



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Dec 29, 2017; Jan 29, 2018	2017_482640_0025	028669-17, 029761-17	Complaint

Licensee/Titulaire de permis

King Nursing Home Limited
49 Sterne Street Bolton ON L7E 1B9

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

King Nursing Home
49 Sterne Street Bolton ON L7E 1B9

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

HEATHER PRESTON (640)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 28, 29, 30 and 31, 2017, and January 2, 3 and 5, 2018.

**This inspection was conducted concurrently with;
Critical Incident Inspection, log #028508-17 related to temperatures in the home,
Critical Incident log #00439-18 related to loss of hot water,
Critical Incident log #000650-18 related to loss of fire sprinkler and standpipe
system and,
Follow Up Inspection log #029788-17 related to a Compliance Order related to
failure to follow the home's policy for Management of Associated Risk with
Extreme Cold.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Director of Care, Assistant Director of Care, Environmental Manager, Director of
Resident and Family Services, Registered Nurses, Registered Practical Nurses and
Personal Support Workers, residents, family members, service contractors, Office
Manager, RAI/MDS Coordinator and Emergency Medical Services Supervisor.
During the course of the inspection, the Inspector toured the home, observed staff,
reviewed clinical records, reviewed policy/procedure and took air temperatures in
occupied resident areas.**

**The following Inspection Protocols were used during this inspection:
Reporting and Complaints
Safe and Secure Home**

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

**7 WN(s)
2 VPC(s)
5 CO(s)
1 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

During a Complaint Inspection related to the temperature in the home, the Long Term Care Homes (LTCH) Inspector observed temperatures on December 28, 2017, of several resident areas and resident rooms on all three floors of the building. Specifically, the following were noted;

- 3 West lounge – 18 degrees Celsius (C)
- Third floor dining room – no thermometer
- A specific resident room – 19 degrees C
- Third floor west hallway – 14 degrees C
- 2 West end of corridor – 16 degrees C
- Second floor dining room – 16 degrees
- A specific resident room – 17 degrees C
- A specific resident room – 20 degrees C
- 1 West lounge – 19.3 degrees C (thermometer placed above the heater)
- First floor dining room – 16 degrees C
- A specific resident room – 19.4 degrees (thermometer on top of a six foot high closet)
- A specific resident room – 16 degrees C
- A specific resident room – 16.8 degrees C
- A specific resident room – 18.4 degrees C

On December 28, 2017, at approximately 1600 hours, the Long Term Care Homes (LTCH) Inspector observed residents in the hallways wearing hats, mittens, coats and boots. Resident #005, was lying in bed trying to keep warm. They informed the LTCH Inspector they were too cold to get out of the bed. Resident #002 informed the LTCH Inspector they had been cold for weeks and needed to stay by the space heater in their room to keep warm. Resident #007 told the LTCH Inspector they were very cold. They stayed in bed to try to get warm but were still cold.

During an interview with the Environmental Manager (EM) on December 29, 2017, they acknowledged that resident room temperatures had not been monitored or documented as a result of the heat exchanger malfunction on or about December 6, 2017. The Administrator acknowledged the heat exchanger for half of the building had not been functioning since, on or about December 6, 2017, that resident room temperatures had not been monitored or documented during that time and the home was not maintained at a minimum temperature of 22 degrees Celsius. [s. 21.]



Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. Where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was (b) complied with.

In accordance with O.Reg, 79/10, s.230 (4) the licensee did not ensure that emergency plans provided for; v. medical emergencies.

During an inspection of the home related to a malfunctioning heat exchanger and no heat in the west wing of the home since on or about December 6, 2017, the Long Term Care Homes (LTCH) Inspector reviewed the documented resident temperatures and resident clinical records related to the low temperatures within the home.

On a specific date in December 2017 resident #013 was reported to the LTCH Inspector by the Director of Care (DOC), as being transferred to the hospital.

The temperature recordings revealed the resident had displayed a change in status on a number of occasions since a specific date in December 2017.

The home's policy, policy number VII-G-10.20, directed staff when a resident had specific assessment findings, staff were to take a full set of vital signs to include the temperature, pulse, respirations and blood pressure checked and recorded, and measures be taken to



manage the symptom. The Charge Nurse was directed to;

1. Verify the accuracy of the assessment tool
2. Notify the Physician and consider transfer to hospital
3. Record the vital signs and actions taken to resolve the problem and the outcome
4. Chart the times, temperatures, and actions taken to resolve the problem and the resident outcome
5. Continue to monitor the resident's specific change in symptom and,
6. Notify the family

The LTCH Inspector reviewed the clinical record of resident #013. There was no documentation made in the clinical record for any of the noted dates and times the resident had symptoms.

During an interview with Registered Practical Nurse #116 and #117 on January 2 and 3, 2018, respectively, the nurses that provided care to resident #013, they acknowledged they had not notified the Physician, they did not document actions taken to resolve the problem and the resident outcome, they had not monitored the resident's hourly and they had not notified the family.

During an interview with the DOC on January 2, 2018, they acknowledged that staff did not comply with the home's policy. [s. 8. (1) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

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. As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee failed to ensure that there were schedules and procedures in place for routine, remedial and preventive maintenance, specifically related to the heating systems in the home.

According to observations made during the inspection and according to a heating, cooling and ventilation (HVAC) contractor, who visited the home at least three times in 2017, the building was equipped with several roof top units, several fresh air make up units, an exhaust system, several boilers, several heat exchangers, electrical base board heaters (on east side of building), a hot water boiler system which supplied heat to radiators (on west side of the building) and supplied hot water to all water fixtures in the building. Two preventive inspections were conducted and one remedial follow up visit. The service reports did not include adequate information to determine specifically what equipment in the building received preventive and remedial maintenance. The Administrator or the Environmental Manager (EM) did not have any additional documentation to verify which HVAC equipment received preventive inspections and which equipment received remedial service, especially where there were multiple roof top units and boilers. None of the licensee's policies and procedures related to HVAC equipment were developed or in place to ensure that all the various HVAC equipment in the home was inventoried and included in the maintenance program and that records could verify their status.

