

**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**Central East Service Area Office
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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
Jul 27, 2021	2021_861194_0006	022850-20, 022984- 20, 010736-21, 011218-21	Critical Incident System

Licensee/Titulaire de permisExtendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9**Long-Term Care Home/Foyer de soins de longue durée**Extendicare Lakefield
19 Fraser Street Lakefield ON K0L 2H0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CHANTAL LAFRENIERE (194)

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): July 7, 8, 13, 14, 15, 16, 19 and 20, 2021

Inspection included the following:

Log #022850-20 and Log #022984-20, related to resident falls.

Log #010736-21, related to resident to resident abuse.

Log #011218-21, related to an environmental hazard.

During the course of the inspection, the inspector(s) spoke with Residents, Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Worker (PSW), Housekeepers (HSKP), COVID-19 screener and testers and Maintenance staff.

During the course of the inspection, the inspector observed; staff to resident provision of care, infection control practices, housekeeping practices and meal service. The inspector reviewed; identified residents clinical health records, air temperature records, Preventing heat-related illnesses Policy, Heat related illness plan, Air conditioning control inspections, COVID-19 universal PPE strategy and guidelines policies and Appendix 1 and COVID-19 screening and testing logs for visitors and staff.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Falls Prevention

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.

3 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. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that procedures were implemented to ensure that the heating, ventilation and air conditioning systems were inspected at least every six months by a certified individual, and that documentation was kept of the inspection.

The Administrator confirmed that the home's central air conditioning system was a two stage system and one stage had failed, with one stage still functioning. Portable air conditioning units and fans were implemented to aide in controlling the air temperature and additional air temperatures checks were initiated, until the system could be repaired. A maintenance staff confirmed that the heating, ventilation and air condition systems were to be inspected every six months, providing records that the last inspection completed at the home was in November 2020 stating that the spring inspection had not been scheduled. Failing to ensure that home's central air conditioning system was inspected, increased the risk of equipment breakdown.

Sources: Temperature records, Ventilation and air condition system inspections, interviews with staff. [s. 90. (2) (c)]

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 that procedures are developed and implemented to ensure that heating, ventilation and air conditioning systems are cleaned and in a good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home was a safe and secure environment, according to Directive #3 dated May 5, 2021 related to isolation requirements for newly admitted residents to the home.

On May 5, 2021, Directive #3 directed that new admissions to the home who are partially immunized or unimmunized must be placed in isolation on droplet and contact precautions for a minimum of 10 days. A second negative lab-based PCR test result collected on day 8 was required to discontinue isolation on droplet and contact precautions on day 10; if this second test was not obtained, isolation on droplet and contact precautions must be maintained until day 14.

A resident was admitted to the home and declined COVID-19 vaccination. The resident was placed in isolation and was provided a repeat Polymerase chain reaction (PCR) test on day 8 after admission. Inspector #194 observed the resident sitting in the dining room, having lunch on the tenth day after admission. DOC confirmed that the resident should have continued in isolation until a negative PCR was obtained. Interview with an RPN confirmed that the resident was sitting in the dining room. DOC was informed and after following up with RPN the resident was returned into isolation. Failing to ensure that isolation practices are followed, increases the risk of infections at the home.

Source: Observation of resident, resident's progress notes, Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 (updated May 5, 2021), Interview with staff. [s. 5.]

WN #3: 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 failed to ensure that air temperatures required to be measured under subsection (2) were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The Administrator confirmed that the home had central air condition and that from May 15 to June 29, 2021 the home was measuring and documenting, resident room air temperatures twice daily and common area daily. From June 30 to July 7, 2021 the home was measuring and documenting the resident room air temperatures three times daily and common area once daily. Failing to ensure that air temperatures are measured and documented as required, increases the risk of resident discomfort at the home.

Source: Air temperature logs, Preventing heat-related illness policy, Heat related illness plan, Interview with staff. [s. 21. (3)]

Issued on this 27th day of July, 2021

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

Original report signed by the inspector.