

**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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<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>
Sep 16, 2021	2021_563670_0024	011130-21, 012516-21	Critical Incident System

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**Licensee/Titulaire de permis**

Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4

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

Sumac Lodge  
1464 Blackwell Road Sarnia ON N7S 5M4

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

DEBRA CHURCHER (670)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): September 14 and 15, 2021.**

**The purpose of this inspection was to inspect the following:**

**Log# 011130-21 Follow up inspection related to prevention of abuse and neglect.  
Log# 012516-21 CIS# 2573-000025-21 related to alleged resident to resident abuse.  
Infection Prevention and Control and heating and cooling was also inspected during this inspection as a mandatory task.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, one Housekeeper, one Registered Nurse, the Environmental Services Manager, two Personal Support Workers, one Registered Practical Nurse Infection Prevention and Control Lead, one Registered Practical Nurse Behavior Supports Ontario Lead and residents.**

**During the course of this inspection the Inspector observed the overall cleanliness and maintenance of the home, observed staff to resident interactions, observed the provision of care, reviewed relevant clinical records, reviewed relevant internal documentation and records and observed infection prevention and control practices in the home.**

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

**Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours  
Safe and Secure Home**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2021_729615_0023	670

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Légende

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
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.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature**

**Findings/Faits saillants :**

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

Review of the home's temperature logs showed that the temperature in the home was found to be below 22 degrees Celsius on 44 occasions, within the 14 day period reviewed.

During an interview with resident #005 they stated that there were times when they were chilled.

The home's failure to maintain the temperature of the home at a minimum of 22 degrees Celsius placed residents at risk.

Sources: Temperature logs and interview with resident #005. [s. 21.]

***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 home is maintained at a minimum of 22 degrees Celsius, to be implemented voluntarily.***

**Issued on this 16th day of September, 2021**

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

**Original report signed by the inspector.**