Ontario

Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
July 26, 2011	2011-159120-026	L-001130-11 Complaint

Licensee/Titulaire

Grosvenor Health Care Partnership (No. 4), 150 Water Street South, Cambridge, ON N1R 3E2

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

Country Village Health Care Centre, 440 County Rd. 8, RR #2, Woodslee, ON N0R 1V0

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

Bernadette Susnik, Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a complaint inspection related to the prevention and management of heat-related illness during hot weather.

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Environmental Services Supervisor, maintenance person and residents.

During the course of the inspection, the inspector conducted a walk-through of the home, took air temperature and humidity readings, reviewed resident clinical records, employee training records and the home's policies and procedures.

The following Inspection Protocols were used during this inspection:

- *Safe and Secure Home*
- *Accommodation Services - Maintenance*

Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN
2 CO - #001, #002

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: ***The licensee has failed to comply with O. Reg. 79/10, s.20.(1).*** *Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat.*

Findings:

During the inspection, interventions to reduce heat in the building environment were not effective. Air and humidity temperatures were not being recorded in general resident accessible areas (values were being recorded in tub rooms), and staff from the various shifts did not receive any in-servicing with respect to interventions prior to the summer season.

The designated cooling areas in the home consisted of one lounge space in the former retirement home area, which is not adequately secured for resident use, and two areas in the long term care home. One being a sun room which can accommodate up to 12 residents and the Hillside dining room which can accommodate up to 25 residents. These spaces were well below 28°C and very comfortable, however the cooled spaces cannot accommodate all of the 68 residents in the long term care home area. The remaining spaces, such as the Willows dining room (retirement side with inadequate door security), television lounge and small activity room were 27-29°C with 46-49% humidity. In summary, residents do not have adequate access to adequately cooled spaces which are also within the licensed long term care home area.

The air temperatures and humidity levels were measured throughout the building. The North and East areas were more comfortable at 25.6C (78°F) but the South area was uncomfortable at 28°C with humidity levels between 49-51%. The outdoor values were 30°C and 42%. These values equal a Humidex of approx. 32 and in the uncomfortable range for residents.

Additional Required Actions:

CO-#001 - Please refer to the "Order of Inspector" Form for details.

WN #2: The licensee has failed to comply with O. Reg. 79/10, s. 9.1.i,ii. *Every licensee of a long-term care home shall ensure that the following rules are complied with:*

1. *All doors leading to stairways and the outside of the home must be,*
   - *i. kept closed and locked,*
   - *ii. equipped with a door access control system that is kept on at all times*

Findings:

Multiple perimeter doors in the home leading directly to unenclosed outdoor areas are not equipped with a door access control system that functions to "lock" the doors (that would release fire exits during fire alarm) to prevent unauthorized resident egress. Doors were identified to be equipped with alarms only. Some of the alarms were connected to the current resident-staff communication response system and others were not.

These doors are located both in the long term care home area of the building as well as in the former retirement home area, both of which are on 2nd floor. Residents have access to the entire building on the second floor and therefore to doors which are alarmed only.

Additional Required Actions:

CO - #002 – Please refer to the "Order of Inspector" Form for details.

WN#3: The licensee has failed to comply with the LTCHA 2007, S.O. 2007, c.8, s.15.(2)(c). Every licensee of a long term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

The home has 3 air conditioning units, each servicing either the north, south or east sides of the building. Service reports acquired from the home with respect to maintenance on the North unit, reveal that the unit failed to work properly on July 17/11, May 26/11, May 26/11, Sept. 22/10, Sept. 05/10, Sept. 03/10, August 30/10, August 14/10, August 15/10, August 5/10, July 27/10, June 18/10 and May 25/10. The south unit failed to work properly on July 17/11, June 07/11, June 02/11, May 13/11, Sept. 22/10 and August 6/10.

During the inspection, a Carrier air conditioning unit in the south end was not functioning properly. The area of the home with this malfunctioning unit was 28°C with a humidity of 49%. When the unit was running, the humidity dropped to 35% but the air temperature was not affected when measured at the air supply register in a resident's room.

According to the contracted service, Southwest Energy, the 2 units servicing the south and north sides of the building, are undersized and in poor condition. The geographical area the home is located in undergoes frequent power spikes and when this occurs, the units automatically shut off. The units also tend to overheat due to aged condenser coils (which are required to pull heat from the refrigerant) and the units therefore shut down automatically. As a result, the equipment does not work consistently and is therefore not in a good state of repair.

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

B. Lusnik

Date of Report: (if different from date(s) of inspection).

