

Ministry of Long-Term Care

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

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: October 31, 2024
Original Report Issue Date: August 7, 2024
Inspection Number: 2024-1427-0003 (A1)
Inspection Type: Complaint Critical Incident
Licensee: Regency LTC Operating Limited Partnership, by its general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.
Long Term Care Home and City: AgeCare Westbury, Etobicoke

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #003 was rescinded and substituted with a Director Order (DR-0055), with a served date of October 2, 2024, with compliance due date of October 25, 2024.
Compliance Order #001 and #002 are included in this report for reference; however, were not amended; therefore, the served date remains August 7, 2024

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 25, 27-28, 2024 and July 3-5, 8-11, 15-16, 2024

The following intake was inspected in the Complaints inspection:

- Intake: #00119241 - Complaint related to air conditioning

The following intake was inspected in the Critical Incident (CI) inspection:

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- Intake: #00108388 - [CI: #2943-000004-24] - related to fall resulting in injury

The following intake was completed in the CI inspection:

- Intake: #00109115 - [CI: #2943-000005-24] related to fall resulting in injury

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

Safe and Secure Home
Infection Prevention and Control
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Home to be safe, secure environment

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

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure the home was a safe and secure environment for its residents.

Rationale and Summary

On a specified date, an external contractor left the home's mechanical equipment, pressurized gas canisters, and tools unattended in a resident home area for over 15

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minutes. There were residents in the room, including an ambulatory resident. There were no staff or contractors present to supervise the area.

The Environmental Services Manager (ESM) acknowledged the equipment and tools could pose a safety risk to residents and should not have been left unattended.

Failure to ensure open equipment and tools were not left unattended in a resident home area posed a safety risk to residents.

Sources: Observation, interview with ESM.

WRITTEN NOTIFICATION: Obstruction, etc.

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

Non-compliance with: FLTCA, 2021, s. 153 (b)

Obstruction, etc.

s. 153. Every person is guilty of an offence who,

(b) destroys or alters a record or other thing that has been demanded under clause 150 (1) (c)

The licensee has failed to ensure that staff members do not alter a record or other thing that has been demanded by the inspector conducting an inspection.

Rationale and Summary

i) The home's daily air temperature documentation for a home area were reviewed on June 25, 2024 related to concerns about air conditioning. There were missing temperatures noted for June 23, 2024 for day, afternoon, and evening time frames, and for June 24, 2024 for evening. The ESM confirmed the missing entries during an interview on June 25, 2024. When the documentation was reviewed again on June 27, 2024, the missing entries were completed. Based on the initials, Director of Care

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(DOC) #101 indicated the three signatures potentially belonged to three nursing staff members.

Two of the nurses confirmed they did not sign the air temperature documentation on the above dates and the third nurse did not have a shift between the first and second time the inspector reviewed the documentation.

The Executive Director (ED) acknowledged the daily air temperature documentation was altered.

Deliberate falsification of documents misleads the inspector in carrying out the inspector's duties.

Sources: Daily air temperature documentation; staff schedule; interviews with staff, DOC, and ED.

ii) The inspector reviewed the home's daily air temperature documentation for another home area and noted the day temperature checks had the same initials on 54 days within 58 calendars in May to July 2024.

The ED confirmed there was only one staff member with these initials and they would not have worked on all 54 of the 58 calendar days. They confirmed the staff member completed the daily air temperature documentation on days they were not scheduled for work. The ED confirmed the staff member falsified entries on the daily air temperature documentation.

Deliberate falsification of documents misleads the inspector in carrying out the inspector's duties.

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Sources: Daily air temperature documentation; interview with ED.

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 (3) 2.

Air conditioning requirements

s. 23.1 (3) The licensee shall ensure air conditioning is operating, and is used in accordance with the manufacturer's instructions, in each area of the long-term care home described in subsection (1) in either of the following circumstances:

2. When the use of air conditioning has been identified in order to protect residents from heat related illness in the heat related illness prevention and management plan. O. Reg. 66/23, s. 4.

The licensee has failed to ensure air conditioning is operating, and used in accordance with the manufacturer's instructions in resident bedrooms when the use of air conditioning has been identified to protect residents from heat related illness in the heat related illness prevention and management plan.

Rationale and Summary

During a tour with the ESM, the thermostat reading in three resident rooms in the same home area indicated a temperature between 26.1 to 27.2 degrees Celsius. Environment Canada identified the maximum outdoor temperature on that date to be above 26 degrees Celsius.

The home's policy, "Heat Risk and Cold Weather Precautions" states on any day that the outside temperature forecasted by Environment and Climate Change Canada is 26 degrees Celsius or above, the home will implement the heat related illness prevention and management plan which would include the use of air conditioning for the remainder of the day and the following day. The ESM stated they did not

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know why the portable air conditioning in one of the resident rooms was unplugged and turned the unit back on. The ESM changed the settings on the locked thermostat from heat to cool in a second resident room. The ED acknowledged the thermostat should have been set to the "cool" setting. It is unknown how long the rooms were not serviced by air conditioning until the inspector brought it to the home's attention.

Failure to ensure the resident rooms were cooled per the home's heat risk policy on a day above 26 degrees Celsius placed residents at risk of heat related illness.

