



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

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

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

**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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**Public Copy/Copie du public**

<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>
Aug 24, 2018	2018_484646_0010	015868-18	Complaint

**Licensee/Titulaire de permis**

Rykka Care Centres LP  
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Hawthorne Place Care Centre  
2045 Finch Avenue West NORTH YORK ON M3N 1M9

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

IVY LAM (646)

**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 11 and 12, 2018.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Dietitian (RD), Dietary Manager, Environmental Services Manager (ESM), Registered Nurses (RNs), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), and Residents.**

**During the course of this inspection, inspectors conducted a tour of the home, observed thermohygrometer readings, observed residents' care, staff to resident interaction, resident to resident interactions, reviewed resident health care records and the home's records.**

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

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

**1 WN(s)**

**1 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).  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:**

**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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

This inspection was initiated related to an anonymous complaint submitted to the Ministry of Health and Long-Term Care (MOHLTC) on an identified date related to concerns related to the home's hot weather interventions.

According to O.Reg 79/10, 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.

According to evidence-based practice titled, The Guidelines for the Prevention and Management of Hot Weather Related Illness in Long Term Care, July 2012, developed by the MOHLTC, routine checks to assess indoor air temperatures and humidex levels at varying times throughout the day should be implemented.

For large buildings or buildings with segregated areas, the guidelines recommend placing a hygrometer in each area to determine the measurements in each area. Once the temperature and humidity have been determined, the guideline recommends the use of the 'Humidex from Temperature and Relative Humidity Readings' chart to identify the corresponding humidex value. Humidex levels between 30 and 39 degrees Celsius (C), it will result in some people feeling uncomfortable and some may begin to present with signs and symptoms of heat related illness. Staff should be on heightened alert for any signs of resident distress or heat related symptoms when values fall within this zone.

Review of the home's policy titled Hot Weather Related Illness, Section: Resident Special Needs, Index ID: RCS G-20, last reviewed June 11, 2018, stated that staff will be aware of and comply with the evidence based practices, including:

- The Home must have a plan in place to respond appropriately to hot weather conditions. This plan needs to be reviewed annually and communicated to staff, families, and residents.
- The Charge Nurse/Nursing Supervisor/Environmental Service Manager (ESM) should

assess indoor temperatures and humidex levels at 1100 hours and 1600 hours daily in resident home areas and use humidex tables and measurement strategies, and report humidex readings 29.0 C or higher. On weekends, the Nursing Supervisor will take and record data and initiate actions where appropriate. Maintain air at a minimum temp of 22 C and monitor to ensure air conditioned / or cooled rooms do not fall below 22 C. The air and humidity temperatures are checked twice daily to determine the humidex levels to ensure protocols are put in place as soon as the Humidex reading is 29 C or higher. The policy further details that an 'Intervention Alert' applies to any area where the Humidex reading is between 30 to 39 C, and Emergency Alert occurs where the Humidex reading is 40 C.

Observations of the home conducted on an identified date, showed that all the units in the home had a thermohygrometer except for one identified unit.

Review of the home's Hot Weather Temperature Log (twice daily) in a binder at each floor's nursing station indicated missing documentation, specifically:  
Documentation was noted to be missing for the following days:

**Identified unit 1**

- MAY: Missing documentation for 6 day shifts and 7 evening shifts
- JUNE: Missing documentation for 28 day shifts and 7 evening shifts
- JULY: Missing documentation for 3 day shifts and 2 evening shifts

**Identified unit 2**

- MAY: Missing documentation for 8 day shifts and 7 evening shifts
- JUNE: Missing documentation for 28 day shifts and 6 evening shifts
- JULY: Missing documentation for 5 day shifts and 2 evening shifts

**Identified unit 3**

- MAY: No documentation was done for day and evening shifts
- JUNE: No documentation was done for day and evening shifts
- JULY: Missing documentation for 8 day shifts and 8 evening shifts

**Identified unit 4**

- MAY: No documentation was done for day and evening shifts
- JUNE: No documentation was done for day and evening shifts
- JULY: Missing documentation for 10 day shifts and 10 evening shifts

**Identified unit 5**

- MAY: No documentation was done for day and evening shifts
- JUNE: No documentation was done for day and evening shifts
- JULY: Missing documentation for 8 day shifts and 10 evening shifts

**Identified unit 6**

- MAY: No documentation was done for day and evening shifts
- JUNE: No documentation was done for day and evening shifts
- JULY: Missing documentation for 11 day shifts and 10 evening shifts but documented missing thermometer on all days

**Identified unit 7**

- MAY: Missing documentation for 28 day shifts and 24 evening shifts
- JUNE: No documentation was done for day and evening shifts
- JULY: Missing documentation for 6 day shifts and 10 evening shifts

**Identified unit 8**

- MAY: No documentation was done for day and evening shifts
- JUNE: No documentation was done for day and evening shifts
- JULY: Missing documentation for 8 day shifts and 10 evening shifts

Interview with Registered Practical Nurse (RPN) #101 indicated that the RPN had filled out a maintenance request on an identified date, regarding the missing thermohygrometer on the identified unit; this was the first day the RPN noticed it was missing. However, the thermohygrometer was not provided until another identified date later in the month. RPN #101 further stated that on the days where it was not available, they did not use the thermohygrometer on the other units because of the variation in temperature and humidity on the different units; they went with how hot it felt on their specific unit and instructed the staff to initiate heat-related interventions for the residents.

