

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

**Hamilton District**  
119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Original Public Report

<b>Report Issue Date:</b> October 31, 2023	
<b>Inspection Number:</b> 2023-1490-0003	
<b>Inspection Type:</b> Complaint Follow up	
<b>Licensee:</b> The Governing Council of the Salvation Army in Canada	
<b>Long Term Care Home and City:</b> R. H. Lawson Eventide Home, Niagara Falls	
<b>Lead Inspector</b> Meghan Redfearn (000765)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Olive Nenzeko (C205)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 18-20, and 23, 2023.

The following intake(s) were inspected:

- Intake: #00095280/Follow-up to compliance order #001 from Inspection # 2023-1490-0002 regarding O. Reg. 246/22 s. 24 (3) air temperature.
- Intake: #00097603 - Concerns regarding resident care and housekeeping services.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2023-1490-0002 related to O. Reg. 246/22, s. 24 (3) inspected by Olive Nenzeko (C205)

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services

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Infection Prevention and Control  
Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Licensee must comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

The Licensee has failed to comply with the conditions of Compliance Order (CO) #001 served August 23, 2023, under inspection report 2023-1490-0002 with a compliance order due date of September 21, 2023.

#### Rationale and Summary

Compliance Order (CO) #001 under inspection report 2023-1490-0002 required the home to comply with O. Reg 246/22, s. 24 (3).

The licensee shall ensure that the air temperature is measured and documented in required areas of the home.

The compliance order required the home to prepare, submit, and implement a plan to ensure that the temperature was documented at least once every morning, once every afternoon between 12:00 PM and 5:00 PM and once every evening or night in the following areas:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The plan must include but is not limited to:

1. Education to the staff who are responsible for completing the temperatures on the importance of the temperatures being measured and documented in accordance with the regulations.
2. How the temperature logs will be audited to ensure they are completed.
3. Consideration to incorporate into the home's heat related illness prevention and management plan

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how temperatures above 26 degrees Celsius will be addressed, including documentation on any corrective actions that are taken in response.

During the follow-up inspection, Inspector C205 found that the home did not implement their compliance action plan, specifically, the home did not ensure the home's temperatures were measured and documented every morning and every afternoon between 12:00 PM and 5:00 PM and in the evening before 10:00 PM in at least two resident rooms in different parts of the home, one common area, including a lounge, dining room.

A review of the home's daily temperature/humidex log from September 22, 2023 to September 30, 2023 revealed that the home's temperature was not measured and documented as required on September 24, 25, and 29, 2023. The temperature was not recorded in the evening or night on September 23 and September 26, 2023 in at least two resident rooms, in different parts of the home or in one common area. The temperature was also not recorded in the afternoon between 12:00 PM and 5:00 PM on September 27, 2023 in at least two resident rooms, in different parts of the home or in one common area.

The Director Environmental Services (DES) acknowledged that the home's temperatures were not measured and documented on September 24, 25, and 29, 2023, and that they should have been done.

The Director of Care admitted that the compliance order was not completed as ordered.

By failing to measure and record the home's temperature as required, there was a risk that high or low temperatures in the home would not be identified and appropriate actions taken to keep the residents' comfortable.

**Sources:** Compliance Order #001 from Inspection #2023-1490-0002; Interview with DES and DOC; Daily Temperature Log.  
[C205]

**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001**

### **NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Written Notification NC #001**

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Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

**Compliance History:**

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

**WRITTEN NOTIFICATION: Air temperature**

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

**Rationale and Summary**

Inspector #C205 reviewed the home's daily temperature log from September 22, 2023 to September 30, 2023 and identified that on September 22, 23, 26, 27, 28, and 30, 2023, the home's temperature was below 22 degrees in a resident's room and/or in a resident's common area either in the morning, afternoon between 12:00 PM and 5:00 PM and /or at night.

The Director of Environmental Services (DES) admitted that the temperature should have been kept at a minimum of 22 degrees Celsius on the above dates.

Failure to maintain the home at a minimum temperature of 22 degrees Celsius could potentially affect the residents' comfort level.

[C205]