



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 prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 24, 2019	2019_539120_0013	015870-18	Complaint

Licensee/Titulaire de permis

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as
General Partner
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Westmount Long Term Care Residence
200 David Bergey Drive KITCHENER ON N2E 3Y4

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

BERNADETTE SUSNIK (120)

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): March 13 & 14 (on site)
and March 18 & 21, 2019 (off site)**

**This complaint inspection was related to indoor air temperatures and indoor flood
management.**

**During the course of the inspection, the inspector(s) spoke with Executive Director,
Director of Care, registered staff, personal support workers, maintenance person
and residents.**

**During the course of the inspection, the inspector toured the second and third floor
home areas, checked indoor air temperature gauges in dining and activity rooms,
reviewed indoor air temperature logs, checked portable heaters, reviewed
maintenance services reports, resident clinical records and policies related to air
temperature, flood management and the licensee's complaint process.**

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Reporting and Complaints
Safe and Secure Home**

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

2 WN(s)

1 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 O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that, (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection; O. Reg. 79/10, s. 90 (2).



Findings/Faits saillants :

1. The licensee did not ensure that procedures were developed and implemented to ensure that heat generating equipment (other than the home's HVAC system) were inspected by a qualified individual at least annually, and that documentation was kept of the inspection.

According to the licensee's procedure entitled "Resident Electrical Equipment Inspection" dated January 2015, all resident-owned electrical equipment was to be inspected and tagged by a designated manager upon move-in for condition to confirm that either the Underwriters Laboratories of Canada (ULC) or Canadian Standard Association (CSA) approval sticker was affixed to the item. As part of an on-going process, housekeeping staff were to continue to monitor the equipment for condition after move-in and to alert the maintenance staff if any new item was brought in. The procedure did not include any information about supplemental portable heaters and what safety features would need to be part of the heater design to ensure that residents do not burn themselves or objects in their environment.

An electric portable heater was observed in three identified resident rooms. Each of the three residents identified that they had purchased and owned the heater and that they had the heaters for over three months. The heater in one room was on and too hot to touch and could not be picked up for inspection. The heaters in the other two rooms were checked for tags or stickers applied by the licensee for proof of inspection, but none were observed. However, both had ETL markings from Intertek, which is an electrical testing laboratory that conforms to ULC standards. The licensee's policy and procedure did not include this particular approval marking.

Records to indicate that the heaters were inspected for safety by a qualified maintenance person were requested, however neither the administrator or the maintenance person were not able to locate them.

The licensee did not ensure that procedures were developed and implemented to ensure that heat generating equipment (other than the home's HVAC system) were inspected by a qualified individual at least annually, and that documentation was kept of the inspection. [s. 90. (2) (e)]



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 procedures are developed and implemented to ensure that heat generating equipment (other than the home's HVAC system) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans

Specifically failed to comply with the following:

s. 230. (5) The licensee shall ensure that the emergency plans address the following components:

- 1. Plan activation. O. Reg. 79/10, s. 230 (5).**
- 2. Lines of authority. O. Reg. 79/10, s. 230 (5).**
- 3. Communications plan. O. Reg. 79/10, s. 230 (5).**
- 4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).**

Findings/Faits saillants :

1. The licensee did not ensure that emergency plans, specifically related to indoor flooding, addressed the following components:

3. Communications plan
4. Specific staff roles and responsibilities

A complaint was received that an identified resident room was flooded at some point in early November 2018, and that items that were on the floor in the resident's closet had become wet. The complainant reported that by the time they came to visit the resident [determined to have been several days after the flood], the items had partially dried and they believed that some items had developed mould, which they threw out. The complainant reported their observations to registered staff member #002 who assisted them in removing the items from the closet to have them laundered. Registered staff #002 did not recall seeing any mould on clothing or any surface, but reported seeing



white residue on the floor which they removed.

During the inspection, verification was made through staff interview, the licensee's complaint records and the resident's clinical record, that the toilet overflowed in the identified resident's washroom on a specified date in November 2018. According to registered staff member #002 and personal support worker #003, who cleaned the flood water from the floor, the water had covered a substantial area, reaching into the resident's room and into the corridor. A special vacuum was used to remove the water. No fans were used to dry the area. The resident's closet was not checked and the staff members were not sure if any water got into the closet. Staff #002 did not call a manager to report the flood, believing that it was a minor situation. No housekeeping or maintenance staff were in the building during the incident. The housekeeper responsible for the room, who arrived to clean it on the following day, did not check the closet. They were not made aware that a flood had occurred in the room. According to the housekeeper, the closets were cleaned only once per month. Staff #003, who was assigned to assist the resident with their care, was not able to recall whether they went into the closet during the days after the flood and if there was any evidence of water saturation. The Environmental Services Supervisor was not available for interview at the time of inspection to determine their awareness of the incident and what their expectations were of the clean up process.

According to registered staff #004, in January 2019, a flood occurred in the washroom of a different room on the same floor and leaked down through the ceiling and into the washroom located below. Stains on the ceiling were quite visible during the inspection. A maintenance person was aware of the flood but could not recall the date that they reported using a special vacuum to remove the water from the floor and fans to dry the walls. No further action was taken to ensure that the walls and floor in the affected washrooms were dried properly and that no mould was developing on the materials (either behind the baseboards or in the ceiling cavity).

According to the licensee's emergency response plan entitled "Flooding", dated May 2015, floods caused by plumbing failures [toilet overflows not specified] that staff would need to contact the on-call manager to arrange clean-up. Minor clean up was to be completed by staff and large clean up would require professional service. Further, the plan included that any time water flowed through ceilings, under walls and saturated dry wall or was suspected of wetting hidden areas, that a professional service was required. No further guidance was included.



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The plan did not include any communication strategies, between staff, residents or families about flooding episodes in the building. No specific staff roles and their responsibilities were included for the housekeeping staff, personal support workers, registered staff or maintenance staff with respect to managing floods, determining extent of saturation, extent of contamination, managing residents during the incident and post flood monitoring and remediation.

The licensee did not ensure that emergency plans, specifically related to indoor flooding, addressed the following components: 3. Communications plan and 4. Specific staff roles and responsibilities. [s. 230. (5)]

Issued on this 24th day of April, 2019

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

Original report signed by the inspector.