Ontario

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

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

Sudbury Service Area Office
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Original Public Report

Report Issue Date August 23, 2022
Inspection Number 2022_1104_0002
Inspection Type
☐ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☒ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other ______________________________

Licensee
Extendicare (Canada) Inc.

Long-Term Care Home and City
Extendicare Falconbridge, Sudbury

Lead Inspector
Amanda Belanger (736)

Inspector Digital Signature

Additional Inspector(s)
Chad Camps (609)

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 18-22, and 25-27, 2022.

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Medication Management
- Pain Management
- Prevention of Abuse and Neglect
- Quality Improvement
- Resident Care and Support Services
- Residents' and Family Councils
- Residents' Rights and Choices
- Safe and Secure Home
- Skin and Wound Prevention and Management

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INSPECTION RESULTS

NON-COMPLIANCE REMEDIED: MANDATORY POSTINGS

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

O. Reg. 246/22 s. 265. (1) 10

A posted copy of the home's visitor policy could not be located.

The Director of Care (DOC) verified that the visitor policy should have been posted in the home, and immediately posted the policy.

The lack of a posted visitor policy posed no risk to residents.

Sources: Observations of the home; the home's policy titled "Visitor Policy" last reviewed June 2022, and an interview with the DOC.

Date Remedy Implemented: July 20, 2022
[609]

WRITTEN NOTIFICATION: MEDICATION POLICY NOT COMPLIED

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s.123 (2)

The licensee has failed to ensure that the policy related to medication administration was complied with.

Rationale and Summary

As per section (s.) 11 of the Fixing Long Term Care Act (FLCTA), the home is to have policies related to medication administration and ensure the policy is complied with.

The home's policy titled "The Medication Pass", 3-6, last revised April 2021, indicated that when administering medications, the staff member was to observe the resident while swallowing the medications, and reminded staff not to leave medications at bedside unless following the self administration policy and procedure.

The home's policy titled "Self Administration of Medication", 5-5, last revised February 2017, indicated that there were to be ongoing assessments documented in the resident's chart if the resident was able to self administer their medications, and that the care plan would indicate that the resident was capable of self administration, and a physician's order would be present.

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The Inspector observed that registered staff were not observing residents swallowing their medication administration.

The Associate Director of Care (ADOC) indicated that registered staff should have observed the residents taking their medications.

Sources: Inspector's observations; license policies titled "The Medication Pass", and "Self Administration of Medication"; interview with the Registered Nurse (RN), and the ADOC, as well as other relevant staff.
[736]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

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

1. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) standards that were issued by the Minister were implemented.

Rationale and Summary
Section 6.1 of the IPAC Standard for Long-Term Care Homes, implemented April 2022, directed the homes to make PPE available and accessible to staff and residents, appropriate to their role and level of risk.

The Inspector observed a resident on contract/droplet isolation precautions, with signage posted at their doorway directing staff to put on a face shield and mask prior to entering the room. The Inspector observed that while some Personal Protective Equipment (PPE) was available to staff outside of the resident room, there were no face shield or masks available or accessible.

The Activation Aide indicated that all required PPE to enter a room was kept outside of the individual resident room for ease of access for staff. The Activation Aide confirmed that the required face shields, and masks were not included in the PPE set up and should have been.

Sources: Inspector observations; IPAC standards; licensee policy; interview with the Activation Aide, and other staff.
[736]

2. The licensee has failed to ensure that the home's hand hygiene program was complied with, as part of the home's IPAC program.

Rationale and Summary
The Inspector observed staff members missing moments of hand hygiene while putting on and taking off PPE.

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The IPAC lead indicated that as part of the home's IPAC program, it included hand hygiene, and should have been complied with.

Sources: Inspector observations; licensee policy titled "Hand Hygiene", IC-02-01-08, last reviewed April 2022; interview with IPAC lead, and other staff.
[736]

3. The licensee has failed to ensure that IPAC standards issued by the Minister were implemented, including the usage of PPE.

Rationale and Summary
The Inspector observed the Activation Aide enter the resident's room, who was on contact/droplet precautions, however, the staff member did not apply the PPE required prior to entering the room.

The Activation Aide indicated that they knew that they were to use a gown and face shield, and had not put on the required PPE before entering the room.

Sources: Inspector's observations; resident's progress notes; licensee policy; and interview with the Activation Aide and other staff.
[736]

WRITTEN NOTIFICATION: BATHING

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *s. 37 (1)*

The licensee has failed to ensure that residents received a bath or shower twice weekly.

Rationale and Summary
Three residents had no documentation of a second bath or shower being offered in the weeks that were reviewed.

The ADOC indicated that there was no documentation to support that the residents had received their second baths or showers during the weeks reviewed. The ADOC further indicated that all three residents were to receive two baths or showers each week.

Sources: Residents' Point of Care documentation and progress notes, as well as care plans; licensee policy titled "Bathing"; interview with ADOC and other staff.
[736]

WRITTEN NOTIFICATION: DOORS TO NON-RESIDENT AREAS

NC#05 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *s. 12 (1) 3*

The licensee has failed to ensure that Hopper Room was kept closed and locked when not being supervised by staff.

Rationale and Summary
The Inspector found the Hopper Room door unlocked and unsupervised by staff. On the door was a taped sign stating to "leave door open". There was duct tape preventing the latch bolt from locking the door, and a box holding the door open. Inside the room there were chemicals stored. A resident was seen wandering back and forth in front of the open Hopper Room door.

Personal Support Worker (PSW) staff verified that the door was supposed to be locked, but that the lock was broken and staff were getting stuck in the Hopper Room since at leastthe day prior.

