

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**Central East Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 4, 2022	2022_505103_0013	012149-21, 015283- 21, 001951-22	Complaint

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**Licensee/Titulaire de permis**Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4**Long-Term Care Home/Foyer de soins de longue durée**Thorntonview  
186 Thornton Road South Oshawa ON L1J 5Y2**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

DARLENE MURPHY (103)

**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): March 28-31, 2022.**

**Log #012149-21-complaint related to resident care,  
Log #015283-21-complaint related to alleged resident abuse,  
Log #001951-22-complaint related to air temperatures.**

**During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), Infection, Prevention and Control (IPAC) lead, activity staff, Environmental Services Manager (ESM), Assistant Director of Care (ADOC), Director of Care (DOC) and the Executive Director.**

**During the course of this inspection, the inspector reviewed resident health care records, critical incidents relevant to the complaints, completed IPAC Observational checklist A2, made observations of resident dining, activities and care related to IPAC practices, the home's documentation relevant to the alleged resident abuse, the home's abuse policy and annual training of direct care staff related to the STOP approach.**

**The following Inspection Protocols were used during this inspection:  
Contenance Care and Bowel Management  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation  
Safe and Secure Home  
Skin and Wound Care**

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

**3 WN(s)  
3 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure the written plan of care for a resident set out clear directions to the staff who provided direct care to the resident.

Two PSW's approached a resident to provide continence care. The resident became agitated and attempted to strike the PSW's. The PSW's continued to provide continence care to the resident despite the ongoing agitation and placed the resident in a chair by the nursing station. The resident was overheard stating two men had just tried to hurt them.

The incident was reviewed with the DOC who stated all direct care staff are provided with annual training on the STOP method which is to be used when staff anticipate or experience violent responsive behaviours. The DOC stated the PSW staff should have stopped providing care to the resident, ensured the resident's safety and re-approached at a later time when the resident was no longer agitated. The resident plan of care did not clearly include these directions.

Source: resident progress notes and plan of care, interview with DOC. [s. 6. (1)]

***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 the resident's plan of care includes clear directions regarding the provision of care when the resident is exhibiting responsive behaviours, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance**

Specifically failed to comply with the following:

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure the written policy that promotes zero tolerance of abuse was complied with.

A resident was observed crying and reported pain from an injury. An RN asked the resident what happened and the resident stated they were injured when two men came into their room the previous night.

During an interview with the DOC, they stated the allegation made by the resident was not immediately reported by the RN and indicated all allegations of resident abuse must be immediately reported and investigated. The DOC stated despite a request by the resident's Power of Attorney (POA) of an investigation into the incident, there was no evidence to support an immediate investigation was completed at that time. As a result, the home's zero tolerance of abuse policy was not complied with regarding the immediate reporting of an alleged incident of resident abuse to the Director and an immediate investigation into the allegations of resident abuse.

Sources: Resident progress notes, abuse policy and interview with DOC. [s. 20. (1)]

***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 the home's abuse policy is complied with in regards to the immediate reporting and investigation of all alleged incidents of resident abuse, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature**

**Specifically failed to comply with the following:**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**

**1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).**

**s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure the home was maintained at a minimum of 22 degrees Celsius.

A review of the home's air temperature logs showed times when the air temperature in the home was below 22 degrees Celsius. During the month of February 2022, there were a total of 15 days where the temperatures were documented as 20-21 degrees Celsius at points throughout the day and evening. The Executive Director stated the home experienced maintenance issues with the heat exchangers which contributed to the reduced temperatures in the home.

Sources: Air Temperature logs December 2021-March 2022, Interview with Executive Director. [s. 21.]

2. The licensee failed to ensure the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home.

A review of the home's air temperature logs contained no documentation of temperatures taken in resident bedrooms. The Environmental Services Manager (ESM) stated during their absence, their replacement believed these temperatures were not required outside of the summer months.

Sources: Air Temperature logs December 2021-March 2022, Interview with Environmental Services Manager. [s. 21. (2) 1.]

3. The air temperature was not measured at least every morning, afternoon between 12pm and 5pm and once every evening or night.

A review of the home's air temperature logs showed many gaps in the documentation of the required temperatures. The ESM indicated they were responsible for measuring the air temperature at the beginning and end of their shift and the registered staff were responsible for measuring the air temperatures on the evening or night shifts.

Sources: Air Temperature logs December 2021-March 2022, Interview with Environmental Services Manager. [s. 21. (3)]

***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 the home is maintained at a minimum of 22 degrees Celsius, temperatures in at least two resident bedrooms in different parts of the home are measured and documented and air temperatures are measured at least every morning, afternoon between 12pm-5pm and once every evening or night, to be implemented voluntarily.***

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Issued on this 5th day of April, 2022

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

**Original report signed by the inspector.**