The home's Administrator acknowledged that a boiler failed on December 5, 2017, and a



heat exchanger failed on December 11, 2017. A secondary or back-up boiler, failed on January 4, 2018, which resulted in a loss of heat for the west wing of the building and a loss of hot water for the entire building. As part of the licensee's remedial program, HVAC companies were contacted to repair the various systems in the building.

Policy #V-C-10.50 titled "HVAC Equipment Maintenance – Roof Mounted", revised January 2015, was provided by the Administrator. The policy was general in nature, and included the requirement for the EM or designate to "conduct maintenance checks to verify the correct operation of roof top units, exhaust units and make up air heating and air conditioning units and other equipment". The contents of the policy included procedures for the EM to "follow equipment maintenance daily list and inspection procedures to review and record operational checks for the HVAC equipment" (as listed above). Further, the procedure directed the EM to "schedule equipment checks throughout the month, to check and inspect and document during the calendar month" and that the work be "undertaken by trained or oriented staff or trade licensed contractors". Further, a monthly administrative report was to be submitted monthly for equipment maintenance and repairs. No specific procedures were included in the policy for the EM regarding the extent to which all of the HVAC equipment that was listed would be inspected.

A document titled "Risk Management Schedule Form – Maintenance" for the 2017, year was provided by the maintenance person, who was identified as the EM. It included a list of the equipment that needed to be inspected either weekly, daily or monthly. The document was not completed by the EM as required. The document included a section titled "Heating, Ventilation, Air Conditioning (HVAC) equipment inspection with a note "to be inspected semi-annually by a licensed contractor". It did not include any HVAC checks for the EM. The check list did not include the hot water system or the electrical base board heating system and the frequency of the checks. According to the EM, they had not been trained or oriented to conduct any checks or inspections of the heating systems other than to record the hot water temperatures of the boilers. The EM also acknowledged that they did not have the experience or qualifications to ensure that the HVAC systems in the building were checked or "verified that they were correctly operating" between inspections conducted by licensed technicians.

The licensee therefore did not ensure that there were schedules and procedures in place for routine, remedial and preventive maintenance, specifically related to the heating systems in the home. [s. 90. (1) (b)]

2. The licensee failed to ensure the procedures were developed and implemented to ensure that, (c) 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.

During an inspection of the home related to loss of heat and the failure of a heat exchanger, the Long Term Care Homes (LTCH) Inspector requested that documentation be provided confirming that the heating system was inspected by a certified individual at least every six months in 2017.

Three service reports were received from the Administrator as follows;

- One was dated February 16, 2017, and the reason for the visit was documented as "Maintenance"
- On March 30, 2017, a "service" visit was documented as occurring
- The next visit by the contractor was dated December 6, 2017, which was identified as a "maintenance" visit at which time the boilers were found with the condensate tank flooded and the heat exchanger was found leaking internally.

The home's policy "HVAC Equipment Maintenance – Roof Mounted", policy # V-C-10.50 with a revised date of January 2015, which directed the Environmental Manager (EM) to;

1) Follow Planned Equipment Inspection procedures to review and record operational checks for heating, cooling, ventilation and air conditioning equipment, including;

- Package roof top heating and air conditioning units
- Make up air heating and air conditioning units
- Air conditioning systems (roof mounted condenser-remote evaporator)
- Roof mounted space exhaust fans and,

2) Ensure this work was undertaken by trained or oriented competent home staff or Trade Licensed Contractors.

The LTCH Inspector requested on December 29, 2017, from the EM and the Administrator, the corresponding documentation that the preventive maintenance checks had been completed as per the home's policy for the past year. The home did not provide the required documentation as requested.

During an interview with the owner of the contracting service that provided the service and any required maintenance for the heat exchangers, the boilers and the cooling system, they acknowledged to the LTCH Inspector that the visit in February 2017 was a preventive maintenance visit. The contractors returned in March 2017 to provide maintenance that was identified when on site in February. The visit in December 2017



was scheduled as a preventive maintenance visit which the contractor confirmed was late and should have been performed in the fall. The preventive maintenance inspection of the HVAC system was therefore inspected in February and December 2017, which was a 10 month period between the scheduled preventive maintenance inspections. During an interview with the Administrator, they informed the LTCH Inspector they had a contract with a licensed contractor wherein the contractor was to attend the home every quarter for the purposes of inspection of the heating and air conditioning units. The Administrator did not provide the documentation to confirm the required inspections occurred at least every six months. [s. 90. (2) (c)]

Additional Required Actions:

CO # - 002, 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that residents were not neglected by the licensee or staff.

A) On December 6, 2017, the west wing of the home had a loss of heat due to a heat exchanger failure which was not able to be repaired for approximately six weeks.

For the purposes of the Act and this Regulation, "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health,



safety or well-being of one or more residents. O. Reg. 79/10, s. 5.

On December 28, 2017, the LTCH Inspector attended the home and identified that several resident room temperatures were well below the required temperature of 22 degrees Celsius (C). Specifically, three resident rooms were below 15 degrees C, one room was 13 degrees C. The first floor dining room was 17.4 degrees C, the second floor dining room was 16 degrees C and the third floor dining room was 18 degrees C. The first floor west resident lounge was 17.9 degrees C with an electric space heater in place and the second floor resident lounge was 16 degrees C. The corridors in the west wing were below 17 degrees C to include first floor west corridor was 19.3 degrees C, the second floor west corridor was 16 degrees C and the third floor west corridor was 18 degrees C. Approximately 40 residents lived in the west wing of the home and were directly affected by the loss of heat in the west wing.

The home's policy, "Management of Risks Associated with Extreme Cold", policy #XV-BC-A-20.10 with a revised date of August 2016, directed Maintenance to monitor and document building temperatures every 30 minutes to ensure the temperature did not drop below 20 degrees C in any occupied area until the heating system was fully restored.

