

**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**Sudbury 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 9, 2021	2021_772691_0014	005111-21	Complaint

Licensee/Titulaire de permisHillcrest Village Inc.
255 Russell Street Midland ON L4R 5L6**Long-Term Care Home/Foyer de soins de longue durée**Hillcrest Village Care Centre
255 Russell Street Midland ON L4R 5L6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JENNIFER NICHOLLS (691)

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): June 21-25, 2021

The following intake was inspected upon during this Complaint Inspection:

-One intake which was a complaint that was submitted to the Director regarding care concerns of a resident.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Associate Director of Resident Care (ADRC), Physician, Nurse Practitioner (NP), Programs Manager, Resident Care Facilitator (RCF), Registered Nurses (RNs), Registered Practical Nurses (RPNs), and Personal Support Workers (PSWs) and Family Members.

The Inspector (s) also conducted a daily tour of resident care areas, observed the provision of care to residents, observed staff to resident interactions, observed Infection Prevention and Control practices, reviewed relevant health care records, internal investigation notes, reviewed relevant family communication logs, complaint logs, essential caregiver logs, air temperature logs as well as relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Hospitalization and Change in Condition

Infection Prevention and Control

Personal Support Services

Reporting and Complaints

Safe and Secure Home

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

0 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. (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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the air temperature was measured and documented in writing, in at least two resident bedrooms in different parts of the home.

On April 1, 2021, the Assistant Deputy Minister (ADM) informed licensees via a memo related to enhanced cooling requirements to the Ontario Regulations (O. Reg) 79/10 of the Long-Term Care Homes Act (LTCHA), 2007. The memo highlighted a summary of the recent amendments to the regulations and that the changes would come into effect on May 15, 2021.

A review of the home's "Daily Air Temperature logs" for the required time period identified the air temperature had not been checked in resident rooms as per the requirement.

During an interview with the Director of Resident Care (DRC), they indicated that they were aware of recent changes regarding the cooling requirements and received the memo from the ADM related to the amendments; however, they identified that the home was not taking air temperatures in resident rooms.

Sources: Memo from the ADM, related to enhanced cooling requirements, dated April 1, 2021; the home's "Humidex Chart" logs; the home's policy titled, "Heat-Related Illness Prevention and Management Plan", last revised May 14, 2021; Interviews with staff and the DRC. [s. 21. (2) 1.]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's allergies were included in their plan of care.

Inspector reviewed a resident's medical records which included a document, that indicated that the resident had an identified sensitivity.

In a review of the homes policy titled "Allergies and treatment of Anaphylactic Shock", it was identified that during admission process, the home was to document all known allergies, and to update the allergy tab in Point Click Care (PCC). In further review of the resident's admission order documents, including (PCC), inspector could not identify any home documents that included the resident's identified sensitivity.

In separate interviews with staff, they both indicated that the admission process is to obtain and review all sources of medical history and to include all allergies and further indicated that the identified sensitivity was not included in the resident's plan of care and should have been.

Sources: A resident's medical records, the home's policy titled "Allergies and Treatment of Anaphylactic Shock Policy and Procedure", last revised March 23, 2021; the resident's medical records; and Interviews with staff. [s. 26. (3) 10.]

Issued on this 20th day of July, 2021

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

Original report signed by the inspector.