Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

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Original Public Report

Report Issue Date: February 21, 2024
Inspection Number: 2024-1342-0001
Inspection Type: Proactive Compliance Inspection
Licensee: Axium Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axium Extendicare LTC II GP Inc.
Long Term Care Home and City: Burloak, Burlington

Lead Inspector	**Inspector Digital Signature**
Daria Trzos (561)	Daria Trzos Digitally signed by Daria Trzos Date: 2024.03.07 09:12:18 -05'00'

Additional Inspector(s)
Michelle Warrener (107)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 19, 22, 23, 24, 25, 26, 29, 30, 31, 2024 and February 1, 2024.

The following intake(s) were inspected:

- Intake: #00106618 - Proactive Compliance Inspection (PCI).

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management

Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary

The licensee has failed to ensure that the plan of care for a resident was reviewed when the resident's care needs changed and the care set out in their plan was no longer necessary.

Rationale and Summary
A resident had a plan of care that required assistive devices at meals. At a lunch meal, the resident was not provided the assistive devices.

The Registered Dietitian (RD) stated that the resident no longer required the devices at meals and the resident's plan of care was updated to reflect the changes.

Sources: Plan of care for the resident; dining observation; interview with RD.
[107]

Date Remedy Implemented: January 22, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (i)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,

The licensee has failed to ensure that only drugs and drug related supplies were stored in the medication cart.

Rationale and Summary
Items other than drugs or drug related supplies were found in the narcotic bin in the medication cart. Registered staff indicated that they kept the items for residents for safe keeping. The Associate Director of Care (ADOC) acknowledged that only drugs and drug related supplies were to be stored in the medication cart.

The items were removed from the narcotic bin on January 31, 2024.

Sources: Observations of the medication cart; interviews with registered staff and the ADOC.
[561]

Date Remedy Implemented: January 31, 2024

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan related to nutrition and hydration.

Rationale and Summary
The plan of care for a resident directed staff to provide a specified consistency fluids. The resident was served a different consistency compared to what was in the plan of care. A staff member assisting the resident acknowledged that the fluid provided to the resident was not the correct consistency.

Fluids that are thicker than residents require may be less appealing and result in reduced fluid intake.

Sources: Dining observation; plan of care for the resident; interview with a staff member.
[107]

WRITTEN NOTIFICATION: Duty to respond

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)
Powers of Residents' Council
s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that when the Residents' Council advised them of concerns or recommendations under either paragraph 6 or 8 of subsection (1), they within 10 days of receipt the advice, responded to the Residents' Council in writing.

Rationale and Summary
Resident's Council meeting minutes for specific period of time, identified concerns raised related to nutrition. The Nutrition Manager informed the Inspector of the steps that were taken to address the concern, however, there was no written response to the Resident's Council outlining the action taken to address the concerns. The Nutrition Manager stated that they addressed any concerns or suggestions verbally at the next Council meeting.

Sources: Resident's Council meeting minutes; interview with the Nutrition Manager and ED.
[107]

WRITTEN NOTIFICATION: Duty to respond

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 66 (3)
Powers of Family Council
s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when the Family Council advised them of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee within 10 days of receipt the advice, responded to the Family Council in writing.

Rationale and Summary
Family Council Meeting Minutes from September 20, 2023, October 18, 2023, and November 22, 2023, included suggestions related to a number of items. A written response was not provided to the Council. The ED stated that a meeting was held with the President of the Family Council to discuss the items, however, a written response to the Council was not provided within 10 days.

Sources: Family Council meeting minutes; interview with the ED.
[107]

WRITTEN NOTIFICATION: Dietary services

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 76 (d)

Dietary services
s. 76. Every licensee of a long-term care home shall ensure that the dietary services component of the nutritional care and dietary services program includes,
(d) availability of supplies and equipment for food production and dining and snack service.

The licensee has failed to ensure that the dietary services program included availability of supplies for food production and dining, resulting in menu substitutions or menu items not being prepared.

Rationale and Summary
At the lunch meal observation, an item was listed on the production sheet and therapeutic extension menu, however, a different item was prepared and served. The Nutrition Manager stated that there was not enough of the item from the production sheet available; therefore, it needed to be substituted. The menu changes resulted in reduced variety.