The policy directed staff to review the Evacuation plan and prepare to institute the plan if the estimated time for repair was greater than 12 hours.

During an interview of the Environmental Manager and the Administrator, they both confirmed that occupied resident room air temperatures were not monitored or documented as a result of the loss of the ability to heat the west wing since December 6, 2017, and neither had reviewed the evacuation plan.

The Ministry of Health and Long Term Care had received complaints about the lack of heat in the home. During the initial tour of the home by the LTCH Inspector, one resident stated it was cold at times but due to having extra blankets at night, they were warm enough at night. Another resident told the LTCH Inspector they had been "freezing" for several weeks, their hands were "frozen", they were cold at night and were using three thermal blankets and a space heater to try to get warm. A family member spoke with the LTCH Inspector and stated that due to the cold they wanted to take their loved one home. A resident who resided in one of the rooms at less than 15 degrees C, told the LTCH Inspector that they needed to stay in bed under the blankets, had extra blankets on and was observed to be wearing a coat, hat, mittens and boots in bed. They informed the LTCH Inspector they needed to wear all of the outer wear to try to keep warm.



The Administrator acknowledged that as of December 28, 2017, at approximately 1700 hours, no residents had been evacuated from their rooms to an area in the home or elsewhere that met the heating requirements.

On December 29, 2017, the LTCH Inspector returned to the home at 0900 hours and monitored air temperatures in resident rooms using air temperature digital thermometers, on all floors in the west wing. The LTCH Inspector obtained resident room air temperatures of several affected rooms in the west wing of which four were at or below 17 degrees Celsius. Each of these resident rooms had one space heater assigned that required to be alternated on and off due to electrical capacity of the home. One room had the heater on for two hours then off for two hours alternating with an adjoining resident room.

On December 29, 2017, staff of the home were not monitoring resident room temperatures including the rooms identified by the LTCH Inspector the previous day with room air temperatures of 14.8, 14 and 13 degrees C as above. Staff had not been equipped with room air thermometers for each of the resident rooms.

The LTCH Inspector asked the Administrator if any residents had been evacuated from their rooms. The Administrator informed the LTCH Inspector that if the home remained cold in the morning, they would consider "out placing" of some residents.

On December 29, 2017, beginning at approximately 1500 hours, the home evacuated three resident rooms housing 12 residents, to other areas in the home or to external Long Term Care Homes. At 1700 hours, the home began hourly room air temperature monitoring and documentation. Approximately 12 rooms continued to have room temperatures below 20 degrees C and residents remained living in those rooms.

B) The Administrator provided the LTCH Inspector with information that was provided to the nurses at each home area regarding a specific potential condition in the elderly. The LTCH Inspector reviewed the document as follows;

- The document was retrieved from the National Institute on Aging
- Highlighted on the document was risks for a specific population regarding a specific condition and what symptoms to monitor

According to the Director of Care on December 29, 2017, the nursing team had not identified those residents at risk of the specific condition or put interventions in place to



monitor the residents.

The home's policy, policy #VII-G-10.20 with a revised date of January 2015, directed staff to;

1. Notify the physician when a resident demonstrated a specific symptom and consider transfer to the hospital,
2. Record vital signs and actions taken to resolve the problem and the outcome,
3. Chart the times, assessments and actions taken to resolve the problem, and
4. Continue to monitor the resident every hour

On December 29, 2017, at approximately 1630 hours on first floor and 1450 hours on second floor and an undetermined time on the third floor, the home began taking tympanic temperatures on all residents every four hours.

On several specific dates in December 2017 resident #013 had unusual symptoms. During an interview with RPN #116 they acknowledged on all occasions they had assessed the resident and found the resident to have unusual symptoms, they did not notify the physician, did not document any actions taken to resolve the problem and did not monitor the resident afterward.

The clinical record was reviewed by the LTCH Homes Inspector and there were no progress notes written related to the unusual symptoms.

On a specific date in December 2017, the DOC notified a physician regarding the resident's unusual symptoms. The physician advised to monitor the symptoms every shift.

On a specific date in December 2017, resident #013 demonstrated further unusual symptoms. RPN #117 notified the on call physician who directed staff to transfer the resident to the hospital.

As a result of the inaction related to the monitoring and documentation of occupied resident room temperatures, management of occupied resident room temperatures, monitoring of residents for signs or symptoms of a specific condition, taking action related to the specific symptoms and that no residents were relocated out of the resident rooms that were below 22 degrees C until December 29, 2017, mid-afternoon, the home failed to ensure that residents were not neglected by the licensee or staff. [s. 19. (1)]



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Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 92. Designated lead
— housekeeping, laundry, maintenance**

Findings/Faits saillants :

1. The licensee failed to ensure that the designated lead for housekeeping, laundry services and maintenance services programs had, (a) a post-secondary degree or diploma; (b) knowledge of evidence-based practices and, if there were none, prevailing practices related to housekeeping, laundry and maintenance, as applicable; and (c) a minimum of two years experience in a managerial or supervisory capacity.

During a complaint inspection regarding lack of heat in the home, the Long Term Care Homes (LTCH) Inspector reviewed the personnel record of the Environmental Manager. The record included the staff member's resume and a vulnerable sector screening. The LTCH Inspector reviewed the homes job summary for "Environmental Services Manager, Director of Environmental Services" with a revision date of February 2016. The summary revealed the Environmental Services Manager was responsible for the overall operation of the Maintenance, Housekeeping and the Laundry departments.