The Support Services Manager (SSM) verified that there was risk to residents from the broken Hopper Room door lock because of the chemicals stored in the room.

Sources: Observations made by the Inspector, the home's policy titled "Door Surveillance and Secure Outdoor Areas" #OP-04-01-04 last reviewed January 2022, Maintenance Task #21075877, interviews with the PSW, RN, and the SSM.
[609]

WRITTEN NOTIFICATION: CALL BELLS

NC#06 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 20. (b)

The licensee has failed to ensure that the resident's communication and response system was on at all times.

Rationale and Summary
During the initial tour, a resident's call bell was tested and failed to activate. The SSM acknowledged that it should have been working.

The home's policy indicated that care staff were to check the call bell system every shift to ensure system is functional and report any issues or concerns with the call bell system immediately to the Charge Nurse.

There was low risk to the resident from the call bell not functioning.

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Sources: Observations of resident's room, the home's policy titled "Nurse Call System" #RC-08-01-01 dated January 2022, Maintenance Task #21090546, resident's POC charting, interviews with the PSW, the SSM and the DOC.
[609]

WRITTEN NOTIFICATION: AIR CONDITIONING REQUIREMENTS

NC#07 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 23. (7)

The licensee has failed to ensure that on or before June 22, 2022, all resident bedrooms were served by air conditioning.

Rationale and Summary
The Inspector identified a specific resident room that was not served by air conditioning.

The twice daily temperature record for resident rooms identified 29 rooms not served by air conditioning, which was verified by the SSM. One resident room temperature was consistently recorded as above 26 degrees Celsius.

There was low risk to the residents as the room temperatures were being recorded twice a day by the home.

Sources: Observations of the home, "Room Temperature To Be Done Once On Day And Once On Evenings" document, interviews with Maintenance staff, SSM and the Administrator.
[609]

WRITTEN NOTIFICATION: MANFUCTURERS RECOMMENDATIONS

NC#08 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *s. 26*

The licensee has failed to ensure that staff used infrared thermometers in accordance with manufacturers' instructions.

Rationale and Summary
The Inspector observed Housekeeping staff demonstrate how they used one of the home's infrared thermometers to take a reading of a room's temperature. Temperature readings varied up to 0.8 degrees Celsius between the home's infrared thermometer and a digital thermometer.

The user manual for the infrared thermometer and the Administrator verified that they were not meant to take room temperatures.

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There was low risk to residents as there was nominal differences in readings between the infrared and digital thermometers.

Sources: Observations of Housekeeping staff, temperature readings of the DOC office, User Manual for the DIGI-SENSE infrared thermometer model #20250-05 and an interview with the Administrator.
[609]

WRITTEN NOTIFICATION: REPORTS REQUESTED BY THE DIRECTOR

NC#09 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 91. (2)

The licensee has failed to ensure that they complied with a request from the Director to submit daily temperature monitoring reports for all resident rooms not served by air conditioning.

Rationale and Summary
On May 20, 2022, a Director's memo to the sector requested immediate daily temperature monitoring reports of all resident rooms not served by air conditioning be submitted via online portal.

The Administrator verified that they were aware of the Director's memo but not the reporting requirements, which were the responsibility of the SSM.

Documentation of the home's daily temperatures for the 29 rooms only began on June 30, 2022, or 41 days later.

Sources: Director's memo to the sector on May 20, 2022, related to temperature monitoring in long-term care home resident rooms, the home's temperature logs for the 29 resident rooms not served by air conditioning and interviews with the SSM and Administrator.
[609]

WRITTEN NOTIFICATION: MINISTER'S DIRECTIVES

NC#10 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

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

The licensee has failed to ensure that when the Minister issued a directive, the directive was complied.

Rationale and Summary
On June 11, 2022, the Minister made changes to the Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes under the Fixing Long-Term Care Act, 2021. The directive indicated that homes were required to ensure that the COVID-19 screening

requirements as set out in the COVID-19 Guidance Document for Long Term Care Homes in Ontario were followed.

a) The guidance document directed homes that when a caregiver, or visitor takes an antigen test at the long-term care home, the test must be taken before granting full entry to the home, and that the caregiver or visitor was not to enter any shared spaces (for example, dining room) until a negative test result was received.

The Inspector observed that visitors were entering into the home, completing the screening process at the entry to the main floor dining room, and then proceeding through the dining room to complete their antigen test, while residents were in the dining room for meal service.

The IPAC lead for the home acknowledged that visitors were entering common areas of the home with residents present, prior to receiving a negative antigen test.

Sources: Inspector observations; Minister Directives and guidance documents; interview with IPAC Lead.
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b) The guidance document also directed the home to ensure that all staff and visitors wore a mask for the duration of their visit inside the home.

The Inspector observed visitors entering the home, without a mask on, and completing the active screening prior to being given a mask. There were residents in the general area of these visitors during the observations.

The Inspector also observed a visitor going into the elevator with a resident, and had not yet placed a mask on; as well the Inspector observed another visitor have a mask around their chin at the screening table, and proceed to the antigen test area without placing their mask on to cover their mouth or nose.

The Inspector noted that no masks were available to visitors until they entered the home. A visitor entered the home, and reached into the screening area to obtain a mask, as there were no staff available at the screening area.

The IPAC lead confirmed that all visitors to the home were to enter with a mask on, and then change their mask upon entry. The IPAC lead also confirmed that there was a risk that visitors could interact with residents prior to screening and without a mask on where the screening was taking place.

Sources: Inspector observations; guidance documents and Minister's Directives; interview with the IPAC lead.
[736]