

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

**Central East District**  
33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Original Public Report

<b>Report Issue Date:</b> June 29, 2023	
<b>Inspection Number:</b> 2023-1486-0003	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Bethany Lodge	
<b>Long Term Care Home and City:</b> Bethany Lodge, Markham	
<b>Lead Inspector</b> Asal Fouladgar (751)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Eric Tang (529)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 15-16, 19-23, 26, 2023.

The following intake(s) were inspected:

- Intake: #00089896 - Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents' Rights and Choices
- Pain Management

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Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Air Temperature

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 24 (3)

The licensee has failed to ensure the temperature was measured and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

#### Summary and Rationale

The home's policy on daily air temperature reading indicated that air temperature was to be measured three times a day (once every morning, once every afternoon between 12 p.m. and 5 p.m., and once every evening or night) by the Environmental Services Manager (ESM) or the designate. The temperature readings were to be documented in the Daily Air Temperature Reading Record form.

A Daily Air Temperature Reading Record form containing air temperature readings for a period of one month was reviewed, but air temperature was only documented once a day during the identified period.

When interviewed, Maintenance Staff #107 stated that they would only measure and document the required air temperature once a day. ESM #102 acknowledged the gap and expected their staff to complete the required air temperature measurement and documentation three times a day. The ESM further stated that they would follow-up with their department immediately.

Failure to complete the required air temperature measurement and documentation may affect the residents and their comfort level in the facility.

**Sources:** The home's policy titled "Log Book Daily Air Temp Reading", last revised on September 9, 2022, daily air temperature reading record form, and staff interviews.

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### WRITTEN NOTIFICATION: Dining and snack service

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee has failed to ensure that food and fluids were served at a temperature that was both safe and palatable to the residents.

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### Summary and Rationale

The home's policy titled "Servery food temperature", required dietary aides/designees to record all temperatures of foods prior to meal service and to take corrective actions if temperatures were outside of the standard range. After completing the corrective action, the dietary aides/designee were to re-take and record food temperature under the corrective action column and initial.

Reviewing a servery temperature form on a specific Resident Home Area (RHA), identified two food items' temperature documented higher than the standard holding temperature. The standard holding temperature for those food items were between 60 to 76 degrees Celsius according to the servery temperature form. No further documentations related to these temperature recordings were identified on the form.

Dietary Aide (DA) #113 stated once they noted the food temperature was higher than standard, they let the food sit for a while, rechecked the temperature and served the food to the residents. However, they did not document the re-checked temperature and was unable to recall the re-checked temperature.

The Food Service Manager (FSM) confirmed that dietary aides were required to record the corrected food temperature in the servery temperature form and acknowledged that DA #113 failed to do so.

There was potential risk of harm to the residents when the hot meals were not served at the safe food temperature.

**Sources:** A RHA servery temperature form, the home's policy titled "Servery Food Temperature" last revised January 2018, and interviews with staff.

[751]

### WRITTEN NOTIFICATION: Infection Prevention and Control Program

**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b), IPAC Standard 10.1

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control. Specifically, the licensee has failed to ensure their hand hygiene program included access to a 70-90% Alcohol-Based Hand Rub (ABHR) as is required by Additional Requirement 10.1 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022.

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**Summary and Rationale**

Upon conducting a tour of the home, a total of three expired wall mounted ABHRs were found in RHAs. Maintenance Staff #107 and Personal Support Worker (PSW) #109 were also made aware of the expired products and they were replaced shortly after.

The IPAC Lead confirmed that expired ABHRs were not to be used on the floor and to be replaced upon discovery.

There was a risk and impact to the residents as the expired ABHRs might not be sufficient in breaking the chain of infection.

**Sources:** Observation, and staff interviews.

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