

**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**Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 11, 2021	2021_505103_0002	008451-21, 011789-21	Complaint

Licensee/Titulaire de permisSherwood Park Manor
1814 County Road #2 East Brockville ON K6V 5T1**Long-Term Care Home/Foyer de soins de longue durée**Sherwood Park Manor
1814 County Road #2 East Brockville ON K6V 5T1**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

DARLENE MURPHY (103)

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 3-6, 9, 2021.

**Log #00845-21-complaint related to maintenance issues and short staffing and
Log #011789-21-complaint related to short staffing and resident care.**

**During the course of the inspection, the inspector(s) spoke with residents,
Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered
Nurses (RN), the screener at the entrance, the Maintenance Manager, the Assistant
Director of Care (ADOC), the Director of Care (DOC) and the Administrator.**

**During the course of the inspection, the inspector made observations of resident
dining and resident care, reviewed resident health care records, infection control
practices, air temperature logs and the home's documented record of complaints.**

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Dining Observation

Infection Prevention and Control

Reporting and Complaints

Safe and Secure Home

Sufficient Staffing

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

2 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. 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. (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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home.

A review of the home's temperature log indicated temperatures were not measured and documented in writing in at least two resident bedrooms in different parts of the home prior to July 16, 2021. The Maintenance Manager indicated they began measuring and documenting the air temperatures on July 16, 2021. [s. 21. (2) 1.]

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

A review of the home's temperature log indicated temperatures were not measured and documented in writing in one resident common area to date of this inspection. The Maintenance Manager confirmed this information. [s. 21. (2) 2.]

3. The licensee has failed to ensure that the temperature was measured and documented in writing in every designated cooling area in the home.

A review of the home's temperature log indicated temperatures were not measured and documented in writing in every designated cooling area in the home to date of this inspection. The Maintenance Manager indicated there are designated cooling areas in the home but temperatures were not measured and documented in these areas.

When steps are not taken to measure and document the air temperatures in the specified areas of the home during the required time frames, it places risk on resident comfort and safety.

Sources: the LTCH's temperature log, interview with Maintenance Manager. [s. 21. (2) 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 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.***
- 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, to be implemented voluntarily., to be implemented voluntarily.***

WN #2: 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. (3) The licensee shall ensure that,**
- (a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).**
 - (b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).**
 - (c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).**

Findings/Faits saillants :

1. The licensee failed to ensure a resident's verbal complaints, included in the documented record of complaints, were reviewed and analyzed for trends at least quarterly.

During this inspection, a resident reported care related concerns to this inspector and indicated they had also reported them to the DOC. The documented record of complaints was reviewed and included this verbal complaint. During a discussion with the DOC, they indicated they had received additional care related complaints from residents over a period of several months and that different strategies had been utilized.

The DOC stated the documented record of complaints is not reviewed and analyzed for trends which could be used to assist in determining what improvements are required in the home.

Sources: interview with a resident and the DOC, review of the LTCH's documented record of complaints. [s. 101. (3)]

Issued on this 12th day of August, 2021

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

Original report signed by the inspector.