Ontario

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

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: June 14, 2024	
Inspection Number: 2024-1054-0003	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Guildwood, Scarborough	
Lead Inspector Ramesh Purushothaman (741150)	Inspector Digital Signature Ramesh Purushothaman Digitally signed by Ramesh Purushothaman Date: 2024.07.05 16:25:19 -04'00'
Additional Inspector(s) Reji Sivamangalam (739633)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 9, 10, 13-17, 21-23, 2024.

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00105580 / Critical Incident (CI) #2164-000001-24, #00112541 / CI #2164-000013-24 were related to abuse of a resident resulting in injuries.
- Intake: #00109114 / CI #2164-000007-24, #00109511 / CI #2164-000008-24 were related to neglect of a resident.
- Intake: #00112358 / CI #2164-000011-24 was related to a fall of a resident resulting in injuries.

- Intake: #00107597/ CI #2164-000005-24, #00112641/ CI #2164-000014-24, #00114508/ CI #2164-000015-24 were related to disease outbreak.

The following Compliance Order (CO) Follow up intake was inspected:

- Intake: #00107923 - CO #001 was related to Infection Prevention and Control.

The following complaint intakes were inspected:

- Intake: #00114256 was a complaint related to unknown cause of resident injury.
- Intake: #00116375 was a complaint related to improper transfers and positioning resulting in resident injury.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1054-0001 related to O. Reg. 246/22, s. 102 (8) inspected by Ramesh Purushothaman (741150)

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: PLAN OF CARE

NC #001 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 the resident received a specific type of care assistance as specified in their plan of care.

Rationale and Summary
A resident's plan of care required the resident to receive a certain type of assistance for their care.

The Personal Support Worker (PSW) and Director Of Care (DOC) acknowledged that the resident was not provided the required type of care assistance on certain dates as specified by the plan of care.

Failure to provide required assistance for care increased the residents' risk of sustaining an injury and impacted the quality of care.

Sources: Resident's written plan of care, interviews with PSW and DOC.
[739633]

WRITTEN NOTIFICATION: PLAN OF CARE

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
Plan of care
s. 6 (10) 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,
(c) care set out in the plan has not been effective.

The licensee failed to ensure that the resident's plan of care was revised when a product used for falls prevention was not effective.

Rationale and Summary
The written plan of care for a resident indicated that the resident required an intervention for their fall prevention and management strategy. Personal Support Workers (PSW) stated that they could not apply the intervention because resident refused to use it.

The DOC acknowledged that the resident's plan of care was not revised when the intervention was not used for their fall prevention and management.

Resident was at risk of having ineffective interventions in place when the plan of care was not revised.

Sources: Resident's written plan of care, interviews with PSWs, and DOC.
[739633]

WRITTEN NOTIFICATION: RESPONSIVE BEHAVIOURS

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 58 (1) 4.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are

developed to meet the needs of residents with responsive behaviours:
4. Protocols for the referral of residents to specialized resources where required.

The licensee failed to ensure that the protocol for referral of a resident to specialized resources was complied with to meet the needs of the resident with responsive behaviours.

In accordance with Ontario Regulations (O. Reg.) 246/22, s. 11 (1) (b), the licensee is required to ensure that there were protocols for referral of residents to specialized resources where required to meet the needs of residents with responsive behaviours. and must be complied with.

Specifically, home did not comply with the policy, "Responsive Behaviours", RC-17-01-04, last reviewed: March 2023, which directed the nurse to refer a resident to a specialized resource for further assessment and care planning intervention if a resident is not responding to non-pharmacologic and/or pharmacologic interventions implemented in the home.

Rationale and Summary
A resident was admitted to the home and exhibited responsive behaviours to care.

Staff confirmed that the resident had shown ongoing responsive behaviours towards staff since admission, despite various pharmacological and non-pharmacological interventions.

According to the home's policy, "Responsive Behaviours", nurses are directed to refer a resident to a specialized resource for further assessment and care planning if the resident does not respond to non-pharmacologic and/or pharmacologic interventions provided by the home.

Registered Nurses (RN) confirmed that no specialized referrals were found in the resident's chart.

The DOC acknowledged that the home had failed to refer the resident to the specialized resources for further assessment and management of resident's responsive behaviors.

Failure to refer resident to a specialized resource when necessary posed a risk of missing an opportunity to manage the resident's responsive behaviors effectively.

Sources: Review of resident's clinical records, review of home's policy, "Responsive Behaviours", and interviews with Personal Support Workers (PSW), and Registered Practical Nurse (RPN), RNs and DOC.
[741150]

WRITTEN NOTIFICATION: RESPONSIVE BEHAVIOURS

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that when the resident demonstrated responsive behaviours, actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to

interventions were documented.

Rationale and Summary
Resident was placed on a specific monitoring assessment tool for a period of five days. A review of the tool revealed missing observations by staff during the evening shifts and morning shift on specific days, and incomplete documentation during the morning shift on one of the days of that month. Additionally, not all steps of the tool were completed.

Registered Nurse (RN) and the DOC acknowledged that charting with the assessment tool was crucial for assessing resident behaviors and confirmed that it had not been completed during the specified shifts. They both acknowledged that incomplete records would negatively impact their ability to assess the resident, identify behavior patterns, and develop care plan interventions.

Failure to complete the assessment for the resident when they exhibited responsive behavior could hinder the assessment processes, as well as the staff's ability to evaluate the resident's behaviors effectively.

