



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 20, 2013	2013_182128_0036	L-000950-13	Complaint

Licensee/Titulaire de permis

LUTHERAN HOMES KITCHENER-WATERLOO
2727 KINGSWAY DRIVE, KITCHENER, ON, N2C-1A7

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

TRINITY VILLAGE CARE CENTRE
2727 KINGSWAY DRIVE, KITCHENER, ON, N2C-1A7

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

RUTH HILDEBRAND (128), SHANNON WATT (525)

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): December 12, 16 & 17,
2013**

During the course of the inspection, the inspector(s) spoke with the retiring Administrator(effective December 12, 2013) and the new Administrator, Director of Resident Care, Assistant Director of Care (ADOC), 1 Registered Practical Nurse (RPN), 4 Personal Support Workers (PSW), Director of Finance, Nutrition Manager, 2 Food Service Workers (FSW), Environmental Services Manager, 1 Housekeeping Aide, Maintenance Worker, Physiotherapist, 2 Receptionists and Residents.

During the course of the inspection, the inspector(s) took air temperatures, observed care provided to an identified resident, staff/resident interactions, observed partial lunch meal service, on December 12, 2013, partial afternoon snack service, on December 12, 2013, and partial breakfast tray service on December 17, 2013 and reviewed the clinical record for an identified Resident.

The following Inspection Protocols were used during this inspection:
Dining Observation
Nutrition and Hydration
Personal Support Services
Reporting and Complaints
Skin and Wound Care
Snack Observation

Findings of Non-Compliance were found during this inspection.



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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>Legendé</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 O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Findings/Faits saillants :



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1. The licensee has failed to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

During observations of an identified Resident, December 12, 2013, Inspectors found that air temperatures felt cold. Thermostats in the rooms revealed the following temperatures: four rooms were 21 degrees, one room was 20 degrees and one room was 18 degrees.

Six out of twelve (50%) rooms were noted to be below 22 degrees.

Two Residents stated they were cold and another Resident indicated the temperatures fluctuate up and down, and he/she wears 2 sweaters over his/her pyjamas at night.

Both Administrators and a Maintenance Worker acknowledged that there was a problem with the temperatures not being maintained at a minimum of 22 degrees Celsius. They indicated that a number of the thermostats were turned down. The Retiring Administrator acknowledged awareness that some areas of the building were cold earlier in the day, prior to Inspectors identifying this concern. [s. 21.]

2. On December 16, 2013, temperature checks were conducted and one room was 19 degrees Celsius, one room was 19.5 degrees, 2 rooms were 20 degrees, and one room was 21 degrees.

Five out of eight (62.5%) room temperatures were below 22 degrees Celsius.

Two of three Residents available for interview expressed concerns about the varying temperatures, and indicated it is cold at night. [s. 21.]

3. The main foyer/lounge was recorded at 16 degrees on December 16, 2013.

One of two Residents interviewed in the lounge stated "it is always cold in here, I have 3 sweaters on, especially at night it is cold". [s. 21.]

4. The newly hired Administrator stated that the home would remedy the cold temperatures by the New Year. Inspector #128, informed the Administrator that this could not wait until the New Year and that an action plan needed to be developed immediately. The Administrator acknowledged, at 16:51, that an action plan had been implemented to ensure temperatures were always at 22 degrees.

Despite this, Inspectors took temperatures, on December 17, 2013 and noted that the Main foyer/lounge was 18 degrees Celsius, at 10:50, and the hallway of one home area was 21 degrees.

The Administrator indicated that they were waiting on repair parts for a main floor heater, as well as repair to the Heating and Ventilation system. [s. 21.]



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Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is a safe and secure environment for its Residents.

On December 16, 2013, Inspectors observed that Residents had access to a cupboard with five sharp knives in it, a rotary toaster, and a hot water urn. The Nutrition Manager reported the hot water was 80 degrees Celsius which is hot enough to burn Residents skin. [s. 5.]

2. A large wet area was observed on the floor in front of a Resident's bed, December 17, 2013.

A Housekeeping Aide confirmed that the chemicals were on the floor when he/she exited the room and that this was a safety risk to Residents. The Nutrition Manager, Environmental Services Manager, and Administrator acknowledged that these were safety risks and indicated that they would take action to remedy the risks. [s. 5.]

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 residents are kept safe and hot water, as well as knives are not accessible to Residents. Additionally, the home must ensure that staff do not leave areas unattended that have wet chemicals on floors, to be implemented voluntarily.



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WN #3: 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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that all policies were complied with.

A FSW, informed Inspectors that the morning beverage cart had already been served on a home area.

However, two PSW's acknowledged that the cart had not been taken out yet and Residents had not had a morning beverage.

The cart was prepared and PSW's served Residents a beverage.