At another observation, the menu included items for the pureed texture menu. One of the items for the pureed menu was not available and residents were served only two items instead of three. Cook #111 confirmed that they did not prepare all the items listed on the menu as they were not available. The nutritive value of the meal was reduced when one of the items was not prepared and served to residents.

Sources: Dining observations; interview with Nutrition Manager and Cook #111; production sheets and therapeutic extension menus.
[107]

WRITTEN NOTIFICATION: Menu planning

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 77 (6)
Menu planning
s. 77 (6) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that an individualized menu was developed for a resident, whose needs could not be met through the home's menu cycle.

Rationale and Summary
A resident had a plan of care that required a menu substitution when certain food items were on the planned menu. The dietary serving list identified some substitutions, however, an individualized menu was not in place to ensure that the substitutions were planned, prepared, and available at the required meals.

At a lunch meal observation, the menu included both restricted protein items. The resident was not provided with protein substitution that day. A Personal Support Worker (PSW) confirmed a protein substitution was not offered to the resident, resulting in reduced nutritive value of the meal. The resident was at high nutrition risk.

Nutrition Manager identified that the Meal Suite computerized program had not been customized with the specific substitutions for the resident to ensure that substitutions were prepared and available at meals.

Sources: Plan of care for the resident; dietary serving list; dining observation;

Interview with the Nutrition Manager and a PSW.
[107]

WRITTEN NOTIFICATION: Food production

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (d)
Food production
s. 78 (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu;

The licensee has failed to ensure that the food production system provided for the preparation of all menu items according to the planned menu.

Rationale and Summary
A) The planned menu for the lunch meal during first observation included a minced texture menu.

i) The therapeutic extension menu identified the fish was to be minced, however, a whole piece of fish was served to residents requiring a minced texture meal. The Nutrition Manager confirmed that the fish was to be served minced and that staff were to follow the therapeutic menu. A resident who required a minced texture meal, was provided a whole piece of fish and left the dining room without touching it.

ii) The therapeutic extension menu identified instructions on the size of a scoop for a pureed item to be used and a description of a size for another item to be served together. Both items served to residents were prepared and mixed together and a size of the scoop was used to measure both items. The nutritive value of the meal

was reduced when the portion size was not adjusted. A resident who received the pureed item, was noted to have unplanned weight loss.

B) The planned menu for the lunch meal on another day of observation included therapeutic extension including pureed items.

i) The therapeutic extension menu included an identified size of a scoop for a filling and two slices of bread. These were prepared by combining them together. A Dietary Aide used a scoop for both items together, as per directions on the computerized therapeutic extension menu. The nutritive value of the meal was reduced when the portion size was not adjusted.

ii) There was an identified choice of dessert as the alternative, however, a different item was substituted. Nutrition Manager stated that the identified choice of dessert as the high energy high protein snack. The menu changes resulted in reduced variety

Sources: Dining observations; therapeutic extension menu and production sheets; Interview with Nutrition Manager, Cooks, and Dietary Aides.
[107]

WRITTEN NOTIFICATION: Food production

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (g)
Food production
s. 78 (2) The food production system must, at a minimum, provide for,
(g) documentation on the production sheet of any menu substitutions. O. Reg. 246/22, s. 78 (2).

The licensee has failed to ensure that the food production system provided for documentation on the production sheet of any menu substitutions.

Rationale and Summary
Different items were substituted at two different lunch meal services. The Nutrition Manager confirmed that the substitutions had not been documented on the temporary substitutions report or on the daily posted menus. The Nutrition Manager stated their policy was to record all menu substitutions.

Sources: Dining observation; interview with Nutrition Manager; production sheets and therapeutic extension menus.
[107]

WRITTEN NOTIFICATION: Housekeeping

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (ii)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The licensee has failed to ensure that procedures were implemented for cleaning of the home, including, floors, and contact surfaces.

