

**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
Jun 25, 2021	2021_642698_0012	014754-20	Complaint

Licensee/Titulaire de permis

Nisbet Lodge
740 Pape Avenue Toronto ON M4K 3S7

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

Nisbet Lodge
740 Pape Avenue Toronto ON M4K 3S7

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

ORALDEEN BROWN (698)

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 7-9, 2021.

The following intake was completed during this inspection:

Complaint log intake: Log #: 014754-20 related to multiple care areas.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Manager of Environmental Services (MES), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW).

During the inspection, the inspector conducted observations of residents, provision of care, staff and resident interactions, conducted review of resident health records, policies and procedures.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Nutrition and Hydration

Reporting and Complaints

Safe and Secure Home

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

2 WN(s)

0 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 failed to ensure that the temperature required to be measured in the areas under subsection (2) were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

As of May 15, 2021, amendments to the Regulation came into force, which required homes to measure and document the air temperature, every morning, afternoon and evening or night in at least two resident bedrooms, one common area on each floor, every designated cooling area in the home.

The temperature logbook indicated that temperatures were recorded three times per day ending at 5pm. The logbook indicated that temperature checks commenced on May 31, 2021, and did not include temperature documentation in the evening or night.

Temperatures were not being recorded until May 31, 2021, three times per day up till 5pm.

Sources: Assistant Deputy Minister's April 1, 2021, memo to stakeholders related to Enhanced Cooling Requirements, home temperature log book records and staff interview. [s. 21. (3)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a documented complaint record was kept in the home that included the final resolution and any response made in turn by the complainant.

A complaint was made to the Director and the home regarding multiple care areas.

The resident's electronic records and home's investigation notes indicated that there was no final resolution documented regarding the complaint.

The complaint was not resolved with the complainant nor were their conversations documented.

Sources: Complaint binder 2020/2021, resident's electronic records, investigation notes, the home's complaint policy and staff interviews. [s. 101. (2)]

2. The licensee has failed to ensure that the documented complaint record was reviewed and analyzed for trends at least quarterly; the results of the review and analysis were taken into account in determining what improvements were required in the home; and a written record was kept of each review and of the improvements made in response.

Continuous Quality Improvement (CQI) binder minutes indicated that the last meeting was held on November 19, 2019, over twelve months prior.

Staff indicated that the home did not have a QCI meeting in the last twelve months due to the COVID-19 Pandemic.

Sources: QCI binder 2020/2021, the home's complaint policy and staff interviews. [s. 101. (3)]

Issued on this 30th day of June, 2021

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

Original report signed by the inspector.