



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de
London
291, rue King, 4^{ième} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 10, 2013	2013_171155_0030	L-000556-13	Complaint

Licensee/Titulaire de permis

SAUGEEN VALLEY NURSING CENTER LTD
465 DUBLIN STREET, MOUNT FOREST, ON, N0G-2L3

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

SAUGEEN VALLEY NURSING CENTER
465 DUBLIN STREET, MOUNT FOREST, ON, N0G-2L3

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

SHARON PERRY (155)

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): August 28, 2013.

The inspector also reviewed documents from the home and discussed these with the Administrator via telephone on September 3, 2013.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Therapeutic Programs, Maintenance Man, Registered Practical Nurse, 3 Personal Support Workers, Family member and 2 Residents.

During the course of the inspection, the inspector(s) toured resident living areas; measured temperature and relative humidity in areas throughout the home; reviewed resident records; reviewed home's policy of Management of Heat Related Illnesses; reviewed the home's heating, ventilation and air conditioning reports related to this inspection; reviewed homes' records of temperatures taken in resident rooms on July 18 and 19, 2013 and one day between July 22-July 31, 2013; and observed residents.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Safe and Secure Home**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 20. Cooling requirements

Specifically failed to comply with the following:

s. 20. (1) Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat. O. Reg. 79/10, s. 20 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the written hot weather related illness prevention and management plan that was developed in accordance with evidence-based practices was implemented when required to address the adverse effects on residents related to heat.

The home's policy entitled Management of Heat Related Illnesses, Policy number NUM-B-885 with effective date of July 2012 indicates that the risks that are associated with extreme heat (defined as humidex > 40° C) and hot weather will be managed.

The procedure then outlines what the staff's duties include during such an event.

The home is not taking temperatures or measuring relative humidity levels in resident areas (lounges, hallways, rooms) so a humidex level is not available. On July 17, 2013 it was noted that the north-side air conditioning unit was not cooling.

Temperatures were taken on July 18, 2013 in resident rooms because the unit was not cooling and on 3 north ranged from 28.8°C to 34.4°C; 2 north ranged from 24.2°C to 32.2°C; 2 south 23.8°C to 30.6°C; and on 3 south 24.6°C to 30.6°C.

The Administrator confirmed that temperatures and relative humidity levels were not being taken therefore hot weather related illness prevention and management plan was not implemented in accordance with evidence-based practices and the home's policy. [s. 20. (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 a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is implemented when required to address the adverse effects on residents related to heat, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



Specifically failed to comply with the following:

**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 did not ensure that the air conditioning system was inspected at least every six months by a certified individual. Documentation reviewed revealed that the air conditioning system was inspected November 2, 2012 and not again until 8 3/4 months later (July 29, 2013). On July 17, 2013 it was noted that the north-side air conditioning unit was not cooling. A compressor in the air conditioning unit needed replacing and this was done on July 18, 2013. Temperatures taken in resident rooms on 3 north area on July 18, 2013 ranged from 28.8°C to 34.4°C. This was confirmed by Administrator and Director of Therapeutic Programs. [s. 90. (2) (c)]

Issued on this 10th day of September, 2013

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