

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée****Long-Term Care Homes Division
Long-Term Care Inspections Branch****Division des foyers de soins de
longue durée
Inspection de soins de longue durée**Sudbury Service Area Office
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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 1, 2019	2019_657681_0020	013256-19, 013376- 19, 013454-19	Complaint

Licensee/Titulaire de permis675412 Ontario Inc.
3700 Billings Court BURLINGTON ON L7N 3N6**Long-Term Care Home/Foyer de soins de longue durée**Northview Nursing Home
77 River Road P.O. Box 1139 ENGLEHART ON P0J 1H0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

STEPHANIE DONI (681), TRACY MUCHMAKER (690)

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): July 10-11, 2019.

The following intakes were inspected during this Complaint inspection:

- One intake related to concerns regarding the air temperatures of the home.**
- Two intakes related to concerns regarding building maintenance, electrical issues, and water temperatures.**

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), Environmental Supervisor, Nutrition Manager, Maintenance Staff, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Dietary Aides, family members, and residents.

The Inspectors also conducted a tour of the resident care areas, reviewed relevant resident care records, home policies, personnel files and observed resident rooms, resident common areas, and the delivery of resident care and services, including staff to resident interactions.

**The following Inspection Protocols were used during this inspection:
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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, the plan was complied with.

In accordance with s. 20 (1) of the Ontario Regulation 79/10, the licensee was required to ensure that a written hot weather related illness prevention and management plan, that met the needs of the residents, was implemented when required, to address the adverse effects on residents related to heat.

Specifically, staff did not comply with the home's policy titled "Prevention and Management of Hot Weather Related Illness-CN-H-04", dated July 2012, which indicated that maintenance staff were to monitor internal temperatures twice daily when the outside temperature exceeded or was expected to exceed 25 degrees Celsius. The maintenance staff were also to complete an internal temperature log and submit it to the Administrator each day.

A complaint was submitted to the Director regarding the air temperatures in the home.

During an interview with Maintenance Staff #103, they stated that they conducted a walk-through of the home every morning and looked at the thermometers and thermostats throughout the home to check the temperature and humidity level. Maintenance Staff #103 stated that they did not check the temperature of any resident room and that the air temperature was only checked once daily. Maintenance Staff #103 stated that they did not record the temperatures and did not submit a temperature log to the Administrator/DOC, as they did not know that this was required.

Inspector #690 reviewed the external air temperatures for Temiskaming Shores from a weather website for the period of June 1-30, 2019, and July 1-10, 2019. The Inspector identified 14 dates during this time period where the external temperature exceeded 25 degrees Celsius.

During an interview with the Administrator/DOC, they stated that maintenance staff checked the internal temperature of the home during the summer, but that they did not record the temperatures, nor was a daily internal temperature log submitted to the Administrator/DOC. Together, the Administrator/DOC and Inspector #690 reviewed the external temperatures from the weather website for the period of June 1-30, 2019, and July 1-10, 2019. The Administrator confirmed that there were many days when the external temperature exceeded 25 degrees Celsius. The Administrator indicated that maintenance staff had not been checking the temperature and humidity level twice daily as per the home's policy and this should have been completed. [s. 8. (1)]

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 where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.

Issued on this 1st day of August, 2019

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

Original report signed by the inspector.