The qualifications as listed in the job summary included but were not limited to;

- minimum of two years managerial or supervisory experience,
- management experience working in an institutional setting was desirable
- knowledge of evidence-based practices related to housekeeping, laundry and maintenance
- Successful completion of the Fire Safety Planning Training for Owners and Operators
- Background in building trade and the ability to interpret building prints and drawings
- Knowledge of the requirements of the Long Term Care Homes Act, Standards and Regulations, Occupational Health and Safety Act and other pertinent legislation

During an interview with the Environmental Manager on January 2, 2018, the designated lead for Housekeeping, Laundry services and Maintenance services programs, they acknowledged to the LTCH Inspector they did not have a post-secondary degree or diploma, they did not have knowledge of evidence-based or prevailing practices for each of the programs and did not have the managerial or supervisory experience as required. They acknowledged they had no knowledge of the Long Term Care Homes Act and Regulations, did not have experience working in an institutional setting.

The resume was reviewed by the LTCH Inspector and the Administrator on January 2, 2018. The Administrator acknowledged the Environmental Manager did not hold the required qualifications of a designated lead for Housekeeping, Laundry services and Maintenance services programs. [s. 92.]



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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 designated lead for housekeeping, laundry services and maintenance services programs has, (a) a post-secondary degree or diploma; (b) knowledge of evidence-based practices and, if there are none, prevailing practices related to housekeeping, laundry and maintenance, as applicable; and (c) a minimum of two years experience in a managerial or supervisory capacity, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans

Specifically failed to comply with the following:

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency. O. Reg. 79/10, s. 230 (4).

s. 230. (5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation. O. Reg. 79/10, s. 230 (5).

2. Lines of authority. O. Reg. 79/10, s. 230 (5).

3. Communications plan. O. Reg. 79/10, s. 230 (5).

4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).

s. 230. (7) The licensee shall,

(a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).

(b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).

(c) conduct a planned evacuation at least once every three years; and O. Reg. 79/10, s. 230 (7).

(d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans. O. Reg. 79/10, s. 230 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the emergency plans, specifically loss of one or more essential services, included the identification of the community agencies, partner facilities and resources that would be involved in responding to the emergency.

Essential services, as defined by section 19(1)(a), (b) and (c) of Ontario Regulation 79/10, included emergency lighting, heating, dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff



communication and response system, elevators and life support (i.e. PEG tube feeding systems, oxygen, dialysis, therapeutic surfaces), safety and emergency equipment (i.e magnetic door locking system, fire alarm system, fire panel, resident transport equipment).

During a complaint inspection related to loss of heat within the home, the Long Term Care Homes (LTCH) Inspector reviewed the home's policy "Code Grey – Infrastructure Loss/Failure", policy #XVIII-D-10.70 with a date of May 2016. Attached to the policy was a document from the Emergency Manual – Internal, entitled "Loss of Infrastructure – Heat" with a date of May 2016. The policy listed required room temperatures, the recording of air temperatures, temporary nursing interventions and to refer to other policies as needed.

During the loss of heat, the home would need to contact specific community agencies such as Community Care Access Centre (CCAC), the Ministry of Health and Long Term Care (MOHLTC), the Local Health Integration Network (LHIN) and others, along with contractors for repair, partner facilities that could potentially assist with the emergency or accept any residents that required evacuation. This information was not included in the home's policy.

The policy did not include the resources that may need to be accessed to address the emergency, for example, extra blankets and where they were located and space heaters and their location.

The home's policy "Code Grey – Infrastructure Loss/Failure" did not include the required resources, community partners and partner facilities where the loss of the essential service of heat occurred.

The Administrator acknowledged that this was the home's policy related to loss of the essential service of heat. On January 16, 2018, the Administrator acknowledged the policy did not include resources, community partners and partner facilities.

The home failed to include the resources, external partners and other resources in their "Code Grey and Loss of Infrastructure - Heat" policies. [s. 230. (4) 4.]

2. The licensee failed to ensure that the emergency plans related to loss of one or more essential services, addressed the following; 1) Plan activation, 2) Lines of Authority, 3) Communication plan and 4) Specific staff roles and responsibilities.

During a complaint inspection related to loss of heat within the home, the Long Term Care Homes (LTCH) Inspector reviewed the home's policy "Code Grey – Infrastructure



Loss/Failure", policy #XVIII-D-10.70 with a date of May 2016. Attached to the policy was a document from the Emergency Manual – Internal, entitled "Loss of Infrastructure – Heat" with a date of May 2016 and the policy "Management of Risks Associated with Extreme Cold", policy #XV-BC-A-20.10 with a revised date of August 2016.

The policy "Code Grey - Infrastructure Loss/Failure" listed required room temperatures, the recording of air temperatures, temporary nursing interventions and to refer to other policies as needed.

The policy did not identify when to activate any plan of action or when to implement any other policies. The policies did not direct staff at what point were they required to implement the policy and take any appropriate actions.

The home's policy "Management of Risks Associated with Extreme Cold" directed staff that when a major or total failure of the resident's heating system occurred, they were to notify the Administrator. This policy gave direction to the Administrator related to contacting a heating system contractor, to review the Evacuation plan, direct Maintenance to monitor and document building temperatures and other items related to maintaining resident room heat. The policy did not include any direction to the front line care providers and the required actions they would need to take in response to loss of heat in the home.

The home's policy "Code Grey – Infrastructure Loss/Failure" and "Management of Risks Associated with Extreme Cold" did not include plan activation, lines of authority, communication plan and specific staff roles and responsibilities where the loss of the essential service of heat occurred. There was no inclusion of the lines of authority that gave clear direction who reported to whom and who was responsible for which action, a communication plan for staff, residents and families to ensure that all were informed and directed as needed or staff roles and responsibilities as to what actions were required to be taken and by whom when an emergency of loss of the essential service of heat occurred.

On December 11, 2017, the west wing of the home had a loss of heat due to a heat exchanger failure. Resident room air temperatures were not monitored or documented as a result of the loss of heat. The policy did not direct the maintenance department, front line care providers or other departments of their specific duties during the loss of the essential service of heat.

