Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: July 9, 2025
Inspection Number: 2025-1094-0005
Inspection Type: Complaint
Licensee: Lutheran Homes Kitchener-Waterloo
Long Term Care Home and City: Trinity Village Care Centre, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 25, 26, 27, 2025 and July 3, 4, 2025
The inspection occurred offsite on the following date(s): June 27, 2025 and July 2, 2025
The following intake(s) were inspected:

- Intake: #00150884 & #00150846 - Complaints regarding excessive heat in resident rooms and resident discomfort.

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

Resident Care and Support Services
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Cooling requirements

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 23 (2) (c)
Cooling requirements
s. 23 (2) The heat related illness prevention and management plan must, at a minimum,
(c) identify specific interventions and strategies that staff are to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents;

The licensee's heat related illness prevention and management plan (HRIPMP) did not, at a minimum identify specific interventions and strategies that staff were to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents.

Specific environmental risk factors that impacted resident comfort during the inspection included, but were not limited to lack of air conditioning equipment to supplement the overall mechanical cooling system, lack of heat blocking window covers, heat accumulation in rooms via oxygen concentrators, large television screens, location on upper floors in areas with direct sun exposure, and lack of ventilation. Specific interventions and strategies to prevent or mitigate exposure to high heat in resident rooms were not included in the HRIPMP, including the use of air conditioning eqiupment, cooling supplies and devices.

PSWs and registered staff reported that they did not know the temperature of any resident rooms on any day or shift as each room temperature was recorded using sensors and a software application that was not accessible to them, but only to the

Environmental Services Supervisor (ESM). Registered staff reported that they received emails from the ESM when air temperatures were above 26˚C, however, if the ESM was unavailable, no alerts were received. Staff did not have air temperature thermometers to verify readings on any home area and were not adequately informed on a continuous basis of the indoor air temperatures.

PSWs were not aware of the status of residents heat risk and therefore applied the same interventions and strategies, whether they were helpful to residents or not. The PSWs referred to a Kardex for each resident which identified what tasks were reqiured of them in the care of each resident. One task was identified; to keep windows and window covers closed during a heat risk period. The residents' plans of care, which registered staff could access, additionally included that they follow their heat protocol. However, three registered staff were not aware of the heat protocol and could not locate it when asked. The protocol included additional monitoring, increased fluid intake, use of designated cooling areas, providing residents with a fan and how to clinically respond to heat related illness, but no information or direction regarding the availability of air conditioning eqiupment for residents who were uncomfortable, could not or want to leave their rooms.

Sources: Review of the licensee's heat related illness and prevention management plan, revised June 2025, observations of resident rooms, interviews with registered and non-registered staff, residents and families.

WRITTEN NOTIFICATION: Cooling requirements

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)
Cooling requirements
s. 23 (2) The heat related illness prevention and management plan must, at a

minimum,
(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

The licensee has failed to ensure that their heat-related illness prevention and management plan (HRIPMP), revised in June 2025, at a minimum, included a protocol for appropriately communicating the HRIPMP to residents, staff, volunteers, substitute decision-makers (SDM), visitors, the Residents' Council of the home, and others where appropriate.

The HRIPMP did not include any details about who will communicate the plan, in what manner and when to the required individuals.

Two residents who regularly participated in attending the Resident Council meetings, several substitute decision makers, three registered staff members and a manager were unaware of the HRIPMP or where they could easily access it.

Sources: Review of Resident Council Meeting minutes, Heat related Illness Prevention and Management Programming plan, revised June 2025, and interviews with staff, family members and residents.

WRITTEN NOTIFICATION: Plan of care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 11.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary

assessment of the following with respect to the resident:
11. Seasonal risk relating to heat related illness, including protective measures required to prevent or mitigate heat related illness.

The licensee has failed to ensure that the plan of care for residents included protective measures required to prevent or mitigate heat related illness (HRI).

The plans of care for three residents, which were assessed as either low, moderate, or high risk for HRI, included identical interventions, despite each resident having different risk factors related to their clinical profile and exposure to different environmental conditions in their rooms. Two residents' rooms had heat equipment in their rooms, which contributed to an increased air temperature. The air temperature in all three resident rooms was over 26C on multiple days in June 2025. All three residents were located in areas of the building which were subjected to more direct sun and warmer conditions on upper floors.

Failure to assess the resident's environment as part of a comprehensive care plan in addition to clinical risk factors and to subsequently include protective measures which includes the use of air conditioning equpment in the plan of care for staff awareness and implementation may increase the resident's risk to heat-related illness.

Sources: Air temperature measurements in resident rooms, review of heat risk assessments, plans of care, and interviews with the Director of Care, Nurse Managers, residents and substitute decision makers.

WRITTEN NOTIFICATION: Emergency plans

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (5) 1.
Emergency plans
s. 268 (5) The licensee shall ensure that the emergency plans address the following components:
1. Plan activation, including identifying who or which entity declares there is an emergency at the home and who or which entity declares that the emergency is over at the home, as agreed upon by the entities the licensee consulted with under clause (3) (a).