Sources: Observation; interviews with ESM and ED; review of Environment Canada daily data temperature report; and home's policy LTC-CA-ON-200-07-05: Heat Risk and Cold Weather Precautions, last revised April 2023.

WRITTEN NOTIFICATION: Air Temperature

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

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

Rationale and Summary

During an observation at 1242 hours on a specified date, one of the dining rooms was 18.2 degrees Celsius. A resident stated the dining room temperature was extremely cold. A Personal Support Worker (PSW) stated other residents had also complained the dining room was cold since that morning. The ESM confirmed the

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temperature was 18.2 degrees Celsius and stated they were not notified prior to the inspector bringing it to their attention. The ESM stated the ideal air temperature range was 20 to 22 degrees Celsius and was unaware of the minimum requirement of 22 degrees Celsius.

During a second observation on the same day at 1507 hours, the temperature of the same dining room was 17.3 degrees Celsius. Two residents were in the dining room and stated the temperature was cold and one of the residents was wearing a sweater. ESM arrived at 1520 hours and acknowledged the temperature reading of 17.3 degrees Celsius.

The home's policy, "Heat Risk and Cold Weather Precautions" requires the home's temperatures to be maintained at a minimum of 22 degrees Celsius.

Residents' comfort was at risk when the air temperature was not kept at a minimum temperature of 22 degrees Celsius.

Sources: The home's policy, "LTC-CA-ON-200-07-05: Heat Risk and Cold Weather Precautions", last revised April 2023; observations with thermostat; interviews with residents, PSW, and ESM.

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COMPLIANCE ORDER CO #001 Air temperature

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.

Air temperature

s. 24 (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:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Conduct weekly audits for each home area for three weeks to ensure air temperatures have been measured and documented for one resident common area on each floor of the home, which may include a lounge, dining area, or corridor, at least once every morning, once every afternoon between 12 p.m. and 5 p.m., and once every evening or night.
2. Maintain a record of audits; including which home area was audited, who conducted the audit, time and date, results of each audit, and actions taken in response to the audit.

Grounds

The licensee has failed to ensure that the temperature was measured and documented in writing, in one resident common area on every floor of the home, which may include a lounge, dining area or corridor.

Rationale and Summary

The Ministry of Long-Term Care (MLTC) received a complaint that the air conditioning units in the dining and activity rooms of a resident home area were not operational. A resident, visitor, and staff members stated the dining and activity rooms were hot. Review of the daily air temperature documentation on three home

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areas showed no record of air temperatures in one common area for multiple dates and times between May 15 to July 7, 2024 on each of the three records.

The ED confirmed the air temperatures should have been measured and documented on the specified dates.

Residents were placed at risk of heat related illness when air temperatures were not monitored in common areas in the home.

Sources: Daily air temperature documentation; interview with resident, visitor, ESM, ED and other staff members.

This order must be complied with by September 13, 2024

COMPLIANCE ORDER CO #002 Air temperature

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 24 (4)

Air temperature

s. 24 (4) In addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom in which air conditioning is not installed, operational and in good working order, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m. on,

- (a) every day during the period of May 15 to September 15; and
- (b) every other day during which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Re-train all staff that measure air temperatures in the home (housekeeping, maintenance, nursing, agency, etc.) on topics including: the purpose, the home's

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processes on measuring air temperatures, dates and times for required air temperatures, documentation, and corrective actions if temperatures are out of the home's range.

2. Maintain a record of training; including who attended the training, time, and date, who conducted the training, and topics covered in the training.
3. Conduct weekly audits for each home area for three weeks to ensure air temperatures have been measured and documented for every resident bedroom that is not served by air conditioning, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.
4. Maintain a record of audits; including which home area was audited, who conducted the audit, time and date, results of each audit, and actions taken in response to the audit.

Grounds

The licensee has failed to ensure that for every resident bedroom in which air conditioning was not operational and in good working order, the temperature was measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m. on,

(a) every day during the period of May 15 to September 15.

Rationale and Summary

During a tour with the ESM on a specified date, the air conditioning in rooms three rooms were not operational and the rooms were between 26.1 to 27.2 degrees Celsius. Review of the maintenance ticket log indicated air conditioning was not in good working order for resident three resident rooms on various dates on June and July 2024.

There were no daily temperatures documented between 12 p.m. and 5 p.m. for those resident bedrooms on the specified dates. DOC and ED confirmed the unit nurse was responsible for measuring and documenting temperatures in the afternoon.

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RNs, ESM, and ED confirmed the home did not take daily air temperatures for individual resident bedrooms when the air conditioning was not operational or not in good working order.

Failure to measure and document resident bedroom temperature when air conditioning was not operational and in good working order affected the home's ability to monitor the air temperatures in the home which may have increased the risk of heat-related illness in residents.

Sources: Daily air temperature documentation; observation; interviews with RNs, ESM, and ED.

This order must be complied with by September 13, 2024

(A1) Appeal/DREV #: DREV-0027

The following order(s) has been rescinded: CO #003

COMPLIANCE ORDER CO #003 Maintenance services

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 96 (2) (c)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

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438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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