

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

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
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**Ministère de la Santé
et des Soins de longue durée**

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance
et de la conformité
Bureau régional de services de Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
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January 26, 2011

Mr. David Clegg
Administrator
Arbour Heights
564 Tanner Drive
Kingston ON K7M 0C3

Dear Mr. Clegg:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on December 22 and 23, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

A handwritten signature in cursive script, appearing to read "Wendy Berry".
for Wendy Berry

LTC Home Inspector – Environmental Health

c President, Resident's Council
President, Family Council



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

**Rapport d'inspection
prévus le Loi de 2007
les foyers de soins de
longue durée**

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	Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection December 22 and 23, 2010.	Inspection No/ d'inspection 2011_102_9634_11Jan143846	Type of Inspection/Genre d'inspection Complaint Log # O-002945, O-002988, O-003002
Licensee/Titulaire 2109577 Ontario Limited 1051 Wenleigh Court Mississauga, Ontario L5H 1M7 fax # 905 271 3478		
Long-Term Care Home/Foyer de soins de longue durée Arbour Heights 564 Tanner Drive Kingston, Ontario K7M 0C3 fax # 613 544 1101		
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a complaint inspection related to environmental services.

During the course of the inspection, the inspector spoke with: the Administrator, Acting Director of Care, Assistant Director of Care, Environmental Services Manager, several registered and non registered nursing staff, several housekeepers, several residents, several visitors.

During the course of the inspection, the inspector: toured all floors of the home, checked air and water temperatures, reviewed water temperature logs at nursing stations and in the mechanical room, elevator maintenance logs in the elevator room, "Maintenance Schedule" and "Maintenance Request" forms at several nursing stations, Resident Council meeting minutes for December 2010, "Update Binder", "PCP Communication books".

The following Inspection Protocols were used during this inspection: Accommodation Services-Maintenance, Safe and secure Home.

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, 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,
(b) is complied with.

Findings:

1. O. Reg. s. 90 (2) requires that the licensee shall ensure that procedures are developed and implemented to ensure that,



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(g) the temperature of the water serving all bathtubs, showers and hand basins used by residents does not exceed 49 degrees Celsius,

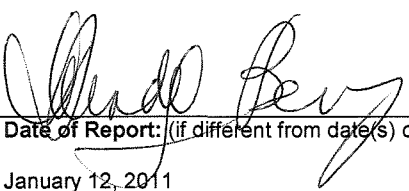
(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius

2. Arbour Heights' policy and procedure in the "Resident care and Services Manual" related to "Hot Water Temperature", "Index I.D.: RCSM-E-85", is not being complied with by staff:

- Hot water temperature readings outside of the normal range of 40 to 49 degrees C are not being consistently reported to the Director of Environmental Services in the home for follow up and action as per the home's policy. This was confirmed with the Environmental Services Manager.
- Hot water temperature records at 1st and 3rd floor nursing stations for November and December 2010 indicate a number of entries below 40 degrees C with no further actions identified as being taken by staff as required by the home's procedure. This was confirmed with nursing staff.

Inspector ID #: 102

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
		
Title:	Date:	Date of Report: (if different from date(s) of inspection). January 12, 2011