

**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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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 8, 2021	2021_669642_0018	009208-21	Complaint

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**Licensee/Titulaire de permis**

Barrie Long Term Care Centre Inc.  
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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

Roberta Place  
503 Essa Road Barrie ON L4N 9E4

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

AMY GEAUVREAU (642)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): June 21-25, 2021.**

**The following intake was inspected upon during this Complaint inspection;**

**-One Log, which was related to concerns regarding personal care, as well as missing laundry, maintenance in the home, concerns about portable air conditioners, temperature in the home and the complaint process.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Infection Prevention and Control Coordinator, Environmental Services Manager, Care Services Coordinator, Resident Family Services Coordinator (RFSC), House Keeping/Laundry Supervisor, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents and their families.**

**The Inspector(s) also conducted daily tours of resident care areas, reviewed relevant health care records, policies and procedures, observed staff to resident interactions, as well as the provision of care to residents and services within the home.**

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

**Accommodation Services - Laundry  
Accommodation Services - Maintenance  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Safe and Secure Home**

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

**5 WN(s)  
4 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. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.**

**Findings/Faits saillants :**

1. A complaint was submitted to the Director with areas of concerns related to resident care.

During an observation of the home, two rooms were identified as having two residents in the room, and there were no privacy curtains between the residents.

In an interview with the Administrator they stated all rooms with two or more residents should have their privacy curtains up to provide privacy.

Sources: Interview with complainant; observations; client list report; interview with Administrator, and other residents. [s. 13.]

***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 every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy, to be implemented voluntarily.***

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**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:**

**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. (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 heat related illness and management plan for the home was implemented in the home by May 15, 2021 which required: the home to document the air temperatures in two residents' bedrooms, in different parts of the home; in one resident common area on every floor, which may include a lounge, dining area, or corridor; and in every designated cooling area.

As per the amendments to Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007, related to enhanced cooling requirements, which was sent April 1, 2021, with an effective date of May 15, 2021, the Long-Term Care Home's were required to have their heat related illness prevention and management plan for the home implemented by May 15, 2021.

A review of the air temperature documents provided, identified there was documentation and recordings for temperature and humidity, in the cooling areas assigned by the home, beginning on June 15, 2021, but not in resident rooms.

In an interview with the Administrator, when they provided documentation for the air temperature and humidity recordings, they stated that they had implemented the

requirements on June 15, 2021, for the cooling areas when they had received their new thermometers. The Administrator stated they had not started to take temperatures, for two resident's rooms, and that they were in the process of implementing this requirement.

Sources: April 1, 2021 memo regarding amendments to Ontario Regulation 79/10 related to enhanced cooling requirements; Policy titled, Prevention and Management of Heat Related Illness and Conditions (Hot Weather), revised June 17, 2021; observations of home; Air temperature and humidity documentation record; interview with the Administrator. [s. 21. (2) 2.] [s. 21. (2) 1.]

2. The licensee has failed to ensure that the home would document the air temperature's at least once every morning, once every afternoon between 1200 and 1700 hours and once every evening or night.

A review of air temperature documents provided, identified there was documentation and recording for temperature and humidity, in the cooling areas started on June 15, 2021; most of the day temperatures were recorded, but the afternoon and evening recordings were not being completed.

In an interview with the Administrator, they stated they had just started to take temperatures on June 15, 2021, after getting new thermometers. The staff were completing most of the day recordings, but the afternoon and evening staff, were not filling in the temperatures for this document, and they were still getting use to the process of implementing this requirement.

Sources: Policy titled, Prevention and Management of Heat Related Illness and Conditions (Hot Weather), revised June 17, 2021; review of document, with air temperature and humidity recorded; interview with the 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 to ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home: At least two resident bedrooms in different parts of the home. The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 1200 and 1700 hours and once every evening or night, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

**Specifically failed to comply with the following:**

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and O. Reg. 79/10, s. 90 (1).**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that, (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection; O. Reg. 79/10, s. 90 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that, maintenance services in the home were available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair.

