Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de sions de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 11, 2016	2016_365194_0003	000191-16	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

Long-Term Care Home/Foyer de soins de longue durée

EXTENDICARE COBOURG
130 NEW DENSMORE ROAD COBOURG ON K9A 5W2

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 25 & 26, 2016

Two separate anonymous complaint inspections were completed, Log #000191-16 complaint related sexual abuse, and Log #000024-16 complaint related to resident care issues.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Registered Nurse(RN),Personal Support Worker (PSW),Nurse Practitioner(NP),Dietary Manager(DM),Cook,Physician and Residents.

Also reviewed clinical health records of identified resident, relevant policies and observed staff to resident provision of care.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. Log #000191-16 and Log #000024-16 related to Resident #002:

The licensee has failed to ensure that the written plan of care sets out clear direction to staff and others who provide direct care to resident #002 related to 1:1 monitoring.

On an identified month resident #002 was placed on 1:1 monitoring for a period of four days for sexually inappropriate responsive behaviour. 1:1 monitoring for resident #002 was re-initiated three months later when resident #002 was witnessed exhibiting sexually inappropriate responsive behaviour with the same resident a second time. At the time of this inspection 1:1 monitoring continued to be in place for resident #002.

During an interview the Administrator has indicated that the goal of the 1:1 monitoring for resident #002 is to ensure that vulnerable residents are protected from any sexually inappropriate responsive behaviour by resident #002. The Administrator stated that resident #002 is not be in an "identified unit" without supervision and the doors between the the units are to be kept closed.

PSW's #105 and #107 indicated that when residents are brought to the lounge they are not kept away from resident #002 since the 1:1 monitoring has been re-initiated.

Review of the plan of care for resident #002 was completed related to responsive behaviours and directs that resident #002 is to be monitored every 15 min throughout the night and not left alone with any residents in the lounge or dining room.

Review of the documentation book for the period of forty days completed by the 1:1 staff was conducted by the inspector.

-On an identified date and time resident #002 is exhibiting sexually inappropriate responsive behaviour towards a resident, two hours later resident #002 is exhibiting sexually inappropriate responsive behaviour with another resident. Four hours later resident #002 is exhibiting sexually inappropriate responsive behaviour with another resident before staff could redirect.

-Four days later resident #002 it is exhibiting sexually inappropriate responsive behaviours towards a resident in the lounge.

-Five days later resident #002 is exhibiting sexually inappropriate behaviour towards a resident.

The written plan of care for resident #002 does not set out clear direction to staff for the 1:1 monitoring of resident #002. The plan of care does not specify who can or cannot sit next to resident #002 in the lounge, does not indicate that resident #002 is not permitted on an identified unit without supervision and does not include that the doors between the units are to be kept closed. [s. 6. (1) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that written plan of care for resident #002 provides clear direction to staff and other related to the 1:1 monitoring., to be implemented voluntarily.

Issued on this 11th day of March, 2016

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.