

**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**Toronto 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
Aug 18, 2021	2021_650565_0012	007694-21, 008828- 21, 008829-21	Critical Incident System

Licensee/Titulaire de permisSchlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5**Long-Term Care Home/Foyer de soins de longue durée**Fairview Nursing Home
14 Cross Street Toronto ON M6J 1S8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MATTHEW CHIU (565)

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 9, 12-15, 26-29, and August 13, 2021.

The following intakes were completed in this Critical Incident System (CIS) inspection:

- one intake was related to falls prevention; and**
- two intakes were related to follow-up to compliance orders.**

The following inspection was completed concurrently with this CIS inspection:

- inspection #2021_650565_0013.**

During the course of the inspection, the inspector(s) spoke with the General Manager (GM), Acting Director of Nursing Care (Acting DNC), Personal Expression Lead & Assistant Director of Nursing Care (PELADNC), Director of Environmental Services (DES), Acting Director of Recreation (Acting DR), Registered Nurses (RNs), Neighbourhood Coordinators (NCs), Registered Dietitian (RD), Social Worker (SW), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Recreation Aide (RA), Housekeeping Staff, Residents, and Family Members.

During the course of the inspection, the inspectors observed resident and staff interactions, and reviewed clinical health records, relevant policies and procedures, and other documents.

Inspector, April Chan (#704759) attended this inspection during orientation.

The following Inspection Protocols were used during this inspection:

**Hospitalization and Change in Condition
Infection Prevention and Control
Safe and Secure Home
Sufficient Staffing
Training and Orientation**

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)**

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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 213. (1)	CO #001	2020_821640_0026		565
O.Reg 79/10 s. 216. (1)	CO #002	2020_821640_0026		565

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for a resident that sets out clear directions to staff and others who provided direct care to the resident.

The resident asked a co-resident to assist them for an activity away from their unit. While the co-resident was assisting the resident, an accident happened, whereby the resident fell and sustained an injury.

The resident had physical impairment and required assistance for the activity. The resident's plan of care related to the activity indicated that the resident should only perform the activity in a designated area, and it should be monitored.

Staff interviews indicated the resident required assistance for the activity. If the resident requested staff assistance, they would assist. Staff were also aware that the resident had asked co-resident to assist them in the past. They did not recall any directions in the plan related to the assistance that the resident required for the activity and how to monitor the resident for the activity.

Further review of the resident's plan of care confirmed there were no clear directions set out related to who and what assistance should have been given to the resident for assisting them. There was no clear direction indicating if the resident could be assisted by a co-resident or how the resident could be monitored for the activity.

Sources: Resident's progress notes, fall incident records; interview with the PSWs, RPN, RA and other relevant staff. [s. 6. (1) (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 to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provided direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 20. Cooling requirements

Specifically failed to comply with the following:

s. 20. (1.1) The heat related illness prevention and management plan must, at a minimum,

(a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response; O. Reg. 79/10, s. 20 (1.1).

(b) identify symptoms of heat related illness and require staff to regularly monitor whether residents exhibit those symptoms and take appropriate actions in response; O. Reg. 79/10, s. 20 (1.1).

(c) identify specific interventions and strategies that staff are to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents; O. Reg. 79/10, s. 20 (1.1).

(d) include the use of appropriate cooling systems, equipment and other resources, as necessary, to protect residents from heat related illness; and O. Reg. 79/10, s. 20 (1.1).

(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 79/10, s. 20 (1.1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's written heat related illness prevention and management plan must, at minimum:

- identified symptoms of heat related illness and required staff to regularly monitor whether residents exhibit those symptoms and take appropriate actions in response; and
- included a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

The home had developed and implemented their policies titled "hot weather illness prevention plan", Tab 01-06; and "heat exhaustion", Tab 04-40. Review of the policies and staff interviews indicated residents should be assessed for their heat risk score on admission and annually using a standardized Point Click Care (PCC) assessment, which identified certain heat related risk factors. Their written policies did not identify any symptoms of heat related illness, their monitoring or the actions in response, and there was no communicating protocol as required in the plan.

Sources: Home's policies titled "hot weather illness prevention plan", Tab 01-06; and "heat exhaustion", Tab 04-40; PCC assessment; interviews with the Acting DNC. [s. 20. (1.1) (b)]

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. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).

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 :

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1. The licensee has failed to ensure that the temperature was documented in writing at least every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, and at a minimum in the following areas of the home:

- 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; and
- every designated cooling area, if there are any in the home.

The home had four floors and each floor had a designated cooling area. They used a temperature monitoring system to measure the building's air temperatures and recorded the temperatures by using the system records and the home's air temperature recording sheets.

For a period of 59 days, the home did not have the following air temperature records documented at least every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

- at least two resident bedrooms for nine days;
- one resident common area on every floor of the home for 47 days; and
- every designated cooling areas for 39 days.

Sources: Home's air temperature records; interviews with the DES. [s. 21. (2) 1.]

Issued on this 20th day of August, 2021

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

Original report signed by the inspector.