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 East District
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Original Public Report

Report Issue Date: May 10, 2024
Inspection Number: 2024-1563-0002
Inspection Type: Proactive Compliance Inspection
Licensee: Regional Municipality of Durham
Long Term Care Home and City: Lakeview Manor, Beaverton

Lead Inspector	**Inspector Digital Signature**
Reethamol Sebastian (741747)	Reethamol Sebastian Digitally signed by Reethamol Sebastian Date: 2024.05.13 13:45:41 -04'00'

Additional Inspector(s) Holly Wilson (741755)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 17 - 19, 22 - 25, 2024

The following intake(s) were inspected:

- An intake related to Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils

Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Windows

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that windows in the home which opened to the outdoors and were accessible to residents, had a screen and could not be opened more than 15 centimeters.

Rationale and Summary

During the Proactive Compliance Inspection (PCI), it was noted that several windows in resident rooms and resident common areas throughout the home, did not have window crank handles, and the windows could not be opened.

A resident confirmed that only residents who have requested a window crank handle were given one. The Environmental Services Manager (ESM) confirmed that the window crank handles were removed to keep the windows closed to prevent the heat from coming into the building in the summer and the heat escaping in the

winter. The ESM confirmed that the home did not have enough handles for all the windows.

Failure to have window crank handles installed on resident windows in their rooms and resident common areas throughout the home placed the residents in a position of no access to fresh air.

Sources: Observations; interview with the ESM. [741755]

WRITTEN NOTIFICATION: Dining and Snack Service

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee failed to ensure that the home has a dining and snack service that includes, at minimum, food being served at a temperature that is both safe and palatable to the residents.

Rationale and Summary

During lunch meal observations in a dining room, cold salads and sandwiches were left at room temperature in the servery during the meal service. The inspector checked the temperature and found out the three cold entrees were at 12.1 degrees Celsius, 15.4 degrees Celsius, and 12.5 degrees Celsius, respectively.

The inspector reviewed the temperature log for the dining area and noted it was recorded for the three cold entrees at eight degrees Celsius, nine degrees, and at six degrees Celsius, respectively, prior to meal service.

The home's safe food temperatures guideline indicated that cold-holding foods should be held at four degrees Celsius or colder and kept in the refrigerator.

The Food Service Manager (FSM) acknowledged that the cold entrees were to be placed in a refrigerator at four degrees Celsius or below and were not to be left sitting at room temperature.

Improper storage of food and beverages, specifically cold holding foods, places residents at risk of foodborne illness.

Sources: Observations, Home policy titled "food temperature Control", food temperature log, and an interview with the FSM. [741747]

WRITTEN NOTIFICATION: Maintenance services

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)
Maintenance services
s. 96 (1) As part of the organized program of maintenance services under clause 19 (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.

The licensee has failed to ensure that there are schedules and procedures in place for routine, preventive, and remedial maintenance in the home.

Rationale and Summary

During a tour of the home, the inspector noticed missing tiles in the residents' spa rooms on two neighborhood areas and a missing mirror above the spa room sink on one neighborhood area. Resident Council meetings documented the disrepair of the home and the decline in the maintenance services.

A resident indicated that there was an overall decline in the maintenance in the home and that many residents expressed concerns to the council and at the council meetings.

The ESM indicated that they completed weekly walks in the home to identify areas of the home to be a pass or fail. They indicated from the last recent walk completed, the spa rooms were a pass and were not aware of the missing tiles and mirrors in the neighborhood areas.

Failure to ensure that internal areas of the home are maintained with routine, remedial, and preventative maintenance, caused the residents to express dissatisfaction with the maintenance of the home.

Sources: Observations, minutes of Residents Council, interviews with a resident and ESM. [741755]

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) (g)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(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;

The licensee has failed to ensure that procedures are developed to ensure that, the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius.

Rationale and Summary

A resident identified that the sink in the dining room on a home area had no access to hot water. All other spa rooms, resident sinks, and common area resident sinks had access to hot water. When in the spa rooms, it was observed that there were no logs of the temperatures of the bathtub water and shower prior to residents' use.

The Director of Care (DOC) confirmed by email that the home does not have a policy to ensure the bathtub or shower water temperature does not exceed 49 degrees Celsius before resident use. During an interview with a PSW, they identified that the process to check the temperature of the bathtub or shower water was to place the residents' toes in the water as a gauge for the residents' tolerance of the hot water.

Failure to check the temperature of the hot water prior to the resident's use placed the residents at risk of a burn to their skin.

Sources: Observations, email from DOC, interview with PSW. [741755]

WRITTEN NOTIFICATION: Maintenance services

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (2) (k)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(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.

The licensee has failed to ensure that procedures are developed and implemented to ensure that, (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.

Rationale and Summary

During a tour of the home, a resident identified that the sink in the dining room in a home area had no access to hot water. The home's water temperature logs are to be completed on the early shift, day shift and afternoon shift by maintenance staff, on a rotating resident home area and provide direction that the water temperature must be between 40-49 degrees Celsius.

The Water Temperature logs documented that, there were twelve days where the water temperature was not recorded.

The ESM confirmed that water temperature should be recorded but was probably missed due to the lack of staff.

By not ensuring water temperatures were maintained at a minimum of 40-49 degrees Celsius, residents were placed at risk of the water being too hot or too cold for personal use.

Sources: Water Temperature Logs, Interview with ESM. [741755]