Aug. 17/11

Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public	
Name of Inspector:	Bernadette Susnik	**Inspector ID #**	120
Log #:	L-001130-11		
Inspection Report #:	2011-159120-026		
Type of Inspection:	Complaint		
Date of Inspection:	July 26, 2011		
Licensee:	Grosvenor Health Care Partnership (No. 4), 150 Water Street South, Cambridge, ON N1R 3E2		
LTC Home:	Country Village Health Care Centre, 440 County Rd. 8, RR#2, Woodslee, ON N0R 1V0		
Name of Administrator:	Mary Butler		

To, *Grosvenor Health Care Partnership*, you are hereby required to comply with the following order by the date(s) set out below:

Order #:	001	**Order Type:**	Compliance Order, Section 153 (1)(a)

Pursuant to: The licensee has failed to comply with O. Reg. 79/10, s.20.(1). Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat.

Order:

- The home is to establish adequate cooling area(s) within the licensed long-term care home area so that all 68 residents can be accommodated. The cooling area(s) must be "cooler" than outdoors but must not fall below a temperature of 22C. (October 31, 2011)
- The home shall monitor the indoor air temperature and humidity readings at a minimum of once daily to determine the "Humidex" value, using Environment Canada's Humidex Calculator. This index can also be found in the MOHLTC document entitled "Guidelines for the Prevention and Management of Heat Related Illness in Long-Term Care Homes". A Humidex value between 30 and 39 will require the initiation of heat stress interventions. (Immediate)
- Educate all staff to recognize the signs and symptoms of heat stress in the elderly and the types of interventions needed to alleviate the risks. (Immediate)

Grounds:

During the inspection, interventions to reduce heat in the building environment were not effective. Air and humidity temperatures were not being recorded in general resident accessible areas (values were being recorded in tub rooms), and staff from the various shifts did not receive any in-servicing with respect to interventions prior to the summer season.

The designated cooling areas in the home consisted of one lounge space in the former retirement home area, which is not adequately secured for resident use, and two areas in the long term care home. One being a sun room which can accommodate up to 12 residents and the Hillside dining room which can accommodate up to 25 residents. These spaces were well below 28°C and very comfortable, however the cooled spaces cannot accommodate all of the 68 residents in the long term care home area. The remaining spaces, such as the Willows dining room (retirement side with inadequate door security), television lounge and small activity room were 27-29°C with 46-49% humidity. In summary, residents do not have adequate access to adequately cooled spaces which are also within the licensed long term care home area.

The air temperatures and humidity levels were measured throughout the building. The North and East areas were more comfortable at 25.6C (78°F) but the South area was uncomfortable at 28°C with humidity levels between 49-51%. The outdoor values were 30°C and 42%. These values equal a Humidex of approx. 32 and in the uncomfortable range for residents.

This Order must be complied with by: Immediate and October 31, 2011

Order #:	002	**Order Type:**	Compliance Order, Section 153 (1)(b)

Pursuant to: The licensee has failed to comply with O. Reg. 79/10, s.9.1.ii, ii. A. Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
   i. kept closed and locked,
   ii. equipped with a door access control system that is kept on at all times, and
      A. is connected to the resident-staff communication and response system

Order:
The licensee shall:

1. Prepare and submit a plan to the Inspector by September 30, 2011 which identifies and addresses the elopement and safety risks posed by the unlocked doors (which are also not connected to the resident-staff communication and response system) and include in the plan the proposed timelines by which the identified risks will be addressed and by when the doors will be secured against resident egress.

2. Implement the plan in accordance with the timelines approved by the Inspector.

The written plan shall be submitted to Bernadette Susnik, Long-Term Care Homes Inspector, Ministry of Health and Long -Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th floor, Hamilton, ON, L8P 4Y7.

Grounds:

Multiple perimeter doors in the home leading directly to unenclosed outdoor areas are not equipped with a door access control system that functions to "lock" the doors (that would release fire exits during fire alarm) to prevent unauthorized resident egress. Doors were identified to be equipped with alarms only. Some of the alarms were connected to the current resident-staff communication response system and others were not.

These doors are located both in the long term care area of the building as well as in the former retirement home area, both of which are on 2nd floor. Residents have access to the entire building on the second floor and therefore to doors which are alarmed only.

This Order must be complied with by: September 30, 2011

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

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 was served on the Licensee.

The written request for review must include,

(a) the portions of the order 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 or by fax upon:.

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

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

Issued on this 17th day of August, 2011.	
Signature of Inspector:	B. Susnik
Name of Inspector:	Bernadette Susnik
Service Area Office:	Hamilton