A review of the Dietary Services - Meal Services policy, dated March 2013 entitled 2nd/3rd Floor Servery 7:00-2:30 Work Routine, revealed that the FSW is expected to "prepare an set up A.M. nourishment cart at 10:10.

The Nutrition Manager indicated that the expectation is that the job routines are followed and that a morning beverage cart is always prepared/served to ensure Residents receive a beverage. [s. 8. (1) (b)]

2. Dietary Services, Nourishment/Snacks policy, dated 08/13, reveals "the FSW in each home area will prepare the morning beverage cart for distribution at 1030 hours. The FSW will place the nourishment/snack menu, resident nourishment list and the food/fluid intake sheet on cart".

Inspector #128 noted that nourishment/snack menu, Resident nourishment list and the food/fluid intake sheet were not on the morning beverage cart.

The Nutrition Manager indicated that the expectation is that all policies are complied with. [s. 8. (1) (b)]



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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 staff comply with all policies and specifically in relation to ensuring that beverage and snack carts are prepared and served to Residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



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Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system,
or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :



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1. The licensee has failed to ensure that all doors leading to the outside of the home must be kept closed and locked. Additionally, all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by Residents, and those doors must be kept closed and locked when they are not being supervised by staff.

On December 17, 2013, the door to the main floor electrical room was observed to be unattended and propped open with a wedge.

Inspector entered the room and noted that an unlocked exterior door provided Residents potential access to the outside of the home.

The Director of Finance confirmed that the door to the electrical room was unlocked and unattended, and Residents had potential access to the outside through the unlocked exterior door. [s. 9. (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 that all doors leading to the outside of the home are kept closed and locked, and all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by Residents. Those doors are kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 10. Elevators Specifically failed to comply with the following:

s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

Findings/Faits saillants :



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1. The licensee has failed to ensure that all elevators in the home are equipped to restrict access to areas that are not to be accessed by Residents. Inspectors observed on December 16, 2013, that the rear door of the elevator could access the serveries on both second and third floors. The Nutrition Manager stated that the rear doors are never locked. The Administrator acknowledged this risk. She advised Inspectors that the elevators would be secured using a bypass key so that the rear of the elevator could not be accessed by Residents. [s. 10. (1)]

2. However, Inspectors observed on December 17, 2013 that the rear door of the elevator was still not restricted, and Residents had access to these areas. The home provided Inspector #128 with an updated action plan that contained a commitment that the rear elevator doors would remain out of service until the elevator can be reprogrammed. [s. 10. (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 that all elevators in the home are equipped to restrict access to areas that are not to be accessed by Residents, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



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Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown,
pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff,
using a clinically appropriate assessment instrument that is specifically
designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain,
promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the
home, and any changes made to the resident's plan of care relating to nutrition
and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff,
if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that an identified resident was reassessed at least weekly by a member of the Registered Nursing staff.

A clinical record review, for an identified resident, conducted on December 17, 2013, revealed that weekly wound assessments were not completed three out of four weeks in the month of August 2013. Two out of four weekly wound assessments in September 2013 were not completed, and no weekly wound assessments were done in the Month of October 2013.

A RPN and ADOC acknowledged that weekly skin and wound assessments are to be documented by Registered Staff. [s. 50. (2) (b) (iv)]

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 Residents with wounds are re-assessed, at least weekly, by a member of the Registered Nursing staff, if clinically indicated, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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Specifically failed to comply with the following:

**s. 73. (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:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that proper techniques were used to assist Residents with eating, including safe positioning of Residents who required assistance.

At afternoon snack, on a resident home area, December 12, 2013, an identified Resident was observed being assisted with eating while in an unsafe feeding position, placing the Resident at potential choking risk.

Two PSW's and a Registered Practical Nurse stated that they were not sure what the expectations were related to assisting Residents with eating. Despite acknowledging that they have had education related to safe feeding/eating, one of the staff stated that it "is okay to stand to give them a drink and if they are in their room then they stand because there is nothing else to do".

The Administrator stated that the expectations are that all Residents are assisted with eating while in a safe position. [s. 73. (1) 10.]

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 all residents who require assistance with eating are positioned safely, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :



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1. The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to Residents at all times.

On December 16, 2013, it was observed that hazardous chemicals were accessible to residents in a servery.

The Nutrition Manager confirmed that the chemicals were accessible and acknowledged the risk to Residents.

The same risk was observed again on December 17, 2013. [s. 91.]

2. An open and unattended housekeeping cart, containing hazardous substances was observed in a resident room December 17, 2013.

A Housekeeping Aide acknowledged that the practice was not to lock unattended carts unless taking a break.

The Environmental Services Manager indicated that the policy is not to leave housekeeping carts unattended unless they are locked.

The Administrator confirmed that the expectation is that hazardous chemicals are not accessible to Residents. [s. 91.]

