



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
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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

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Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection October 12 and October 15, 2010	Inspection No/ d'inspection 2010 189 2460 12Oct101101	Type of Inspection/Genre d'inspection Critical Incident
Licensee/Titulaire Extendicare Southwestern Ontario Inc. 3000 Steeles Avenue East Suite 700 Markham, ON L3R 9W2		
Long-Term Care Home/Foyer de soins de longue durée Extendicare Bayview 550 Cummer Avenue North York, ON M2K 2M2		
Name of Inspector(s)/Nom de l'inspecteur(s) Susan Squires (109) and Nicole Ranger (189)		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with: the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered nursing staff, personal support workers,

During the course of the inspection, the inspectors:

- Conducted a walk through of resident home area and common areas
- Reviewed health care records
- Reviewed the home's fall prevention program

The following Inspection Protocols were used in part or in whole during this inspection:

Falls Prevention

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

6 WN
1 CO: CO # 001

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 LTCHA, 2007, S.O. 2007, c 8, s.6 (10) b
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, the resident's care needs change or care set out in the plan is no longer necessary

Findings:

1. There was no intervention of Posey alarm in place as specified in the written plan of care.
2. Plan of care was not revised during a resident's high incidents of falls.



3. There was no plan of care to address the syncope episodes.
4. The plan of care was revised while the resident was still in hospital

Inspector ID #: 109, 189

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c 8, 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.

Findings:

1. A resident did not have a Posey alarm attached to clothing while in bed as specified in the plan of care. Inspectors were unable to locate Posey alarm in her room. Resident at high risk for falls and did not have intervention of Posey alarm in place as specified in the written plan of care
2. Registered staff confirmed Posey alarm is not in place and that staff were unable to locate Posey alarm since resident return from hospital

Inspector ID #: 109 and 189

WN #3: The Licensee has failed to comply with O. Reg. 79/10 s 107 (4). A licensee who is required to inform the Director of an incident under subsection (1) or (3) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

Findings:

1. A resident had a fall and sustained fractures.
2. MOHLTC was not notified of injury within 10 days.

Inspector ID #: 109 and 189

WN #4: The Licensee has failed to comply with O. Reg. 79/10 s 17(1) a
Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that, can be easily seen, accessed and used by residents, staff and visitors at all times;

Findings:

1. The call bell pull cord in a bathroom was non function for resident use. Call bell pull cord was pulled on several attempts by the inspector and found unable to activate.
2. A resident told inspectors that she is unable to activate the call bell pull cord beside the toilet. Resident states she has to reach over in an unsafe manner to activate the call bell button located on the wall, posing a significant risk of falling.

Inspector ID #: 109 and 189



Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #5: The Licensee has failed to comply with O. Reg. 79/10 s 49 (2)

Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls

Findings:

1. Home Falls Prevention program Date of Origin of July 2010 and September 2010 is currently in draft edition
2. Falls Policy # 7 states Residents are to have the Morse Fall Risk Assessment tool completed after
 - a. the third (3) fall in a quarter and
 - b. a resident with a low risk score sustains a fall, and,
 - c. quarterly if there are new triggers to the Fall RAP.
3. No Morse Fall Risk Assessment completed for a resident after the third fall in August 2010. The resident was not assessed using a clinically appropriate assessment instrument that is specifically designed for falls

Inspector ID #: 109 and 189

WN #5: The Licensee has failed to comply with O. Reg. 79/10 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

Findings:

1. Homes Falls Prevention program is developed but currently not implemented in the home.
2. High Incidence of falls in the home that resulted in injury

Inspector ID #: 109 and 189

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).



Ministry of Health and Long-Term Care
 Health System Accountability and Performance Division
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Ministère de la Santé et des Soins de longue durée
 Division de la responsabilité et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Susan Squires and Nicole Ranger	Inspector ID # 109 & 189
Log #:	T- 0571	
Inspection Report #:	2010_189_2460_12Oct101101.	
Type of Inspection:	Critical Incident	
Date of Inspection:	October 12, 2010 and October 15, 2010	
Licensee:	Extendicare Southwestern Ontario Inc. 3000 Steeles Avenue East Suite 700 Markham, ON L3R 9W2	
LTC Home:	Extendicare Bayview 550 Cummer Avenue North York, ON M2K 2M2	
Name of Administrator:	Sandy Hall	

To Extendicare Southwestern Ontario Inc, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10 s. 17(1) a			
<p>Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that, can be easily seen, accessed and used by residents, staff and visitors at all times</p>			



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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order:

The licensee shall repair the call bell system in bathroom 134 A and test and repair all non functional call bell systems in the home to protect the safety of residents.

Grounds:

1. The call bell pull cord in a resident bathroom was non functional for resident use. Call bell pull cord was pulled on several attempts by the inspector and found unable to activate.
2. A resident told inspectors that she is unable to activate the call bell pull cord beside the toilet. The resident states she has to reach over in an unsafe manner to activate the call bell button located on the wall, posing a significant risk of falling.

This order must be complied with by: December 1, 2010

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:



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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this	day of	,2010.
Signature of Inspector:		
Name of Inspector:		
Service Area Office:		