On December 28, 2017, the LTCH Inspector attended the home and found resident room temperatures had not been taken and several resident room temperatures were well below the required temperature of 22 degrees Celsius (C). Specifically, three resident rooms were below 15 degrees C, dining rooms were below 19 degrees C and corridors in

the west wing were below 17 degrees C. No residents had been evacuated from their rooms at that time.

The Administrator acknowledged on December 29, 2017, the two policies provided were the home's policies and direction for staff with the loss of the essential service of heat. They acknowledged on January 16, 2018, the home's "Code Grey – Infrastructure Failure/Loss" policy did not include how or when to activate Code Grey, the lines of authority, a communication plan for residents, families and staff and specific staff roles and responsibilities. [s. 230. (5)]

3. The licensee failed to ensure the home kept a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

The home conducted a table top evacuation exercise on December 21, 2016. At that time, the home discussed the event of a fire in a wastebasket in a resident room on the third floor.

The evaluation that was conducted at the conclusion of the exercise identified the following recommended changes to the evacuation plan;

- a) List close by staff in a more prominent area on the fan out list
- b) Evacuation chairs would be beneficial for stair wells
- c) Need for Incident Manager identification vest

The LTCH Inspector and the Administrator reviewed the homes evacuation exercise on January 3, 2018, the annual review of the evacuation/emergency program which was held January 30, 2017 and the current policies related to the emergency plan for evacuation.

The Administrator acknowledged the changes identified during the evacuation exercise were not discussed at the annual review of the program, implementation of the recommended changes and dates those changes were made were not included in the annual review of the program or the home's "Code Green – Evacuation" policy. The Administrator acknowledged the "Code Green" policy; policy #XVIII-D-10.00 was last revised September 2011 and therefore did not include the identified changes. [s. 230. (7)]



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;

a) the emergency plans, specifically loss of heat, include the identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency,

b) the emergency plans related to loss of heat, address the following; 1) Plan activation, 2) Lines of Authority, 3) Communication plan and 4) Specific staff roles and responsibilities and,

c) the home keeps a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a documented record was kept in the home that included, (a) the nature of each verbal or written complaint and (b) the date the complaint was received.

A family member of resident #007 had verbally complained to a staff member at the home on a specific date in December 2017. They did not recall the exact date or the name of the person they had spoken with.

During the course of the complaint investigation the Long Term Care Homes (LTCH) Inspector reviewed the home's "Complaints Record" binder. The LTCH Inspector was unable to locate the documented record regarding this concern/complaint.

The home's policy "Complaints Management Program", policy #XXIII-A-10.40 with a revised date of August 2016, directed staff to log the concern/complaint on the "Complaint Log Form", noting the date of receipt of the complaint or concern.

The LTCH Inspector interviewed the Administrator and the Director of Care (DOC) on January 3, 2018, and they were unable to locate the Complaint Record form. The Administrator informed the LTCH Inspector the Assistant Director of Care (ADOC) was in charge of the complaints processes within the home.

During an interview with the ADOC on January 3, 2018, they informed the LTCH Inspector they became aware of the complaint on a specific date in December 2017, at which time the family member attended the home and expressed the concern in the front office. The ADOC stated they did not have knowledge of any concern from resident #007's family member until a specific date in December 2017.

Interview with RPN #115, who had worked on the two dates the family member recalled lodging their concern, they informed the LTCH Inspector they had no recall whether there was a complaint from the family member. The RPN stated they did not complete a complaint record.

The home failed to document the verbal complaint. [s. 101. (2)]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 21st day of February, 2018

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

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*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : HEATHER PRESTON (640)

Inspection No. /

No de l'inspection : 2017_482640_0025

Log No. /

No de registre : 028669-17, 029761-17

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Dec 29, 2017; Jan 29, 2018

Licensee /

Titulaire de permis : King Nursing Home Limited
49 Sterne Street, Bolton, ON, L7E-1B9

LTC Home /

Foyer de SLD : King Nursing Home
49 Sterne Street, Bolton, ON, L7E-1B9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Janice King

To King Nursing Home Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

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*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 901

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Order / Ordre :

The licensee of the long term care home shall immediately:

1. Ensure that thermometers are placed in all resident rooms, lounges, dining rooms or common areas that may be accessible to residents in the West Wing of the long term care home.
2. Monitor each resident located in the West Wing every four hours for signs and symptoms related to the cold including hypothermia, document the status of each of these residents and identify what other interventions including but not limited to extra blankets and if they were offered and accepted by the resident.
3. Employ all external and internal resources in order to ensure that the long term care home is maintained at a minimum of 22 degrees Celsius.

Grounds / Motifs :

1. The Compliance Order was issued based on a severity of minimal harm/risk of harm (2) with a scope of widespread (3) and a compliance history of previous non-compliance unrelated (2).

1. The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

During a Complaint Inspection related to the temperature in the home, the Long Term Care Homes (LTCH) Inspector observed temperatures on December 28, 2017, of several resident areas and resident rooms on all three floors of the building. Specifically, the following were noted;

- 3 West lounge – 18 degrees Celsius (C)
- Third floor dining room – no thermometer
- A specific resident room – 19 degrees C

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*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

- Third floor west hallway – 14 degrees C
- 2 West end of corridor – 16 degrees C
- Second floor dining room – 16 degrees
- A specific resident room – 17 degrees C
- A specific resident room – 20 degrees C
- 1 West lounge – 19.3 degrees C (thermometer placed above the heater)
- First floor dining room – 16 degrees C
- A specific resident room – 19.4 degrees (thermometer on top of a six foot high closet)
- A specific resident room – 16 degrees C
- A specific resident room – 16.8 degrees C
- A specific resident room – 18.4 degrees C

On December 28, 2017, at approximately 1600 hours, the Long Term Care Homes (LTCH) Inspector observed residents in the hallways wearing hats, mittens, coats and boots. Resident #005, was lying in bed trying to keep warm. They informed the LTCH Inspector they were too cold to get out of the bed. Resident #002 informed the LTCH Inspector they had been cold for weeks and needed to stay by the space heater in their room to keep warm. Resident #007 told the LTCH Inspector they were very cold. They stayed in bed to try to get warm but were still cold.

