

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: July 28, 2023	
Inspection Number: 2023-1509-0003	
Inspection Type: Complaint	
Licensee: Saint Luke's Place	
Long Term Care Home and City: Saint Luke's Place, Cambridge	
Lead Inspector Bernadette Susnik (120)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 13, 14, 15, 2023

The inspection occurred offsite on the following date(s): June 16, 28, 2023

The following intake(s) were inspected:

Intake: #00088736 - Complaint related to excessive heat in the home and no air conditioning.

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

Resident Care and Support Services
Safe and Secure Home

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Air temperatures

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

The licensee has failed to document the temperature required to be measured under s. 24 (2) at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

Temperature measurements of required areas such as two different resident bedrooms in the home, a common area and/or designated cooling area on each floor were not documented for a period of 25 days between May 4 and May 30, 2023. The temperatures were monitored using remote sensors, a receiver or data logger and a software program for the month of May 2023. The system failed for an unknown reason and the maintenance lead was not aware of the failure. No manual measurements were recorded during that period of time.

Sources: Review of temperature logs, observation of temperature sensors and data logger, interview with maintenance lead.

[120]

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 29 (3) 11.

The licensee has failed to ensure that the plan of care for three identified residents included protective measures required to prevent or mitigate heat related illness.

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Rationale and Summary

The care plans for all three residents, which were assessed as either high or moderate for heat related illness, included general response measures that were predominantly limited to residents being outdoors or clinical interventions to alleviate symptoms. These included; monitoring fluid intake, assessing medications, monitoring for heat-related symptoms and discouraging residents from going outside. Non-clinical interventions included keeping the curtains closed and to place the resident in a cool area of the building (a protective measure). No protective measures were identified for residents while in their rooms.

The care plans did not include specific risk factors that exposed the three identified residents to excessive heat. These would include but are not limited to the location of the resident's room in the building (top floor vs lower floor), orientation to direct sun exposure (causing windows, walls, floors, and ceilings to absorb heat and radiate it into the rooms), lack of heat blocking window covers, use of heat generating equipment in resident rooms (oxygen concentrators, electronics), open windows, limitations of air conditioning or ventilation systems in the resident's rooms and heat being generated from individual room heaters. Use of specific cooling equipment or supplies as necessary to protect residents from heat-related illness is now required under s. 23(2)(d) of Ontario Regulation 246/22. Where the licensee's mechanical air conditioning roof top units are not able to maintain temperatures in each resident's room below 26°C, supplemental air conditioning units are required where residents have identified their discomfort or when registered staff have identified that supplemental air conditioning is required to cool and maintain the temperature of the bedroom for the health, safety, and comfort of the residents in that bedroom.

Between May 30 and June 2, 2023, when outdoor air temperatures were above 26°C, family members, residents and registered staff made requests for the heat to be turned off or that air conditioners be installed in rooms for seven residents. Some registered staff made progress notes, but the need to formally install an air conditioner was not included in their plan of care as a protective measure.

Specific interventions that may be included in the plan of care are enhanced room temperature monitoring to determine when to install or uninstall air conditioning for a particular resident (and subsequently to include the direction in the resident's plan of care), whether windows require heat blocking covers and if windows need to be secured from opening to control heat

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and humidity, any behavioural, cultural or physical limitations that the resident has that increases their risk to heat exposure, and how the individual heaters in each room would be managed during shoulder seasons (April to June and September to end of October when nights are cool, and days are quite warm) to ensure that additional heat does not affect the resident.

Failure to assess the resident's environment in addition to clinical risk factors and to subsequently include the protective measures in the plan of care for staff awareness may increase the resident's risk to heat-related illness.

Sources: Observations, interviews with staff, residents and families, review of care plans, progress notes and heat assessments.

[120]

WRITTEN NOTIFICATION: Air conditioning requirements**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 23.1 (1) 1.

The licensee has failed to ensure that air conditioning was installed, operational and in good working order for the purpose of cooling the temperature in every resident bedroom at least the period from May 15 to September 15 in each year.

Rationale and Summary

The home was divided into two distinct areas, identified as the A and E wings. Both wings were equipped with roof top air conditioning or air make up units with air conditioning capacity serving resident rooms. Based on engineering reports, the units were designed to be capable of providing air-conditioned air to both A and E wings if maintained at peak performance level.

According to Environment and Climate Change Canada's historic air temperature database, the outdoor air temperature for areas surrounding Cambridge was approximately 26°C and higher on May 28, 29, 30, 31 and June 1, 2, 2023. During this time, numerous complaints were made to the licensee which included requests for the installation of portable air conditioning units

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and requests to review why air conditioning was not in good working order as of May 15, 2023.

The maintenance lead identified challenges with the time of year that the complaints were generated. April to early June is considered a shoulder season, where daytime temperatures may be much higher than nighttime temperatures. The need to keep the heat on for nighttime comfort was a factor that complicated the management of the overall daytime comfort level in the home.

- Maintenance request records were logged by staff #100 in the licensee's maintenance program on behalf of three resident complaints for excessive room heat in one of the wings beginning the third week of May 2023. Staff #100 was requesting that the heat be shut off.
- During the month of May and June 2023, requests were made by staff and multiple families to install portable air conditioners in resident rooms due to excessive heat or resident discomfort. Some air conditioning units were provided by families and some by the licensee. Not all were installed on or prior to May 15, 2023, and one in particular was not installed for over 25 days after it was requested according to records and family accounts.
- During the first week of June 2023, a request by a staff member was logged again to have the heaters turned off in one of the wings, especially for one identified resident room. The response included that the system would not be shut down until nighttime temperatures reached double digits.

A tour of the home was conducted, and air temperatures measured of the incoming air supply serving resident rooms in both A and E wings of the building. At the time, outdoor air temperatures were approximately 20-22°C. Four resident rooms in the A wing had their hot water radiators on and were warm to the touch. When measured with an infrared surface thermometer, they were over 30°C. The air supply serving the resident rooms was approximately 21.9°C to 23.9°C, slightly higher than outdoor temperatures. No supply air flow was detected in two identified resident rooms in the A wing, and barely detected in the A wing lower activity room and corridor. The indoor ambient temperature taken in numerous A wing rooms ranged from approximately 25.4°C to 27°C. Some rooms were also affected by heat generated by an oxygen concentrator.

The licensee did not ensure that the air conditioning, whether provided via a roof top unit

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or portable units, was installed and fully functional as of May 15, 2023. Care staff did not have access to or were aware of how to access the digital air temperature readings for resident rooms so that they could respond as necessary when air temperatures reached 26°C in resident rooms or other areas of the home. The licensee had installed a total of four air temperature sensors to monitor four resident rooms. These were insufficient in determining the air temperature variations throughout the resident rooms in the home. Due to the environmental factors that increase indoor air temperatures, such as location of the room in the home, orientation to the sun, use of heat generating equipment or systems, open windows, window coverings that do not block out the heat, insulation levels, and cooling and ventilation design, certain residents are exposed to warmer rooms than others and therefore at greater risk for heat-related illness than others.

Failure to ensure that heating and cooling equipment are maintained, monitored and adjusted in multiple areas of the home in accordance with outdoor air temperature fluctuations may increase resident risk to heat related illness.

Sources: Interviews with staff, families, residents, record reviews of air temperature logs, resident's progress notes, direct observation, and temperature measurements.

[120]