

**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**Central East 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
Jun 22, 2021	2021_861194_0005	005230-21	Complaint

Licensee/Titulaire de permisMedlaw Corporation Limited
42 Elgin Street Thornhill ON L3T 1W4**Long-Term Care Home/Foyer de soins de longue durée**Pinecrest Nursing Home (Bobcaygeon)
3418 County Road 36, R.R. #2 Bobcaygeon ON K0M 1A0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CHANTAL LAFRENIERE (194)

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, 8, 9, and 10, 2021

The inspection included an anonymous complaint related to staffing

During the course of the inspection, the inspector(s) spoke with Residents, Administrator, Director of Care (DOC), Resident Care Coordinator (RCC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Housekeeper (HK), Activation staff, Maintenance staff and COVID_19 screener.

During the course of the inspection, the Inspector reviewed resident clinical health records, COVID-19 screening and testing records, Maintenance records, PSW staffing records, PSW back up staffing Plan, 24 hour nursing book, Resident Council Minutes and Heat Related Illness Prevention and Management Plan. Observation of staff to resident provision of care, meal service, Infection Control practices and COVID-19 screening and Pan Bio Rapid testing processes.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Personal Support Services

Safe and Secure Home

Sufficient Staffing

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)

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. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident-staff communication response system was easily accessed by resident.

A resident was observed numerous times, sitting in their wheelchair with falls interventions in place, watching TV. The resident-staff communication system was at the head of the bed, behind the resident and was not accessible. Review of the plan of care and Morse Fall assessment indicate that the resident was at high risk for falls. A PSW confirmed that the resident had a fall intervention in place and did not require the resident-staff communication system.

Another resident was observed several times, sitting in their wheelchair with restraints in place. The resident-staff communication system was at the head of the bed, behind the resident and was not accessible. The plan of care and Morse Fall assessment indicate that the resident was at moderate risk of falls. A PSW confirmed that the resident-staff communication system should have been accessible for the resident. Failing to have the resident-staff communication response system increases the potential for falls.

Source: observation of residents, review of the resident's plan of care, interview with resident and staff. [s. 17. (1) (a)]

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 by ensuring that the home is equipped with a resident-staff communication and response system that, can be easily seen, accessed and used by residents, staff and visitors at all times, 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:

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).

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 failed to ensure that the temperature is measured and documented in writing for one resident common area on every floor of the home, which may include a lounge and dining area or corridor.

The Administrator confirmed that temperature had not been measured or documented for any of the common areas in the home. The temperatures in the common areas were not

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measured at the time of the inspection, as the equipment at the home was not working. Review of the Maintenance monthly audits for a two month period, indicated that no temperatures were measured or documented for any common area at the home. Failing to ensure that the temperature was measured and documented in the common areas in the home increased the risk of heat related illness for the residents

Source: Tour of the home, Maintenance monthly audits, interviews with staff (Administrator) [s. 21. (2) 2.]

2. The licensee failed to ensure that the temperature is measured and documented in writing for designated cooling areas in the home.

The Administrator confirmed that the dining room, activity room and lounge in south wing were the homes designated cooling areas. The Administration confirmed that no temperature checks had been measured or documented for the designated cooling areas in the home. The Maintenance monthly audits for a two month period, indicated that there were no temperatures measured or documented for the designated cooling areas. Failing to ensure that the temperature was measured and documented for the designated cooling areas in the home increased the risk of heat related illnesses for the residents.

Source: Tour of the home, Maintenance monthly audits, interviews with staff (Administrator) [s. 21. (2) 3.]

3. The licensee failed to ensure that the temperatures 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.

The Administrator confirmed that temperatures in resident rooms were measured and documented twice daily in the 24 hours nursing book. The Administrator confirmed that no temperature checks had been measured for a common area or the designated cooling areas in the home.

Review of the 24-hours nursing book for the period of eight days related to air temperatures, indicated designated resident rooms had temperatures measured and documented twice daily, except for two days, where the temperatures were measured and documented once daily. Failing to ensure that the temperatures of resident room, common areas and designated areas were measured and documented in the home increased the risk of heat related illnesses for residents.

Source: Tour of the home, 24 hour nursing book, Maintenance monthly audits,
interviews with staff (Administrator) [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 by ensuring that the temperatures of two resident room, one
common area and all designated cooling areas are measured and documented
once every day, afternoon and evening or night, to be implemented voluntarily.***

Issued on this 23rd day of June, 2021

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

Original report signed by the inspector.