During an interview with the Environmental Manager (EM) on December 29, 2017, they acknowledged that resident room temperatures had not been monitored or documented as a result of the heat exchanger malfunction on or about December 6, 2017.

The Administrator acknowledged the heat exchanger for half of the building had not been functioning since, on or about December 6, 2017, that resident room temperatures had not been monitored or documented during that time and the home was not maintained at a minimum temperature of 22 degrees Celsius. [s.

21.]

(640)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2018

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*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee shall ensure;

- 1) The home's policy "Hypothermia" is reviewed and revised to include best-practice and/or evidence based guidelines related to cold weather, hypothermia and the elderly.
- 2) The licensee shall ensure that all registered staff review the home's policy "Hypothermia".
- 3) The licensee shall ensure that all registered staff comply with the home's policy related to hypothermia.

Grounds / Motifs :

1. This Compliance Order was issued as a result of a severity level of actual harm/risk (3), a scope of isolated (1) and a previous history in the past three full years of recent unrelated non-compliance (2).

1. Where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was (b) complied with. In accordance with O.Reg, 79/10, s.230 (4) the licensee did not ensure that emergency plans provided for; v. medical emergencies.

During an inspection of the home related to a malfunctioning heat exchanger

and no heat in the west wing of the home since on or about December 6, 2017, the Long Term Care Homes (LTCH) Inspector reviewed the documented resident temperatures and resident clinical records related to the low temperatures within the home.

On a specific date in December 2017 resident #013 was reported to the LTCH Inspector by the Director of Care (DOC), as being transferred to the hospital. The temperature recordings revealed the resident had displayed a change in status on a number of occasions since a specific date in December 2017.

The home's policy, policy number VII-G-10.20, directed staff when a resident had specific assessment findings, staff were to take a full set of vital signs to include the temperature, pulse, respirations and blood pressure checked and recorded, and measures be taken to manage the symptom. The Charge Nurse was directed to;

1. Verify the accuracy of the assessment tool
2. Notify the Physician and consider transfer to hospital
3. Record the vital signs and actions taken to resolve the problem and the outcome
4. Chart the times, temperatures, and actions taken to resolve the problem and the resident outcome
5. Continue to monitor the resident's specific change in symptom and,
6. Notify the family

The LTCH Inspector reviewed the clinical record of resident #013. There was no documentation made in the clinical record for any of the noted dates and times the resident had symptoms.

During an interview with Registered Practical Nurse #116 and #117 on January 2 and 3, 2018, respectively, the nurses that provided care to resident #013, they acknowledged they had not notified the Physician, they did not document actions taken to resolve the problem and the resident outcome, they had not monitored the resident's hourly and they had not notified the family.

During an interview with the DOC on January 2, 2018, they acknowledged that staff did not comply with the home's policy. [s. 8. (1) (b)]

(640)



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 26, 2018

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /**Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(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;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :

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*

Ordre(s) de l'inspecteur

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de soins de longue durée, L.O. 2007, chap. 8*

The licensee shall ensure;

- 1) That a licensed contractor is under contract and completes inspections of the HVAC, ventilation and air cooling systems at a minimum of every six months.
- 2) The documentation related to the inspections is readily available in the home.

Grounds / Motifs :

1. The Compliance Order was issued as a result of a severity level of minimum risk or potential for actual risk (2), a scope of pattern (2) and a compliance history in the last three full years of recent unrelated non-compliance (2).
2. The licensee failed to ensure the procedures were developed and implemented to ensure that, (c) 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.

During an inspection of the home related to loss of heat and the failure of a heat exchanger, the Long Term Care Homes (LTCH) Inspector requested that documentation be provided confirming that the heating system was inspected by a certified individual at least every six months in 2017.

Three service reports were received from the Administrator as follows;

- One was dated February 16, 2017, and the reason for the visit was documented as "Maintenance"
- On March 30, 2017, a "service" visit was documented as occurring
- The next visit by the contractor was dated December 6, 2017, which was identified as a "maintenance" visit at which time the boilers were found with the condensate tank flooded and the heat exchanger was found leaking internally.

The home's policy "HVAC Equipment Maintenance – Roof Mounted", policy # V-C-10.50 with a revised date of January 2015, which directed the Environmental Manager (EM) to;

- 1) Follow Planned Equipment Inspection procedures to review and record operational checks for heating, cooling, ventilation and air conditioning equipment, including;
 - Package roof top heating and air conditioning units
 - Make up air heating and air conditioning units
 - Air conditioning systems (roof mounted condenser-remote evaporator)
 - Roof mounted space exhaust fans and,



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Ordre(s) de l'inspecteur

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2) Ensure this work was undertaken by trained or oriented competent home staff or Trade Licensed Contractors.

The LTCH Inspector requested on December 29, 2017, from the EM and the Administrator, the corresponding documentation that the preventive maintenance checks had been completed as per the home's policy for the past year. The home did not provide the required documentation as requested. During an interview with the owner of the contracting service that provided the service and any required maintenance for the heat exchangers, the boilers and the cooling system, they acknowledged to the LTCH Inspector that the visit in February 2017 was a preventive maintenance visit. The contractors returned in March 2017 to provide maintenance that was identified when on site in February. The visit in December 2017 was scheduled as a preventive maintenance visit which the contractor confirmed was late and should have been performed in the fall. The preventive maintenance inspection of the HVAC system was therefore inspected in February and December 2017, which was a 10 month period between the scheduled preventive maintenance inspections. During an interview with the Administrator, they informed the LTCH Inspector they had a contract with a licensed contractor wherein the contractor was to attend the home every quarter for the purposes of inspection of the heating and air conditioning units. The Administrator did not provide the documentation to confirm the required inspections occurred at least every six months. [s. 90. (2) (c)]

(640)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 09, 2018

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*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order / Ordre :

The licensee shall ensure;

- 1) That residents are not neglected by the licensee or staff and that all resident areas are kept at a minimum of 22 degrees Celsius.
- 2) That appropriate action is taken to protect residents in the home when there is a loss of heat.
- 3) That the home's policies "Management of Risks Associated with Extreme Cold", "Code Grey - Infrastructure Loss/Failure" and "Hypothermia" are implemented.

