Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District
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Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: August 7, 2024
Original Report Issue Date: July 17, 2024
Inspection Number: 2024-1495-0003 (A1)
Inspection Type: Complaint
Licensee: Knollcrest Lodge
Long Term Care Home and City: Knollcrest Lodge, Milverton

AMENDED INSPECTION SUMMARY

This report has been amended to:
WN #003-word changed to "some residents" from "residents"

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 10-11, 15, 2024

The following intake(s) were inspected:

- Intake: #00119434 -Complaint related to air temperature in the home.

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

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Cooling requirements

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 23 (1)
Cooling requirements
s. 23 (1) Every licensee of a long-term care home shall ensure that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices. O. Reg. 246/22, s. 23 (1).

The licensee has failed to ensure that a written heat related illness prevention and management plan for the home that met the needs of residents was developed in accordance with evidence-based practices when residents did not have interventions identified on their care plans specific to their heat risk assessments.

In accordance with O. Reg 246/22 s. 11 (1) (b), the home's Heat related illness prevention and management programming plan for residents' policy, revised June 2024, stated a Heat Risk Assessment (UDA) was to be completed annually and a plan of care implemented. After completing the risk assessment, the resident was to be care planned with appropriate interventions to manage whether at increased risk during hot weather, or potentially at increased risk during hot weather.

Rationale and summary

Residents did not have their assessed heat risk outcome or interventions specific to their outcomes (e.g., low, moderate, high) documented in their care plan.

Staff stated they would determine a resident's risk level for heat related illness and interventions in the residents Point of Care Kardex.

Management staff, stated that staff found the care needs for a resident in their Point of Care/Kardex and that a resident's care needs related to their heat risk assessment level should be individualized and found in the resident's care plan.

When the home did not document a resident's risk outcome and individualized interventions for heat related illness in their care plan, there was potential for staff not to provide care as needed.

Sources:

Reviews of resident's clinical records, interviews with staff and Policy-Heat related illness prevention and management programming plan for residents, revised June 2024

[706119]

WRITTEN NOTIFICATION: Cooling requirements

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)

Cooling requirements
s. 23 (2) The heat related illness prevention and management plan must, at a minimum,
(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. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

The home failed to include a protocol in their heat related illness prevention and management plan for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers (SDM), visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

Rationale and summary

Review of the home's policy-Heat related Illness Prevention and Management Programming plan for Residents, revised June 2024 did not include a protocol to review the home's plan with residents, volunteers, SDM's, visitors, Residents' Council and Family Council of the home.

Staff stated that heat alerts were emailed to staff only and no signage was posted in the home to alert residents, volunteers, SDM's, visitors or resident/family council of heat advisories.

When the home did not include a protocol for others beside staff related to heat illness prevention there was risk to residents of others not being aware of heat advisories and potential interventions for heat related illness required for residents.

Sources:

Review of policy-Heat related Illness Prevention and Management Programming plan for Residents, revised June 2024, interviews with staff

[706119]

WRITTEN NOTIFICATION: Air temperature

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (4)
Air temperature
s. 24 (4) In addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom in which air conditioning is not installed, operational and in good working order, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m. on,
(a) every day during the period of May 15 to September 15; and
(b) every other day during which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day.

The licensee failed to ensure that when the home's air conditioning was not in good working order, every resident bedroom affected had the room temperature measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

Rationale and summary

The home's air conditioning was found to be malfunctioning. some resident

bedrooms were without air conditioning.

Management staff was unsure when the air conditioners had failed to be in working order but confirmed the home area was without functioning units for one and a half days. Every resident bedroom affected had not had temperatures measured and documented during this time.

When the home did not measure and record resident room temperatures during the air conditioning malfunction, staff were not alerted to potentially high room temperatures. This had potential impact to residents of heat related illness.

Sources:

Review of temperature logs for Country View resident home area and interview with staff

[706119]

WRITTEN NOTIFICATION: Maintenance services

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (2) (c)
Maintenance services
s. 96 (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;

The licensee failed to ensure the air conditioning systems were in a good state of repair and inspected at least every six months by a certified individual, and that documentation was kept of the inspection.

Rationale and summary

Management staff stated that the home's process was to organize preventative maintenance for the home's air conditioning system twice per year with an outside provider. The manager stated the home had no policies on preventative maintenance or preventative maintenance contracts with outside vendors for the home's air conditioners.

When the home's air conditioning was found to be malfunctioning no preventative maintenance from an outside provider on the cooling system had been completed for the summer season.

When the home did not ensure preventative maintenance was completed on the home's air conditioning system every six months by a certified individual, there may have been a missed opportunity to prevent the cooling system from failing.

Sources:

Review of emails to outside vendor and interview with staff.

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WRITTEN NOTIFICATION: Reports re critical incidents

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 2. ii.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,

ii. a breakdown of major equipment or a system in the home,

The licensee has failed to ensure that the Director was informed of a breakdown of major equipment or a system in the home no later than one business day after the home's air conditioning failed in a resident home area.

Rationale and Summary

A complaint to the Ministry of Long-Term Care Action Line documented the air conditioning of a resident home area was not functioning.

Review of Critical Incident System report (CIS) system for the Ministry of Long-Term Care found no CIS submitted by the home related to this incident.

During an interview, the Director of Knowledge, Care and Compliance stated that they should have reported the malfunctioning air conditioning to the Director.

When the home did not report a breakdown of major equipment in the home there was a potential delay in the Director's response.

Sources:

Review of the Critical Incident System report, Ministry of Long-term Care Action Line, and interview with the Director of Knowledge, Care and Compliance.

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WRITTEN NOTIFICATION: Emergency plans

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. ix.
Emergency plans
s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with emergencies, including, without being limited to,
ix. loss of one or more essential services,

The home failed to implement their emergency plan for loss of one or more essential services when they did not implement their Code Grey policy for air conditioning malfunction in a resident home area.

Rationale and summary

The home's air conditioning malfunctioned.

The home's policy-emergency manual, loss of air conditioning, effective date, May 2023, stated that a code grey was to be called and staff were to respond with a specific protocol.

Staff stated that they were not aware of the home's malfunctioning air conditioning until they went to the affected home area and noticed it was warm.

The Building Services Manager stated that a code grey was not called for

malfunctioning air conditioning per the home emergency policy, and should have been.

When the home's emergency plan was not initiated for loss of an essential service there was potential impact to residents when all staff were not made aware to implement protocols as outline in their Code Grey procedure.

Sources:

Review of home's emergency plan for loss of air conditioning, effective date May 2023, interviews with staff.

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