

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 4, 2022	2022_902622_0007	013928-21, 014355- 21, 002330-22	Complaint

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**Licensee/Titulaire de permis**Regional Municipality of Durham  
605 Rossland Road East Whitby ON L1N 6A3**Long-Term Care Home/Foyer de soins de longue durée**Fairview Lodge  
632 Dundas Street West P.O. Box 300 Whitby ON L1N 5S3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

HEATH HEFFERNAN (622)

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

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 28, 29, 30, 31, 2022**

**The following intakes were completed during this Complaint inspection:**

**- Log # 013928-21 and log # 014355-21 regarding air temperatures, administration of medications and sufficient staffing.**

**The following intake was completed during the Follow-up inspection:**

**- Log # 002330-22, a follow-up to CO#001 from inspection #2021\_861194\_0019 / 018985-21 regarding r. 229. (4), (Infection Prevention and Control Program), CDD Mar 28, 2022.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Manager, Director of Food Services, Resident Care Coordinator, Infection Prevention and Control (IPAC) Practitioner, Supervisor Swab Clinic/Screening, Scheduling Clerk, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a recreation aid, a housekeeper and the residents.**

**Also during the course of the inspection, the inspector reviewed resident health records, the licensee's policies specific to; #PAN-09-06 - Screening and Surveillance Testing dated: March 18, 2022, #PAN-09-03 – Visitation to Long-Term Care Home during a Pandemic dated: March 15, 2022, #ADM-01-01-04 – Staffing Plan - 24 Hour-Nursing Care, dated revised 2021/2022, Personal Support Worker (PSW) schedules and replacement documents, Workforce Software Scheduler User Guide, air temperature records, and made observations of the environment and resident care and services.**

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

**Infection Prevention and Control**

**Medication**

**Safe and Secure Home**

**Sufficient Staffing**

**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)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 229. (4)	CO #001	2021_861194_0019		622

**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 temperatures were documented in writing for at least two resident bedrooms in different parts of the home, one resident common area on every floor of the home, which may include a lounge, dining area or corridor, at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Review of the air temperature documentation from the homes Building Automated System (BAS) for a 24 hour period in March 2022, showed trends for the lowest temperature found between the seven dining rooms, the east building resident rooms and the west building resident rooms on the half hour. The documents did not specify the rooms that the temperatures were taken from.

The Environmental Services Manager indicated that they were not able to access written air temperature records specific to resident bedrooms in different parts of the home or one resident common area (lounge, dining area or corridor) on each floor of the home.

Sources: Air Temperature documentation, interview of the Environmental Services Manager. [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 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, to be implemented voluntarily.***

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**Issued on this 5th day of April, 2022**

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

**Original report signed by the inspector.**