A complaint was submitted to the Director with areas of concerns related to the installation of the portable air conditioning units.

A review of the maintenance books on three Home Areas, identified there were many maintenance requested items written, in a specific three month period, that were not signed as completed.

An interview with a PSW, identified there had not been a maintenance manager in that position for months, and they had problems with the portable air conditioners, the “tube was falling out of the windows, and there was tape on them, but it would not last.”

An interview with the new Environmental Services Manager who had just started working in the home, identified that staff had been installing the portable air conditioners, incorrectly.

An interview with the Administrator identified they had not had an Environmental Services Manager for their maintenance program for a specific period of time. The Administrator also stated they had other subcontractors for different items in their home, however they did identify that they did not have maintenance in the home seven days a week.

Sources: Interview with complainant; review of maintenance books; interviews with Administrator, Environmental Services Manager, and a PSW, and other staff. [s. 90. (1) (a)]

2. The licensee has failed to ensure that procedures were developed and implemented to ensure that the air conditioning systems were; cleaned, in good state of repair, and were inspected every six months by a certified individual, and that documentation is kept of the inspection.

A complaint was submitted to the Director with areas of concerns related to the installation of the portable air conditioning units.

Observations in the home identified the home was using portable air conditioners, with different brand names and they were identified in the maintenance books.

An interview with the Environmental Services Manager, identified that some of the portable air conditioners were older, and that they had to remove one from a Home Area.

In an interview with the Administrator, they identified there was no documentation to show that the portable air conditioners were inspected and cleaned every six months,

and they were now looking into having a subcontractor provide this service.

Sources: Interview with complainant; Observations of the use of portable air conditioners and review of maintenance books; Interview with Administrator and Environmental Services Manager, and other staff. [s. 90. (2) (c)]

***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, maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair, to be implemented voluntarily.***

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**WN #4: 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. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that any written or verbal complaint which alleged harm or risk of harm received by Substitute Decision Maker (SDM) for a resident, was fully investigated.

A complaint was submitted to the Director with areas of concerns related to the complaint process and investigation.

A review of the home's complaint binder identified a complaint had been submitted for a resident by the resident's SDM, related to care concerns, which had been documented in a progress note by an RPN.

In an interview with the DOC, they stated there had been some confusion about the time of the incident, they had spoke to staff, but that it was not immediately investigated, and there were no investigation notes completed.

Sources: Interview with Complainant; policy titled, Resident Rights, Care and Services-Reporting and Complaints Management; revised May 17, 2021; progress notes; complaint binder; emails; interview with DOC and other staff. [s. 101. (1) 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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follow: The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints**

**Specifically failed to comply with the following:**

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when they received a written complaint that was a concern about the care of a resident or the operation of the home, that it would be immediately forwarded to the Director.

A complaint was submitted to the Director with areas of concerns related to the complaint process.

A review of the home's complaint binder identified there had been a specific number of complaints/concerns submitted to the home in a specific time period. There were identified complaints regarding residents care concerns.

A review of the complaints and concerns policy titled, Resident Rights, Care and Services-Reporting and Complaints Management, stated that the home would submit any written complaints related to the care of a resident or the operation of the home to the Director of the Ministry of Health and Long term Care (MOHLTC).

In an interview with the DOC, they stated since they had worked in this home they had never submitted a written complaint to the Director.

In an interview with the Administrator, they stated they had never submitted any written complaints related to the care of a resident or the operation of the home to the Director. They stated that when they receive a written complaint from a family member, with care concerns, they would usually ask them if they wanted it sent to the Ministry and if they replied with a "no" they would not send it.

Resources: Interview with complainant; complaint binder; emails; policy titled, "Resident Rights, Care and Services-Reporting and Complaints Management; revised May 17, 2021; Interviews with Administrator, and DOC, and other staff. [s. 22. (1)]

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**Issued on this 9th day of July, 2021**

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

**Original report signed by the inspector.**