Grounds / Motifs :

1. This Compliance Order was issued as a result of a severity level of actual harm (3), a scope of widespread (3) and a previous history of non-compliance in the previous three full years of other unrelated non-compliance (2).

1. The licensee failed to ensure that residents were not neglected by the licensee or staff.

A) On December 6, 2017, the west wing of the home had a loss of heat due to a heat exchanger failure which was not able to be repaired for approximately six weeks.

For the purposes of the Act and this Regulation, "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents. O. Reg. 79/10, s. 5.

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*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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On December 28, 2017, the LTCH Inspector attended the home and identified that several resident room temperatures were well below the required temperature of 22 degrees Celsius (C). Specifically, three resident rooms were below 15 degrees C, one room was 13 degrees C. The first floor dining room was 17.4 degrees C, the second floor dining room was 16 degrees C and the third floor dining room was 18 degrees C. The first floor west resident lounge was 17.9 degrees C with an electric space heater in place and the second floor resident lounge was 16 degrees C. The corridors in the west wing were below 17 degrees C to include first floor west corridor was 19.3 degrees C, the second floor west corridor was 16 degrees C and the third floor west corridor was 18 degrees C. Approximately 40 residents lived in the west wing of the home and were directly affected by the loss of heat in the west wing.

The home's policy, "Management of Risks Associated with Extreme Cold", policy #XV-BC-A-20.10 with a revised date of August 2016, directed Maintenance to monitor and document building temperatures every 30 minutes to ensure the temperature did not drop below 20 degrees C in any occupied area until the heating system was fully restored.

The policy directed staff to review the Evacuation plan and prepare to institute the plan if the estimated time for repair was greater than 12 hours.

During an interview of the Environmental Manager and the Administrator, they both confirmed that occupied resident room air temperatures were not monitored or documented as a result of the loss of the ability to heat the west wing since December 6, 2017, and neither had reviewed the evacuation plan.

The Ministry of Health and Long Term Care had received complaints about the lack of heat in the home. During the initial tour of the home by the LTCH Inspector, one resident stated it was cold at times but due to having extra blankets at night, they were warm enough at night. Another resident told the LTCH Inspector they had been "freezing" for several weeks, their hands were "frozen", they were cold at night and were using three thermal blankets and a space heater to try to get warm. A family member spoke with the LTCH Inspector and stated that due to the cold they wanted to take their loved one home. A resident who resided in one of the rooms at less than 15 degrees C, told the LTCH Inspector that they needed to stay in bed under the blankets, had extra blankets on and was observed to be wearing a coat, hat, mittens and boots in bed. They informed the LTCH Inspector they needed to wear all of the outer

wear to try to keep warm.

The Administrator acknowledged that as of December 28, 2017, at approximately 1700 hours, no residents had been evacuated from their rooms to an area in the home or elsewhere that met the heating requirements.

On December 29, 2017, the LTCH Inspector returned to the home at 0900 hours and monitored air temperatures in resident rooms using air temperature digital thermometers, on all floors in the west wing. The LTCH Inspector obtained resident room air temperatures of several affected rooms in the west wing of which four were at or below 17 degrees Celsius. Each of these resident rooms had one space heater assigned that required to be alternated on and off due to electrical capacity of the home. One room had the heater on for two hours then off for two hours alternating with an adjoining resident room.

On December 29, 2017, staff of the home were not monitoring resident room temperatures including the rooms identified by the LTCH Inspector the previous day with room air temperatures of 14.8, 14 and 13 degrees C as above. Staff had not been equipped with room air thermometers for each of the resident rooms.

The LTCH Inspector asked the Administrator if any residents had been evacuated from their rooms. The Administrator informed the LTCH Inspector that if the home remained cold in the morning, they would consider "out placing" of some residents.

On December 29, 2017, beginning at approximately 1500 hours, the home evacuated three resident rooms housing 12 residents, to other areas in the home or to external Long Term Care Homes. At 1700 hours, the home began hourly room air temperature monitoring and documentation. Approximately 12 rooms continued to have room temperatures below 20 degrees C and residents remained living in those rooms.

B) The Administrator provided the LTCH Inspector with information that was provided to the nurses at each home area regarding a specific potential condition in the elderly. The LTCH Inspector reviewed the document as follows;

- The document was retrieved from the National Institute on Aging
- Highlighted on the document was risks for a specific population regarding a specific condition and what symptoms to monitor

According to the Director of Care on December 29, 2017, the nursing team had not identified those residents at risk of the specific condition or put interventions in place to monitor the residents.

The home's policy, policy #VII-G-10.20 with a revised date of January 2015, directed staff to;

1. Notify the physician when a resident demonstrated a specific symptom and consider transfer to the hospital,
2. Record vital signs and actions taken to resolve the problem and the outcome,
3. Chart the times, assessments and actions taken to resolve the problem, and
4. Continue to monitor the resident every hour

On December 29, 2017, at approximately 1630 hours on first floor and 1450 hours on second floor and an undetermined time on the third floor, the home began taking tympanic temperatures on all residents every four hours.

On several specific dates in December 2017 resident #013 had unusual symptoms.

During an interview with RPN #116 they acknowledged on all occasions they had assessed the resident and found the resident to have unusual symptoms, they did not notify the physician, did not document any actions taken to resolve the problem and did not monitor the resident afterward.

The clinical record was reviewed by the LTCH Homes Inspector and there were no progress notes written related to the unusual symptoms.

