Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 2, 2012	2012_072120_0058	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

TELFER PLACE
245 GRAND RIVER STREET NORTH, PARIS, ON, N3L-3V8

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with administrator, environmental services supervisor, residents and non-registered staff regarding hot weather response protocols. (H-001437-12)

During the course of the inspection, the inspector(s) reviewed the home's hot weather related illness protocol, took ambient air and humidity readings in common spaces and verified the function of air conditioning equipment in resident rooms and common spaces.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

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).

Findings/Faits saillants :

[LTCHA 2007, S.O. 2007, c.8, 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 has not ensured 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.

The home has developed a "Hot Weather Related Illness Protocol" #RC-C-80 revised May 2009 (LTC-N-80 originally) in response to the requirement to have such a plan under section 20(1) of O. Reg. 79/10. However, the plan has not been implemented and complied with.

(i) The plan requires the Executive Director to ensure that internal environmental air temperatures and Humidex be monitored and documented. No records could be presented at the time of inspection. When questioned, the maintenance person and nursing staff stated that they have not taken any recordings.

(ii) Communication of the home's hot weather related illness protocol has not been implemented. The home's plan requires that communication protocols be developed to inform staff, visitors, families, residents and volunteers. Discussion with personal support workers and a family member revealed that they have not received any information about hot weather related illness, control measures and strategies. The Director of Care confirmed that only charge nurses were provided with information with respect to symptoms, warning signs and variables that can exacerbate heat illness, but were not provided with information about the home's hot weather related illness protocol or Humidex response plan and monitoring process.

(iii) Residents, staff and volunteers have not been educated on hot weather related illness, prevention and management annually as per the home's plan. Confirmation was made with staff and the Executive Director that volunteers and residents have not received any education. Staff receive an annual in-service on multiple topics, however confirmation could not be made that staff received education on all of the topics required by their hot weather related illness protocol.

(iv) Management and staff did not comply with their Policy #LTC-N-80-15 or #ESP-B-100 both dated August 2006. These policies are similar and require that staff draw window coverings and that windows and outside doors be kept closed to reduce heat and humidity coming into the building. The home's policies however do not identify a strategy to limit, alter or reduce the amount of untempered fresh air entering the building via mechanical systems. The Ministry of Health's Guidelines for the Prevention and Management of Hot Weather Related Illness in Long Term Care Homes suggests that make up air be tempered.

According to a family member, prior to August 2, 2012, on a day with a Humidex of 40, staff left drapes in resident's rooms open and allowed direct sunlight to shine in, increasing the heat. During the inspection, the sun was not shining and drapes were thereby left open, however air conditioning units were all on and many windows were left wide open and an untempered make up air unit was running. Staff confirmed that they opened the windows and not the residents to increase ventilation.

A portable air conditioner that was in the t.v. lounge (the designated cooling area) prior to the inspection was replaced with a new model on August 1, 2012. According to a family member, the one unit could not effectively cool the large room and they found the double doors to the room open. The room temperature felt the same in the t.v. lounge as in the rest of the building. During the inspection, the new unit was found to be effective and the room temperature 26C compared to a temperature of 30C outdoors.

Resident rooms did not have any air conditioners prior to August 2, 2012 but at the time of the visit, over 20 resident rooms had a functioning window air conditioner. Mechanical upgrades, such as a tempering or air conditioning for the make-up air unit were being explored at the time of inspection.

Issued on this 16th day of August, 2012

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

B. Smith