

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 13, 2021	2021_747725_0028	008461-21, 008621-21	Critical Incident System

Licensee/Titulaire de permis

Copper Terrace Limited
284 Central Avenue London ON N6B 2C8

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

Copper Terrace
91 Tecumseh Road Chatham ON N7M 1B3

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

CASSANDRA TAYLOR (725), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 2,3,7-9, 2021.

Log #008461-21/CIS #1115-000022-21 - relating to resident to resident responsive behaviours

Log #008621-21/CIS #1115-000025-21 - relating to resident to resident responsive behaviours.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Clinical Services, the Director of Environmental Services, one Registered Nurse, two Registered Practical Nurses, four Personal Support Workers, one Resident Care Aide, two Housekeeping staff and residents.

During the course of the inspection, the inspector(s) observed infection prevention and control practices and reviewed relevant resident clinical records, policies and procedures of 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)

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. 21. Air temperature
Specifically failed to comply with the following:**

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

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

During record review of the homes air temperature monitoring from August 20 to September 1, 2021, it was noted that one area of the home the "Tree Room" was consistently documented at 21 degrees Celsius, 11 out of 13 days that were reviewed.

Not maintaining the temperature at a minimum of 22 degrees posed a minimal risk to residents to be uncomfortable in their environment.

Sources: The homes temperature monitoring logs. [s. 21.]

2. The licensee has failed to ensure that temperatures required to be monitored, were recorded every evening.

During record review of the homes air temperature monitoring from August 20 to September 1, 2021, it was noted that temperatures were missing from the evening documentation requirement, five out of 11 days that were reviewed. The Director of Environmental Services confirmed the temperatures were not documented and should have been.

Not recording required temperatures during the hot weather months posed a minimal risk to residents to experience the potential for undesirable temperatures.

Sources: The homes temperature monitoring logs and staff interview with the Director of Environmental Services. [s. 21. (3)]

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 to ensure that temperatures required to be monitored, are recorded for every required time frame, to be implemented voluntarily.

Issued on this 13th day of September, 2021

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

Original report signed by the inspector.