Interview with the ESM showed that a maintenance request was received on the date that it was reported, regarding the missing thermohygrometer. However, the ESM was unable to find the thermohygrometer in the home, and went to purchase extra meters on another identified date then replaced the missing one on the identified unit.

Interviews with RPN #101, and Registered Nurses (RNs) #102 and #108 stated that the hot weather log documentation began around May of each year, and it was the



responsibility of the registered staff on their respective units to complete the logs at 1100 and 1600 hours each day. RPN #101, RNs #102 and #108 further stated that the recording of the logs have not been completed consistently, but the registered staff have alerted the Personal Support Workers (PSWs) to implement heat-related interventions for residents based on news report of the temperature and weather, how hot the home feels, and as reminded by the dietary, activation, and environmental managers.

Interview with the Director of Care (DOC) indicated that as per the home's policy, registered staff should document the temperature and humidity level of the home to determine the humidex level, and initiate appropriate interventions. The DOC stated that the missing thermohygrometer on the identified unit for an identified number of days in the identified month, further contributed to the incomplete documentation. The DOC indicated it was the responsibility of the Assistant Director of Care (ADOC), ESM and the DOC to review the log books for completion. They acknowledged that some of the logs had not been completed, and will continue to remind their staff to complete them in accordance with the home's policy. [s. 8. (1)]

2. Review of the home's policy titled Hot Weather Related Illness, Section: Resident Special Needs, Index ID: RCS G-20, last reviewed June 11, 2018, stated that staff will be aware of and comply with the evidence based practices, including:

The Charge Nurse/Nursing Supervisor/Environmental Service Manager (ESM) was to assess indoor temperatures and humidex levels at 1100 hours and 1600 hours daily in resident home areas and use humidex tables and measurement strategies, and report humidex readings 29.0 degrees Celsius (C) or higher. On weekends, the Nursing Supervisor will take and record data and initiate actions where appropriate. Maintain air at a minimum temp of 22 C and monitor to ensure air conditioned / or cooled rooms do not fall below 22 C. The air and humidity temperatures are checked twice daily and humidex levels are checked twice daily and humidex levels determined to ensure protocols are put in place as soon as the Humidex reading is 29 C or higher. The policy further details that an 'Intervention Alert' applies to any area where the Humidex reading is between 30 to 39 C, and Emergency Alert occurs where the Humidex reading is 40 C.

Review of the home's Hot Weather Temperature Log book included the Hot Weather Related Illness policy (RCS G-20) which included the Humidex from Temperature and Relative Humidity Readings table. The logs only had documentation of temperature and

humidity, and did not indicate that any humidex level was calculated. During an identified month, there were ten instances identified where the temperature was below 29.0 degrees C, but the humidex was above 29.0 degrees C, as determined by the inspector based on the humidex chart.

Interviews with RNs #102 and #108 stated that they determine whether or not to issue hot weather alert based on temperatures above 29 degrees, but were not able to explain to the inspector what the percent (%) humidity was used for, and did not know how to calculate or determine the humidex level.

Interview with RPN #101 stated that they were previously using the temperature to determine if heat-related interventions and alerting staff for heightened monitoring of residents for hot weather related illness was warranted.

Further interviews with RPN #101, and RNs #102 and #108 indicated that previously, even when the temperature was below 29.0 degrees C, and the home felt hot, if based on news report of heat, or if reminded by the dietary, activation, and environmental managers, the registered staff have alerted the PSWs to implement heat-related interventions for residents.

Interview with the DOC indicated that staff should be calculating and using the humidex level to decide if heat alert and hot weather interventions should be implemented as per the home's policy, and that it was not done. [s. 8. (1)]

3. Review of the home's policy titled 'Hot Weather Related Illness' Section: Resident Special Needs, Index ID: RCS G-20, last reviewed June 11, 2018, stated that staff will be aware of and comply with the evidence based practices, including:

- Completing the risk assessment scale will identify high-risk residents, and interventions put in place to minimize the risk of dehydration and/or heat stroke. The risk assessment will be completed on admission during the hot weather months and annually for each resident. Each resident's heat risk score will be identified within their care plan. A care plan is developed for each resident based on the outcomes of the risk assessment.
- A list of those residents identified at high and medium Risk will be provided to all Nursing, Dietary, and Programs departments.





Review of care plans for resident #007 at high heat risk and residents #004 and #008 at moderate heat risk stated: If inside temperature reaches 29 degrees C or more, for moderate and high risk residents initiate every shift temperature checks.

Interview with the DOC indicated it is the expectation that residents at moderate and high risk for heat related illness should have their risk level specified in the written plan of care. [s. 8. (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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with, to be implemented voluntarily.***

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Issued on this 30th day of August, 2018

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

**Original report signed by the inspector.**