The licensee has failed to ensure that their emergency plan related to natural disasters and extreme weather events (excessive heat) addressed a component related to plan activation.

The licensee's Code Orange (Disaster) emergency plan included a response to extreme heat, which did not identify when the plan was to be activated, by whom and who is to declare the emergency over.

Sources: Review of the licensee's emergency plans (revised February 28, 2025), interview staff and with the Director of Care and Environmental Services Supervisor.

WRITTEN NOTIFICATION: Emergency plans

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (5) 3.
Emergency plans
s. 268 (5) The licensee shall ensure that the emergency plans address the following components:
3. A communications plan.

The licensee has failed to ensure that their emergency plans addressed a component related to a communications plan.

A communications plan is a strategic, step by step process that specifies who the communications lead will be, the information records that need to be accessed and how, what relevant communication technologies will be used, when, and how and with whom the licensee will communicate when an emergency occurs and throughout the emergency, both internally and with external entities and stakeholders.

Sources: Review of the licensee's emergency plans (revised February 28, 2025) and interview with the Dirctor of Care.

WRITTEN NOTIFICATION: Emergecy plans

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (10) (a)
Emergency plans
s. 268 (10) The licensee shall,
(a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;

The licensee has failed to test the emergency plans related to extreme weather events on an annual basis, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency.

No documentation was provided for review to determine if the emergency plan related to extreme weather events was tested over the course of the last 12 months, what type of test was conducted, who attended and who conducted the testing. A staff member identified that, in general, plans were discussed and not practiced.

Sources: Interview with staff, review of the licensee's emergency plan related to exteme heat.

COMPLIANCE ORDER CO #001 Air conditioning requirements

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 23.1 (3) 1.
Air conditioning requirements
s. 23.1 (3) The licensee shall ensure air conditioning is operating, and is used in accordance with the manufacturer's instructions, in each area of the long-term care home described in subsection (1) in either of the following circumstances:
1. When needed to maintain the temperature at a comfortable level for residents during the period and on the days described in subsections (1) and (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1) Sufficient supplemental air conditioning equipment shall be made readily available for residents when and where needed for cooling and comfort. Residents at high risk for heat-related illness and residents who are subject to increased heat in their rooms from oxygen concentrators and direct sun exposure shall be prioritized.
2) Where supplementary air conditioning equipment has been provided for resident comfort, and consented to by the resident(s) or substitute decision maker(s), the reason shall be stated in the resident's plan of care, along with any operational instructions for staff to follow, if there are any.
3) Revise the existing heat-related illness and prevention management plan (HRIPMP), to include a process as to how and when each resident will be kept comfortable during the period of May 15 to September 15 of each year and on any day where the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26˚C or above at any point during the day or when the indoor air temperatures measured by the licensee reaches 26˚C or above at any point during the day, remainder of the day and the following day. The revised HRIPMP shall be shared with all staff, substitute decision makers, volunteers, residents and the Resident's Council.

Grounds

The licensee has failed to ensure that air conditioning was operating in resident rooms when needed to maintain the temperature at a comfortable level for residents between May 15 and September 15, on any day when the outside temperature (as forecasted by Environment and Climate Change Canada) or the indoor air temperatures measured by the licensee reached 26 degrees Celsius (˚C) or above at any point during the day, remainder of the day and the following day.

The licensee's mechanical cooling system, which was on during the inspection, was unable to maintain comfortable indoor air temperatures for residents during the month of June 2025, when peak summer conditions had begun (when outdoor air temperatures reached or exceeded 26˚C). Staff and residents described the conditions as extremely uncomfortable, and that the heat was a common problem every summer.

Ambient air temperatures for the third-floor resident home areas for the month of June 2025, were measured and recorded by the licensee to be above 26˚C for approximately 28 days in seven resident rooms, and three consecutive days in 28 resident rooms. For three resident rooms, the air temperature was over 30˚C for two consecutive days. The Inspector measured the outdoor air temperature in the courtyard on the last day of inspection (in the shade), which was 25.5˚C at 1:33 p.m. Three identified resident rooms were all at or above 26˚C just after 12:30 p.m.

Several residents had heat generating equipment in their rooms, which contributed to the overall heat in the room. Windows were closed, and blinds and curtains were pulled but did not block the heat from emanating into the room. Fans were ineffective in air temperatures above 26˚C. Exhaust system was not functional. No supplemental air conditioning equipment was made available for staff to implement when and where needed.

Failure to ensure that air conditioning was operating in resident rooms (especially on second and third floors) where and when needed affected their comfort and quality of life and placed them at increased risk of heat-related illness.

Sources: Review of air temperature logs, observations and air temperature measurements, interview with the Director of Care, Environmental Services Manager, staff, residents and family members.

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This order must be complied with by July 25, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.