

Original Public Report

Report Issue Date	August 29, 2022		
Inspection Number	2022_1359_0002		
Inspection Type	<input type="checkbox"/> Critical Incident System <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
Licensee	Sienna Senior Living Inc.		
Long-Term Care Home and City	Weston Terrace Care Community, York		
Lead Inspector	Stephanie Luciani (707428)		Inspector Digital Signature
Additional Inspector(s)	Ramesh Purushothaman (741150) present at the time of the inspection.		

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 2, 3, 4, and 5, 2022.

The following intake(s) were inspected:

- Intake #010821-22 (Follow-up) related to plan of care and integrated resident assessments.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
LTCHA, 2007	s. 6 (4) a	2022_1359_0001	001	Stephanie Luciani (707428)

- The following **Inspection Protocols** were used during this inspection:
- Infection Prevention and Control (IPAC)
 - Resident Care and Support Services
 - Safe and Secure Home

WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM

NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 102 (2)(b)

The licensee has failed to ensure that staff perform hand hygiene as required by routine practices.

Rationale and Summary

A Personal Support Worker (PSW) was observed exiting a resident's room after removing their gloves and did not perform hand hygiene. The PSW assisted a resident using their assistive device in the hallway, without performing hand hygiene, then reapplied a new pair of gloves.

The home's policy titled "Hand Hygiene," directed staff to perform hand hygiene as per the four moments of hand hygiene including, after resident environment contact, after contact with inanimate objects, before donning gloves, and after removing any personal protective equipment.

Infection Prevention and Control (IPAC) Lead acknowledged that staff are to perform hand hygiene after removing their gloves, and after contact with the resident's environment.

Failure of staff to perform hand hygiene as required by routine practices increased the risk of transmission of infection.

Sources: Observations, review of the home's Hand Hygiene Policy #IX-G-10.10, last revised December 2021, and interview with the IPAC Lead.

[707428]

WRITTEN NOTIFICATION SAFE AND SECURE HOME

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

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

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, and every designated cooling area in the home.

Rationale and Summary

The home's air temperature daily logs indicated that the temperature in the home was not measured and documented in one resident common area on every floor of the home, and in every designated cooling area in the home, on 25 days during the period of May to August 2022.

The Director of Environmental Services acknowledged that the temperature was not measured and documented in one resident common area on every floor of the home, and in every designated cooling area in the home for those 25 days. The Director of Care (DOC) and Director of Environmental services both acknowledged that temperatures should be measured and documented in order to prevent heat related illnesses for all residents.

Failure to ensure temperatures were measured and documented in one resident common area on every floor of the home, and in every designated cooling area in the home, had the potential to increase the residents' risk of heat related illness.

Sources: Review of the home's daily air temperature, and interviews with the DOC and Director of Environmental Services.

[707428]

WRITTEN NOTIFICATION SAFE AND SECURE HOME

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24 (3)

The licensee has failed to ensure that the temperature was measured and documented in one resident common area on every floor of the home, and every designated cooling area in the home, every morning, once every afternoon between 12 p.m. and 5 p.m., and once every evening or night.

Rationale and Summary

The home's air temperature daily logs indicated that the temperature in the home was not measured and documented in one resident common area on every floor of the home, and in every designated cooling area in the home:

- In the morning on one day in June 2022,
- In the afternoon between 12 p.m. and 5 p.m., on one day in May 2022, and
- In the evening or night, on 23 days between the period of May to August 2022.

Failure to ensure temperatures were measured and documented once every afternoon between 12 p.m. and 5 p.m. and once every evening or night in one resident common area on every floor of the home, and in every designated cooling area in the home, had the potential to increase the residents' risk of heat related illness.

Sources: Review of the home's daily air temperature logs, and interviews with the DOC and Director of Environmental Services.

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WRITTEN NOTIFICATION SAFE AND SECURE HOME

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

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

The licensee has failed to ensure that the temperature was measured and documented once a day in the afternoon between 12 p.m. and 5 p.m. in any resident bedroom that was not served by air conditioning.

Rationale and Summary

The home's air temperature daily logs indicated that the temperature in several resident bedrooms that were not served by air conditioning, were not measured and recorded daily between 12 p.m. and 5 p.m. on 15 days in May 2022.

The Director of Environmental Services acknowledged that the temperature in resident bedrooms that were not served by air conditioning were not measured and recorded daily on 15 days in May 2022. The DOC and Director of Environmental services both acknowledged that the temperature should have been measured and documented in order to prevent heat related illnesses for all residents.

Failure to ensure temperatures were measured and documented daily in all resident bedrooms not served by air conditioning, had the potential to increase the residents' risk of heat related illness.

Sources: Review of the home's daily air temperature logs, and interviews with the DOC and Director of Environmental Services.

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