On a specific date in December 2017, the DOC notified a physician regarding the resident's unusual symptoms. The physician advised to monitor the symptoms every shift.

On a specific date in December 2017, resident #013 demonstrated further unusual symptoms. RPN #117 notified the on call physician who directed staff to transfer the resident to the hospital.

As a result of the inaction related to the monitoring and documentation of occupied resident room temperatures, management of occupied resident room temperatures, monitoring of residents for signs or symptoms of a specific condition, taking action related to the specific symptoms and that no residents



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were relocated out of the resident rooms that were below 22 degrees C until December 29, 2017, mid-afternoon, the home failed to ensure that residents were not neglected by the licensee or staff. [s. 19. (1)]
(640)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2018



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Order # /

Ordre no : 004

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :

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The licensee shall complete the following:

- 1) Amend policy #V-C-10.50 titled ““HVAC Equipment Maintenance – Roof Mounted”, to include all of the various heating and cooling systems in the building, not just those mounted on the roof. The policy shall include an inventory of all equipment in the building that is required to heat and cool the air, heat the water for the radiators, heat the water for all fixtures (tubs, showers, hand sinks, washers, dishwashers) and to ventilate the building (exhaust and fresh air supply).
- 2) The “HVAC” policy shall include specific inspection procedures which would be followed by the licensee’s maintenance staff for all of the building’s heating, cooling and ventilation systems as well as the hot water system in the building.
- 3) The “HVAC” policy shall include the role of any external contractors in maintaining the building HVAC systems and hot water systems and the frequency of their visits.
- 4) Any maintenance staff who conduct the equipment inspections shall have knowledge and understanding of all of the HVAC systems in the home, whether in accordance with the manufacturer’s directions for the various equipment or as per the direction of a licensed HVAC mechanic or engineer.
- 5) The “HVAC” policy shall include what remedial measures shall be taken if any defects, malfunctions, leaks or abnormal operating conditions are detected and the actions taken shall be documented.
- 6) Detailed documentation shall be kept of all HVAC equipment inspections and repairs, which includes a date, the name of the person who inspected or repaired the HVAC equipment, the name of the equipment including any unique identifiers such as make or model or an assigned inventory number, the part or component that was cleaned, replaced or repaired and the purpose of the visit, whether remedial or preventive.

Grounds / Motifs :

1. This compliance order was issued as a result of a severity level of minimal risk or potential for actual harm (2), a scope of pattern (2) and a history of non-compliance in the past three full years of recent unrelated non-compliance (2).

1. As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee failed to ensure that there were schedules and procedures in place for routine, remedial and preventive maintenance, specifically related to the heating systems in the home.

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According to observations made during the inspection and according to a heating, cooling and ventilation (HVAC) contractor, who visited the home at least three times in 2017, the building was equipped with several roof top units, several fresh air make up units, an exhaust system, several boilers, several heat exchangers, electrical base board heaters (on east side of building), a hot water boiler system which supplied heat to radiators (on west side of the building) and supplied hot water to all water fixtures in the building. Two preventive inspections were conducted and one remedial follow up visit. The service reports did not include adequate information to determine specifically what equipment in the building received preventive and remedial maintenance. The Administrator or the Environmental Manager (EM) did not have any additional documentation to verify which HVAC equipment received preventive inspections and which equipment received remedial service, especially where there were multiple roof top units and boilers. None of the licensee's policies and procedures related to HVAC equipment were developed or in place to ensure that all the various HVAC equipment in the home was inventoried and included in the maintenance program and that records could verify their status.

The home's Administrator acknowledged that a boiler failed on December 5, 2017, and a heat exchanger failed on December 11, 2017. A secondary or back-up boiler, failed on January 4, 2018, which resulted in a loss of heat for the west wing of the building and a loss of hot water for the entire building. As part of the licensee's remedial program, HVAC companies were contacted to repair the various systems in the building.

Policy #V-C-10.50 titled "HVAC Equipment Maintenance – Roof Mounted", revised January 2015, was provided by the Administrator. The policy was general in nature, and included the requirement for the EM or designate to "conduct maintenance checks to verify the correct operation of roof top units, exhaust units and make up air heating and air conditioning units and other equipment". The contents of the policy included procedures for the EM to "follow equipment maintenance daily list and inspection procedures to review and record operational checks for the HVAC equipment" (as listed above). Further, the procedure directed the EM to "schedule equipment checks throughout the month, to check and inspect and document during the calendar month" and that the work be "undertaken by trained or oriented staff or trade licensed contractors". Further, a monthly administrative report was to be submitted monthly for equipment maintenance and repairs. No specific procedures were



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included in the policy for the EM regarding the extent to which all of the HVAC equipment that was listed would be inspected.

A document titled "Risk Management Schedule Form – Maintenance" for the 2017, year was provided by the maintenance person, who was identified as the EM. It included a list of the equipment that needed to be inspected either weekly, daily or monthly. The document was not completed by the EM as required. The document included a section titled "Heating, Ventilation, Air Conditioning (HVAC) equipment inspection with a note "to be inspected semi-annually by a licensed contractor". It did not include any HVAC checks for the EM. The check list did not include the hot water system or the electrical base board heating system and the frequency of the checks. According to the EM, they had not been trained or oriented to conduct any checks or inspections of the heating systems other than to record the hot water temperatures of the boilers. The EM also acknowledged that they did not have the experience or qualifications to ensure that the HVAC systems in the building were checked or "verified that they were correctly operating" between inspections conducted by licensed technicians.

The licensee therefore did not ensure that there were schedules and procedures in place for routine, remedial and preventive maintenance, specifically related to the heating systems in the home. [s. 90. (1) (b)]
(640)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 13, 2018



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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 services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.



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RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 29th day of December, 2017

**Signature of Inspector /
Signature de l'inspecteur :**



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Name of Inspector /

Heather Preston

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Hamilton Service Area Office