



**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
Jul 25, 2018	2018_607523_0017	015913-18, 015990-18, 016089-18, 017836-18	Complaint

Licensee/Titulaire de permis

Meadow Park (Chatham) Inc.
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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

Meadow Park Nursing Home (Chatham)
110 Sandy Street CHATHAM ON N7L 4X3

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

ALI NASSER (523)

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): July 16 and 17, 2018.

The following complaint were inspected during this inspection as follows:

Complaint intake Log #015913-18, IL-57653-LO related to high air temperatures in the home.

Complaint intake Log #015990-18, IL-57674-LO related to high air temperatures in the home.

Complaint intake Log #016089-18, IL-57706-LO related to high air temperatures in the home.

Complaint intake Log #017836-18, IL-58126-LO related to high air temperatures in the home and resident's safety.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Director of Care, Environmental Services Supervisor, three registered staff members, two Personal Support Workers, and three residents.

The inspector(s) also toured the home, observed residents and care provided to them, observed staff-resident interactions. Reviewed clinical records and related policies and procedures.

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

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 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. 20. Cooling requirements

Specifically failed to comply with the following:

s. 20. (1) Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat. O. Reg. 79/10, s. 20 (1).

s. 20. (2) The licensee shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents. O. Reg. 79/10, s. 20 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written hot weather related illness prevention and management plan that met the needs of the residents was implemented when required to address the adverse effects on residents related to heat.

A review of the home's policy titled: Hot Weather Related Illness-Prevention and Management. Manual: Occupational Health and Safety. Section: Safe Working Procedures. Revised August 29, 2016, showed the following:

Preparation and planning section, number four: continue routine checks of temperature and add checks of humidity.

Prevention and Intervention timing was based on Humidex measurements.

Prevention: Environmental Services, number four: monitor indoor temperatures and humidity twice daily. Communicate same to management team and as needed.

A review of the Daily Air Temperature Record from June 1, 2018 to July 16, 2018, showed that the air temperature was being monitored once daily. There was no record of humidity checks.

In an interview, the Environmental Services Supervisor (ESS) said that they were monitoring air temperatures once daily in the home, this was usually completed in the morning. ESS said that they did not monitor the humidity in the home.

ESS said that the policy of the home was not being implemented. ESS said that they would develop a new Daily Air Temperature Record that would capture the twice daily



monitoring of temperatures and humidity. [s. 20. (1)]

2. The licensee has failed to ensure that if the central air conditioning was not available in the home, there would be at least one separate designated cooling area available for every 40 residents.

On certain date the inspector toured the home with the Environmental Services Supervisor (ESS) who said that the home had three resident home areas. ESS said that there was only central air conditioning in the hallways of one of the resident home areas and all the resident's rooms had no central air conditioning.

ESS said that there was an air condition in the East wing lounge that could be used as a cooling area. The lounge could fit around 10 residents. ESS said that the lounge was not available all the time. ESS said that the West wing dining room and lounge which were not separated could be used as cooling areas.

When asked if the home had at least one separate designated cooling area for every 40 residents, the ESS said no.

The ADOC said in an interview that they were not aware of designated cooling areas in the home. They said that they were aware that the lounges had an air conditioning but were not aware of a process or direction on how to utilize those rooms, and how many residents could be in or when to use them.

The Administrator said in an interview that the home had designated cooling areas but the central air conditioning unit in the big dining room was not functioning at full capacity. The home had already had a vendor provide a quote to fix it and would do so. The Administrator said that at the time of the inspection there was not a separate designated cooling areas for every 40 residents. [s. 20. (2)]



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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 written hot weather related illness prevention and management plan that meets the needs of the residents was implemented when required to address the adverse effects on residents related to heat, and,
to ensure that if the central air conditioning was not available in the home, there would be at least one separate designated cooling area available for every 40 residents, to be implemented voluntarily.***

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

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

11. Seasonal risk relating to hot weather. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care must be based on, at a minimum, interdisciplinary assessment of the resident with respect to seasonal risk relating to hot weather.

The Ministry of Health and Long-Term Care (MOHLTC) received a complaint on a certain date whereby the complainant said that the air temperature in the home was so hot and this was affecting residents and staff.

The Ministry of Health and Long-Term Care (MOHLTC) received a second complaint on a certain date whereby the complainant said that the air temperature in the home was so hot.

The Ministry of Health and Long-Term Care (MOHLTC) received a third complaint on a certain date whereby the complainant said that the air temperature in the home was so hot that it was affecting the residents to the point of not eating and residents were getting dehydrated.

The Ministry of Health and Long-Term Care (MOHLTC) received a fourth complaint on a certain date whereby the complainant said that the air temperature in the home was so hot that a resident had to go outside to get cooler.

Clinical record review for four residents showed no focus in the plan of care related to hot weather risk.

In an interview, the ADOC reviewed the clinical records for the four residents and said that the plan of care was not based on the heat risk assessment that was completed on the resident. ADOC said that the plan of care had no focus related to hot weather illness.

ADOC said that it was the home's expectation that the plan of care would be based on the Heat Risk Assessment and that the home would be reviewing the plan of cares to be based on the results of the Heat Risk Assessments . [s. 26. (3) 11.]



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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 plan of care must be based on, at a minimum, interdisciplinary assessment of the resident with respect to seasonal risk relating to hot weather, to be implemented voluntarily.

Issued on this 25th day of July, 2018

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

Original report signed by the inspector.