in this area. [s. 21. (2) 3.]

3. The licensee has failed to ensure that the temperatures required to be measured were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The home's room temperature logs indicated that temperatures were measured in resident lounges only and were documented inconsistently and at most twice daily. The Operations Manager acknowledged that temperatures were only measured twice daily and only when the maintenance worker was available to do so.

Failing to monitor resident bedroom temperatures, temperatures in the cooling areas and in all required areas three times a day as specified in the legislation put residents at risk for heat related illness.

Sources: Home's Room Temperature Logs from June 17, 2021 to July 5, 2021 and an interview with the Operations Manager. [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 in at least two resident bedrooms in different parts of the home, that the temperature is measured and documented in writing in every designated cooling area and temperatures required to be measured are 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 16th day of July, 2021

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

Original report signed by the inspector.