Rationale and Summary
Observations of the spa room on two consecutive days identified that the floor in the shower room was not clean, specifically in the corners of the shower and around the drain. The inspector also observed a small wooden stick on the shower floor that was present on both days. Several days later, one of the corners of the shower floor still had a pink colour residue. The expectation of the housekeeping staff was to clean the shower and mop the floors on daily basis. The ED acknowledged that the shower floor was not clean.

Failing to clean the shower floors on daily basis may have increased the risk of build up of mold and growth of bacteria.

Sources: Observations; review of home's policies "Staff Daily Cleaning Routines" (HKG-B-15-25); interview with PSW staff, housekeeping staff and ED.
[561]

WRITTEN NOTIFICATION: Housekeeping

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that procedures were implemented for cleaning and disinfection of the resident care equipment such as a shower chair and a commode in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Rationale and Summary
Inspector #561 observed a bloody gauze on the commode chair in the spa room. The Carendo shower chair had yellow stains around the wheels and a clump of hair was observed in one of the wheels of the shower chair. The following day inspector went back to the same spa and the same was observed. The bloody gauze was not removed, and the shower chair was in the same state. The manufacturer's instructions for the Carendo shower chair and the home's policies procedures for cleaning and disinfection of the shower chair indicated that this equipment was to be cleaned and disinfected after each use. The ED acknowledged that the equipment was not clean.

Failing to clean and disinfect resident care equipment after each use may have impacted resident health and safety.

Sources: Observations; review of home's policies "Cleaning & Disinfection of Specific Non-Critical Reusable Resident Equipment/Items (March 31, 2023), review of the ArjoHuntleigh Carendo instructions for use (December 2013); interview with PSW staff and ED.
[561]

WRITTEN NOTIFICATION: Medication Management System

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the system to ensure accurate destruction and disposal of narcotics.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is a medication management system to ensure the accurate destruction and disposal of narcotics in the home and that it is complied with.

Specifically, staff did not comply with the policy "Narcotic and Controlled Drugs Management", dated March 31, 2023.

Rationale and Summary
The homes policy related to narcotic and controlled drugs management indicated that all narcotic wastage will be double witnessed and signed by two Nurses. The unused portion is to be discarded into a biohazardous waste container or sharps container.

Interviews with several registered staff in the home identified that any individual narcotic pill if needed to be discarded; for example, if a resident refused to take it, would be diluted in water or crushed in apple sauce and poured down the sink. The

ADOC indicated that this was not a correct practice in the home and that staff did not follow their home's process for destruction of individual narcotic pills. They were to be diluted in water or crushed in apple sauce and placed in the sharps container or a biohazardous waste container.

Failing to follow the policy for narcotic drug destruction increased the risk for inaccurate disposal of the narcotics.

Sources: Review of the home's policy "Narcotic and Controlled Drugs Management" (March 31, 2023); interviews with registered staff and the ADOC.
[561]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the continuous quality improvement initiative report included a written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

Rationale and Summary
The home's continuous quality improvement (CQI) initiative report did not include the required information related to the Resident and Family Satisfaction surveys. The report did not include the dates the Resident and Family Satisfaction surveys were taken, results from the Family Satisfaction survey, and dates when information from the surveys was communicated to residents and their families, Residents' Council, Family Council, or members of the staff of the home.
The ED acknowledged that the CQI report did not include the required information.

Sources: The home's website; interview with the ED.
[107]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. i.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following

information:
6. A written record of,
i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

The licensee has failed to ensure that the continuous quality improvement initiative report included a written record of the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions.

Rationale and Summary
The home's continuous quality improvement initiative report did not include the dates the actions were implemented and the outcomes of the actions to improve the care, services, programs, and goods based on the results of the Resident and Family Satisfaction surveys.
The ED acknowledged that the CQI report did not include the required information.

Sources: The home's website; interview with the ED.
[107]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. ii.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
6. A written record of,
ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

The licensee has failed to ensure that the continuous quality improvement initiative report included a written record of any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions.

Rationale and Summary
The home's CQI initiative report did not include dates that actions were implemented and the outcomes of the actions to improve the accommodation, care, services, programs, and goods provided to residents in the home's priority areas for quality improvement.
The ED acknowledged that the CQI report did not include the required information.

Sources: The home's website; interview with the ED.
[107]