Sources: Resident's clinical records, interviews with RN and DOC.
[741150]

WRITTEN NOTIFICATION: NUTRITIONAL CARE AND HYDRATION PROGRAMS

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 74 (2) (b)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(b) the identification of any risks related to nutritional care and dietary services and hydration;

The licensee failed to ensure that the hydration program was implemented for the resident.

In accordance with O. Reg. 246 / 22, s. 74 (2) (a), the licensee is required to ensure that there are policies developed for the hydration program, and that they are complied with.

Specifically, the staff, did not comply with the home's Food and Fluid Intake Monitoring policy, as it required staff to complete a specific assessment when the resident does not meet the individualized fluid target for three consecutive days.

Rationale and Summary
A resident was identified as being at high nutritional risk. A review of the resident's clinical records indicated that the resident was not consistently meeting their intake targets on certain months of 2024 as documented in the home's specific tool a few times. There were no assessments completed during this period.

Registered Nurse (RN) acknowledged that assessments were not conducted as required when the resident was identified for not meeting their intake target.

Both Registered Dietitian (RD) and DOC confirmed that the staff were required to assess the resident's risks using the home's specific type of assessment tool and initiate referrals to the RD for further assessments as needed.

Failure to complete the specified assessments as required by the licensee's hydration program may increase the risk of not identifying signs and symptoms of a health condition.

Sources: Resident's clinical records, home's 'Food and Fluid Intake Monitoring Policy, interviews with RN, RD and DOC.
[739633]

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).

The licensee failed to ensure that any standard or protocol issued by the Director with respect to the Infection Prevention and Control (IPAC) was implemented.

Specifically, IPAC Standard for Long-Term Care Homes 9.1 (f) states that licensee shall ensure Additional Precautions are followed in the IPAC program and should include appropriate disposal of the Personal Protective Equipment (PPE).

Rationale and Summary
(i) A resident was on a certain type of isolation precautions. A Registered Nurse (RN) was observed providing care to the resident in their room. The RN doffed their PPE when exiting the resident's room in an open bin with no lid. A collection of used PPEs was inside and was spilling out of the bin.

The home's isolation policy required equipping each isolation room with designated hands-free waste receptacles with lids.

The IPAC Lead acknowledged that the room should have a receptacle with a lid for disposing of the used PPEs.

Failure to appropriately disposing the used PPE increased the risk of infection transmission.

Sources: Observations, the home's policy: Isolation, Interviews with RN and IPAC Lead.
[739633]

The home has failed to ensure that Routine Practices were in accordance with the "IPAC Standard for Long-Term Care Homes April 2022". Specifically, hand hygiene as required by Additional Requirement 9.1 (b) under the IPAC standard.

Rationale and Summary
(ii) During a tour of the home, a Personal Support Worker (PSW) was seen removing soiled dishes and cups from the dining tables after lunch and placing them in a cart to collect the soiled items.

PSW was then observed bringing a clean food cart into the dining room. Later, they were seen removing residents' cloth protectors while coming into contact with the residents. At no point during these actions did the staff perform hand hygiene.

According to Routine Practices Policy, last reviewed in January 2024, directed the care staff to practice thorough washing and/or sanitizing of hands before and after

any direct resident or environment contact and when handling any soiled articles such as soiled laundry or equipment.

PSW acknowledged that they did not perform hand hygiene between assisting residents. The Infection Prevention and Control (IPAC) Lead confirmed that staff were expected to perform hand hygiene.

The staff's failure to perform hand hygiene increased the risk of spreading infections within the home.

Sources: Observation, review of Routine Practices Policy # IC-02-01-01, last reviewed in January 2024, interviews with PSW and the IPAC Lead.
[741150]

WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 108 (1) 3. i.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the response to a written complaints included the Ministry's toll-free telephone number for making complaints about homes and

its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

Rationale and Summary
(i) The home received a complaint from a resident's Substitute Decision Maker (SDM), concerning an incident when the resident was injured. The home's written response to the complaint did not include Ministry of Long-Term Care (MLTC)'s toll-free number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

DOC acknowledged that the response letter to the SDM did not include the required information.

Failure to provide Ministry's toll-free telephone number for making complaints about home and contact information for the patient ombudsman might hinder SDM's ability to escalate unresolved complaints.

Sources: CIS, home's investigation records and interview with DOC.
[739633]

(ii) The home received a complaint from resident's SDM, concerning the care of the resident. The home's written response to the complaint did not include Ministry of Long-Term Care (MLTC)'s toll-free number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

DOC acknowledged that the response letter to the SDM did not include the required information.

Failure to provide the Ministry's toll-free telephone number for making complaints about home and contact information for the patient ombudsman might hinder SDM's ability to escalate unresolved complaints.

Sources: CI, home's investigation records and interview with DOC.
[739633]

(iii) The home had received a compliant related to the care and services for a resident.

Review of The home's written response to the complaint did not include Ministry of Long-Term Care (MLTC)'s toll-free number for making complaints about homes and its hours of service and contact information for the patient ombudsman.

DOC acknowledged that the response provided to the written complaint did not include the Ministry's toll-free telephone number or contact information for the patient ombudsman.

Failure to provide Ministry's toll-free telephone number for making complaints about home and contact information for the patient ombudsman might hinder SDM's ability to escalate unresolved complaints.

Sources: Review of Critical Incident System (CIS) report, Long -term Care Home's (LTCH) response letter sent to the complainant, and interview with the DOC.
[741150]