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 all hazardous substances are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



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Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).
-

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs were stored in a medication cart that was secure and locked.
An unlocked and unattended medication cart was observed outside the dining room on December 17, 2013.
A RPN and the Director of Resident Care acknowledged that the expectation was that the medication carts are to be locked when not in view. [s. 129. (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 that drugs are stored in a medication cart that is secure and locked, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

- s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).
-

Findings/Faits saillants :



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1. The licensee failed to ensure that all staff participate in the infection control program.

Staff on a resident home area were observed touching Residents, door knobs, and wheelchairs without evidence of hand washing/hand hygiene before serving snack to Residents, at the afternoon snack, December 12, 2013.

A Registered Practical Nurse indicated that the expectation is that all staff wash/sanitize their hands upon entering and exiting every Resident room [s. 229. (4)]

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 all staff participate in the infection and prevention control program and practice hand hygiene/handwashing, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that every resident was offered a minimum of a between-meal beverage in the afternoon.

An identified Resident was not offered a between-meal beverage, in the afternoon, on December 12, 2013.

The Administrator confirmed that all Residents are to be offered a between-meal beverage at each snack. [s. 71. (3) (b)]



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Issued on this 20th day of December, 2013

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

RUTH HILDEBRAND
Shannon watt



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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Name of Inspector (ID #) /
Nom de l'inspecteur (No) : RUTH HILDEBRAND (128), SHANNON WATT (525)

Inspection No. /
No de l'inspection : 2013_182128_0036

Log No. /
Registre no: L-000950-13

Type of Inspection /
Genre
d'inspection: Complaint

Report Date(s) /
Date(s) du Rapport : Dec 20, 2013

Licensee /
Titulaire de permis : LUTHERAN HOMES KITCHENER-WATERLOO
2727 KINGSWAY DRIVE, KITCHENER, ON, N2C-1A7

LTC Home /
Foyer de SLD : TRINITY VILLAGE CARE CENTRE
2727 KINGSWAY DRIVE, KITCHENER, ON, N2C-1A7

Name of Administrator /
Nom de l'administratrice
ou de l'administrateur : JEANNE JACKSON

To LUTHERAN HOMES KITCHENER-WATERLOO, you are hereby required to
comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Order / Ordre :

The licensee must implement a monitoring system to ensure that the home is maintained at 22 degrees Celsius at all times, including at night. The home must also identify resident's preferences related to preferred temperatures and provide additional blankets to residents who express that they are cold and to residents who exhibit non-verbal signs of being cold.

Grounds / Motifs :

1. The licensee has failed to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. During observations of an identified Resident, December 12, 2013, Inspectors found that air temperatures felt cold. Thermostats in the rooms revealed the following temperatures: four rooms were 21 degrees Celsius, one room was 20 degrees and one room was 18 degrees. Six out of twelve (50%) rooms were noted to be below 22 degrees. Two Residents stated they were cold and another Resident indicated the temperatures fluctuate up and down, and she/he wears 2 sweaters over his/her pyjamas at night. Both Administrators and a Maintenance Worker acknowledged that there was a problem with the temperatures not being maintained at a minimum of 22 degrees Celsius. They indicated that a number of the thermostats were turned down. The Retiring Administrator acknowledged awareness that some areas of the building were cold earlier in the day, prior to Inspectors identifying the concerns.

On December 16, 2013, temperature checks were conducted on a resident home and one room was 19 degrees Celsius, one room was 19.5 degrees and two rooms were 20 degrees.



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Five out of eight (62.5%) room temperatures were below 22 degrees Celsius. Two of three Residents available for interview expressed concerns about the varying temperatures, and indicated it is cold at night.

The main foyer/lounge was recorded at 16 degrees on December 16, 2013. One of two Residents interviewed in the lounge stated "it is always cold in here, I have 3 sweaters on, especially at night it is cold".

The newly hired Administrator stated that the home would remedy the cold temperatures by the New Year. Inspector #128, informed the Administrator that this could not wait until the New Year and that an action plan needed to be developed immediately. The Administrator acknowledged, at 16:51, that an action plan had been implemented to ensure temperatures were always at 22 degrees.

Despite this, Inspectors took temperatures on December 17, 2013 and noted that the Main foyer/lounge was 18 degrees Celsius at 10:50, and the hallway of a resident home area was 21 degrees.

The Administrator indicated that they were waiting on repair parts for a main floor heater, as well as repair to the Heating and Ventilation system.

(525)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 23, 2013**



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



Ministry of Health and
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9^e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 20th day of December, 2013

**Signature of Inspector /
Signature de l'inspecteur :**

RUTH HILDEBRAND

**Name of Inspector /
Nom de l'inspecteur :**

RUTH HILDEBRAND

Service Area Office /

Bureau régional de services : London Service Area Office