

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: March 14, 2024	
Inspection Number: 2024-1341-0002	
Inspection Type: Proactive Compliance Inspection (PCI)	
Licensee: Axiom Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axiom Extendicare LTC II GP Inc.	
Long Term Care Home and City: Columbia Forest, Waterloo	
Lead Inspector Katherine Adamski (#753)	Inspector Digital Signature
Additional Inspector(s) Amanpreet Kaur Malhi (#741128)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 21-23, 26-29, 2024, and March 1, 4, 2024
The following intake(s) were inspected: <ul style="list-style-type: none"> • Intake: #00108566 - Proactive Compliance Inspection (PCI)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home

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Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Resident Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 11.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to live in a safe and clean environment.

The licensee failed to respect a residents' right to live in a safe and clean environment.

Rationale and Summary

A resident had ongoing concerns related to residents smoking at the front entrance of the home that negatively impacted their enjoyment and exposed them to secondhand smoke.

Throughout the inspection, several residents were observed smoking directly at the front entrance of the home, and not redirected to smoke in the designated smoking area.

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The resident's right to a safe and clean environment was not respected when the home did not restrict residents from smoking in the non-smoking area.

Sources: Observations, Smoking Assessments and Contracts, interviews with the Administrator, other staff, and residents. [#753]

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 12.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

12. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

The licensee failed to respect residents' rights to be given access to protected outdoor areas for the purpose of smoking.

Rationale and Summary

There was only one pathway for residents to get from the front entrance of the home to the designated smoking area. The pathway was standard width with grass to the left and included a curb on the right side that terminated into the driveway.

Residents who smoked and required mobility devices did not feel safe using the pathway because the safety railings had been removed, therefore they did not use the designated smoking area.

When residents were not provided access to a protected outdoor area where they

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could safely navigate to and from with their mobility devices, the residents could not safely access the designated smoking area.

Sources: Observations, Photos, Resident Council Meeting Minutes, interviews with the Resident Council President, Administrator and other staff. [#753]

WRITTEN NOTIFICATION: Plan of Care

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 failed to ensure that care set out in the plan of care was provided to a resident as specified in the plan.

Rationale and Summary

A resident's plan of care included specific nutrition and hydration requirements which were not provided to the resident.

The staff member responsible for the resident's care acknowledged that they had not followed the residents plan of care.

When the residents plan of care was not followed, the resident did not meet their nutritional and other requirements.

Sources: Observations, the resident's care plan, kardex, documentation survey report, interviews with staff and the Registered Dietitian. [#753]

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WRITTEN NOTIFICATION: Resident and Family/Caregiver

Experience Survey

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (3)

Resident and Family/Caregiver Experience Survey

s. 43 (3) A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly.

The licensee failed to make every reasonable effort to act on the results of the 2022 Resident and Family Satisfaction survey and to improve the long-term care home and the care, services, programs and goods accordingly.

Rationale and Summary

The home's 2022 Satisfaction Survey's results showed residents and their families had requested that the home provide resources on different disease processes and corresponding interventions.

An action plan was developed to respond to the request, but not implemented by the home.

Sources: 2022 Resident Resident/Family/Staff Survey Key Results and Action Plan, interview with the Administrator. [#753]

WRITTEN NOTIFICATION: Directives by Minister

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

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Directives by Minister

s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee failed to comply with the Minister's Directive that required them to notify their local Public Health Unit (PHU) as soon as possible of all confirmed and probable resident cases of COVID-19.

Rationale and Summary

In accordance with the Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes (LTCHs) and the COVID-19 Guidance Document for LTCHs in Ontario; homes must notify the local PHU of all confirmed and probable resident cases of COVID-19 as soon as possible.

The Infection Prevention and Control (IPAC) Lead stated that the home did not contact the local PHU for potential outbreaks. The IPAC Lead indicated that any probable COVID-19 cases over the weekend were reported to the PHU the following weekday.

Not reporting probable resident COVID-19 cases/outbreak to the local PHU as soon as possible, may delay timely implementation of infection control measures.

Sources: Minister's Directive: COVID-19 Response Measures for LTCHs (effective August 30, 2023), COVID-19 guidance document for LTCHs in Ontario (updated November 7, 2023), Diseases of Public Health Significance (Reportable) 2023, and interview with IPAC Lead. [#741128]

WRITTEN NOTIFICATION: Menu Planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (2) (c) (ii)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,
(c) is approved for nutritional adequacy by a registered dietitian who is a member of
the staff of the home, and who must take into consideration,
(ii) the residents' preferences, and

The licensee failed to ensure that the menu cycle was approved for nutritional adequacy by the home's registered dietitian (RD) taking into consideration the residents' preferences.

Rationale and Summary

The home's menu cycle was evaluated annually by the home's RD.

The home's Food Committee met monthly to provide feedback on the home's menus and their feedback was incorporated into upcoming menus.

