

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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**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
Jan 10, 2020	2020_824765_0001	024091-19	Other

**Licensee/Titulaire de permis**

Autumnwood Mature Lifestyle Communities Inc.  
30 Ste Anne Road, 3rd Floor SUDBURY ON P3C 5E1

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

Cedarwood Lodge  
860 Great Northern Road SAULT STE. MARIE ON P6B 0B5

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

HILARY ROCK (765)

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

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): January 6, 7, and 8, 2019.**

**This inspection is a Sudbury Service Area Office initiated inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Manager (ESM), Programs Manager, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Dietary Aides (DAs), and residents.**

**The Inspector(s) also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed health care records, policies, procedures and programs.**

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

**Dining Observation**

**Falls Prevention**

**Medication**

**Reporting and Complaints**

**Residents' Council**

**Skin and Wound Care**

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

**1 WN(s)**

**0 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. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

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1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

In accordance with O. Reg 79/10, s. 72 (3) (b), the licensee was required to ensure that all food and fluids in the food production system were served using methods to prevent food borne illness.

Specifically, staff did not comply with the licensee's policy regarding "Temperature Logs and Taking Temperature" Policy #: 02-02-07, last revised Dec 2018, which was part of the licensee's nutrition care and hydration program manual and nutrition services program. It was documented in the policy that the Food Services Manager (FSM) shall ensure the systems for documenting and recording required temperatures of food being held for service in the service areas. The policy continued to include that the FSM shall audit the temperature logs to ensure compliance with the policy and that the equipment was operating correctly to achieve acceptable temperatures.

Inspector #765 reviewed three weeks of temperature logs. Upon review there were two different temperature logs for one of the weeks reviewed. On one of the temperature logs from the week with two temperature logs, the dinner section on the identified date only had three items' temperatures recorded and the rest of the dinner temperatures were not documented. The temperatures missed were for the second-choice vegetable, both minced vegetables, both pureed vegetables, both starch choices, and gravy/sauce. The second-choice entrée temperature was also missed on the lunch temperature log on the same identified date.

During an interview with the Environmental Services Manager (ESM) #102, they stated that sometimes their staff either failed to take the temperatures or failed to document them. ESM #102 stated that they were aware that they did not complete an audit of the food temperature logs. ESM #102 confirmed that the temperatures were missed on the identified date. [s. 8. (1) (b)]

**Issued on this 10th day of January, 2020**

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

**Original report signed by the inspector.**