

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: January 23, 2025

Inspection Number: 2025-1342-0001

Inspection Type:

Complaint
Critical Incident

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 13-17, 20-21, and 23, 2025.

The following intakes were inspected:

- Intake #00130196/Critical Incident (CI) 2857-000019-24 was related to a disease outbreak; and,
- Intake #00132242 was related to nutrition care, medication administration, pain management and resident care.

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

- Food, Nutrition and Hydration
- Infection Prevention and Control
- Medication Management
- Pain Management
- Resident Care and Support Services

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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 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's plan of care provided clear direction to staff regarding the resident's preferred sleep patterns. The resident's care plan indicated that they preferred not to go to bed during the day; however, progress notes from a care conference with the resident's family documented that the resident was to go to bed during the day.

The ADOC acknowledged the care plan was incorrect and revised it with the resident's preference.

Sources: observations; resident's clinical records; interview with ADOC.

Date Remedy Implemented: January 20, 2025.

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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 a resident received a nutritional supplement at the end of their meal as specified in their plan of care. After consulting with the resident's substitute decision maker (SDM), the ADOC removed the information regarding providing the supplement post meals from the resident's plan of care.

Sources: observations; resident's clinical records; and interview with the ADOC.

Date Remedy Implemented: January 15, 2025.

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 79 (1) 1.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.

The licensee has failed to accurately communicate the daily and weekly menu when the wrong information was posted in Triller RHA. The cook confirmed that they were providing food from the third week of the home's menu cycle. Triller RHA had the second week posted for both the weekly and daily menu, while the other home areas posted the third week.

The Executive Director was informed of the error which was corrected before lunch meal service.

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Sources: observations; home's daily and weekly menu; and interview with the cook.

Date Remedy Implemented: January 16, 2025.

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that additional precautions outlined section 9.1 (e) of the Infection Prevention and Control (IPAC) Standard was implemented when two residents' rooms did not have contact precautions signage as indicated in both residents' plans of care. Section 9.1 (e) of the IPAC Standard specified that point-of-care signage indicating that enhanced IPAC control measures were to be in place.

After speaking with a registered nurse (RN) and the IPAC Lead, contact precautions signage was added to doors of both residents' room.

Sources: observations; two residents' clinical records and IPAC Standard (revised September 2023).

Date Remedy Implemented: January 13, 2025.

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WRITTEN NOTIFICATION: General Requirements for Programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A. The licensee has failed to ensure that a resident's responses to interventions were documented when pain was identified prior to administering scheduled pain medication. The ADOC stated that they expected registered staff to document the effectiveness of scheduled pain medication, especially when pain was identified prior to the administration; however, no such documentation was located.

B. The licensee has failed to ensure that any intervention taken with respect to a resident under the pain management program was documented. On a specific day, registered staff administered an as needed (PRN) dose of pain medication approximately 20 minutes after administration of a scheduled dose; however, there was no documentation specifying why it was necessary.

Sources: resident's clinical records; and interview with ADOC.

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WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A. The licensee has failed to ensure that section 9.1 (b) of the IPAC Standard was implemented when an RN did not follow the four moments of hand hygiene while administering medications. Section 9.1 (b) of the IPAC Standard specified that the four moments of hand hygiene included before initial resident contact, which the RN missed during lunch medication pass.

B. The licensee has failed to ensure that additional precautions outlined section 9.1 (f) of the IPAC Standard was implemented when a personal support worker (PSW) student failed to remove their personal protective equipment (PPE) as per the established practice. After assisting in providing care to a resident on contact precautions, the PSW student removed their gown before their gloves. The IPAC Lead acknowledged that staff and students need to follow appropriate donning and doffing practices.

Sources: observations; interview with the IPAC Lead; and IPAC Standard (revised September 2023).