The home's RD did not evaluate the menus for nutritional adequacy after the menus were altered with the feedback from the Food Committee.

Sources: Revera Menu Review and Approval Tool (date unknown), interviews with the Resident Council President, RD and other staff and residents. [#753]

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 (3)

Menu planning

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s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that a written record was kept of the evaluation under clause (2) (b) that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

Rationale and Summary

The home's most recent menu evaluation did not include the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented.

The RD and Food Service Manager (FSM) acknowledged that the required information was not documented and that it should be.

Sources: Revera Menu Review and Approval Tool (date unknown), interviews with the FSM and RD. [#753]

WRITTEN NOTIFICATION: Housekeeping

NC #008 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

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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 failed to ensure that the low level disinfectant used to clean and disinfect the bath tubs was not expired.

Rationale and Summary

The Classic Disinfectant Cleaner used for cleaning and disinfecting the bath tubs was expired in multiple spa rooms in the home, and there was no disinfectant in the Watson House spa room.

The IPAC Lead acknowledged that the disinfectant available in the home for cleaning and disinfecting bathtubs was expired and some of them were missing the expiry date.

Sources: Observations and interview with IPAC Lead. [#741128]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee failed to ensure that the home's RD was a member of the continuous

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quality improvement (CQI) committee.

Rationale and Summary

The home's RD was not a member of the current CQI Committee.

When all the required members were not included in the committee, representation from all areas of the home to provide suggestions for improvement opportunities could not be considered.

Sources: CQI Meeting Meeting Minutes (January, February, March, July, October 2023), interviews with the Administrator. [#753]

**WRITTEN NOTIFICATION: Continuous Quality Improvement
Committee**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee failed to ensure that the home's Pharmacist was a member of the CQI Committee.

Rationale and Summary

The home's Pharmacist was not a member of the current CQI Committee.

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When all the required members were not included in the committee, representation from all areas of the home to provide suggestions for improvement opportunities could not be considered.

Sources: CQI Meeting Meeting Minutes (January, February, March, July, October 2023), interviews with the Administrator. [#753]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee failed to ensure that a Personal Support Worker (PSW) who was an employee of the home was a member of the CQI Committee.

Rationale and Summary

A PSW who was an employee of the home was not a member of the current CQI Committee.

When all the required members were not included in the committee, representation from all areas of the home to provide suggestions for improvement opportunities could not be considered.

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Sources: CQI Meeting Meeting Minutes (January, February, March, July, October 2023), interviews with the Administrator. [#753]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

9. One member of the home's Residents' Council.

The licensee failed to ensure that a participant from Resident's Council was a CQI Committee.

Rationale and Summary

A representative from Resident Council was not a member of the current CQI Committee.

When all the required members were not included in the committee, representation from all areas of the home to provide suggestions for improvement opportunities could not be considered.

Sources: CQI Meeting Meeting Minutes (January, February, March, July, October 2023), interviews with the Administrator and Resident Council President. [#753]

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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 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee failed to ensure that a report on the CQI initiative for the home was prepared for the most recent fiscal year no later than three months after the end of the fiscal year.

Rationale and Summary

As per Ontario Regulation 246/22, "fiscal year" was defined as the period beginning on April 1 in one year and ending on March 31 in the subsequent year.

March 31, 2023, signified the end of the most recent fiscal year. The home's CQI Report published to the home's website was dated September 13, 2023.

The Administrator stated the home's fiscal year was the period beginning on January 1 in one year and ending on December 31 in the same year.

Sources: Columbia Forest LTC Home Website, Continuous Quality Improvement Narrative (September 13, 2023), interview with the Administrator. [#753]

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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) 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 failed to ensure that the report required under subsection (1) contained the required information.

Rationale and Summary

Neither the 2022/2023 CQI Report or Workplan included a written record of the required information as specified.

Sources: 2022/2023 CQI Report, 2023/2024 QIP Workplan. [#753]

WRITTEN NOTIFICATION: Continuous Quality Improvement

Initiative Report

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NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.

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,

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,

iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,

iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and

v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the report required under subsection (1) contained the required information.

Rationale and Summary

The home's 2022/2023 CQI Report and Workplan did not include the dates that actions were implemented and the outcomes of the actions, or how and the dates

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when the actions taken by the home were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The report stated that the QIP and our Home Quality Plan was shared with residents, families and staff at their respective council meetings for input and revised as needed. The outcomes were then regularly reviewed during council meetings.

The home did not have an active Family Council, and there was no documentation under heading 5.2 CQI for the 2023 Resident Council Meeting Minutes.

Resident Council President stated that they were not involved, nor were they aware of other Resident Council members being involved with the home's CQI program.

The Recreation Manager acknowledged that Resident's Council was not involved in CQI initiative planning for 2022/2023.

Sources: 2022/2023 CQI Report, 2023/2024 QIP Workplan, Resident Council Meeting Minutes (2023), interviews with the Recreation Manager and Resident Council President. [#753]