

**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) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b>   | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|-------------------------------------|--|
| Aug 13, 2021                                   | 2021_797740_0020                              | 010602-21, 011383-<br>21, 011804-21 | Critical Incident<br>System                        |

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**Licensee/Titulaire de permis**

AXR Operating (National) LP, by its general partners  
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 Mississauga ON L4W  
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**Long-Term Care Home/Foyer de soins de longue durée**

McGarrell Place  
355 McGarrell Drive London ON N6G 0B1

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

SAMANTHA PERRY (740)

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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): August 04, 05, 06, 09, 10, 2021.**

**The following intakes were completed within the Critical Incident Systems inspection:**

**Log# 010602-21 / CI# 2964-000022-21 related to suspected resident fall;  
Log# 011383-21 / CI# 2964-000028-21 related to fall and change in condition and hospitalization; and  
Log# 011804-21 / CI# 2964-000031-21 related to an injury of unknown origin.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Associate Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents.**

**The inspector(s) also made various observations, including Infection Prevention and Control practices, cooling requirements and reviewed residents' clinical records.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition  
Infection Prevention and Control  
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)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/> VPC – Voluntary Plan of Correction<br/> DR – Director Referral<br/> CO – Compliance Order<br/> WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/> VPC – Plan de redressement volontaire<br/> DR – Aiguillage au directeur<br/> CO – Ordre de conformité<br/> 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> |

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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 air temperature was measured and documented consistently at least once every morning, afternoon between 12 p.m. and 5p.m., and once every evening or night in at least two resident bedrooms in different parts of the home, and one resident common area on every floor of the home.

A review of the home's temperature records for May, June and July 2021, identified that the home recorded the temperatures of two resident bedrooms, and a common area temperature on each floor of the home 406/1155 or 35 per cent of the time required.

Director of Care (DOC) #101, confirmed the home was not consistently measuring and documenting temperatures at least once every morning, afternoon and evening in two resident bedrooms and a common area on each floor of the home.

Sources: The LTCH's temperature records; and interviews with DOC #101. [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 by ensuring the home's air temperature records are completed in full from May 15 to September 15 every year, to be implemented voluntarily.***

**Issued on this 13th day of August, 2021**

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

**Original report signed by the inspector.**