

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Central West Service Area Office  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
Telephone: (888) 432-7901  
Facsimile: (519) 885-2015

Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015

**Public Copy/Copie du rapport public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b>                 | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|---|--|
| Nov 25, 2020                                   | 2020_739694_0027                              | 020942-20, 021134-<br>20, 021156-20,<br>021902-20 | Complaint  |

**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare Halton Hills  
9 Lindsay Court Georgetown ON L7G 6G9

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

AMANDA COULTER (694), JANET GROUX (606)

**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): November 2, 3, 4, 5, and 6, 2020.**

**A follow up inspection, 2020\_739694\_0028, was conducted concurrently during this complaint inspection.**

**The following intakes were inspected,  
Log #021156-20, Log #021134-20, Log #020942-20 and Log #021902, related to care concerns.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), housekeeping aid, maintenance supervisor, physiotherapy assistant (PTA), family members and residents.**

**The inspectors also toured the home, observed the provision of care and services , reviewed relevant documents, including but not limited to clinical records, policies and procedures, internal investigation and training records.**

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

**Accommodation Services - Maintenance**

**Pain**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Responsive Behaviours**

**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>WAO – Ordres : travaux et activités</p>  |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that weekly skin and wound assessments were completed for residents with identified skin concerns.

a) A resident's progress notes identified a skin concern. The skin concern was identified as worsening and the resident was transferred to the hospital for further assessment.

There was a weekly skin assessment missed for the resident.

Sources: Resident's progress notes, and Skin Weekly Impaired Skin Integrity Assessment,, and interview with the RPN.

b) A resident had a number of skin concerns that were to be assessed weekly by a registered staff member. A review of the assessments showed that for a number of weeks, none of the areas were assessed. When the areas were reassessed they showed the skin concerns worsened from the previous assessment.

Sources: Resident's electronic wound assessments and RPN interview. (694)

c) A resident had a number of skin concerns that were to be assessed weekly by a registered staff member. Review of the assessments showed that a number of weekly assessments were not completed. When the areas were reassessed, they showed the skin concerns worsened from the previous assessment.

The gap in weekly assessments posed a risk that appropriate treatments may not have been provided which could result in worsening wounds.

Sources: Resident's electronic wound assessments and RPN interview. (694) [s. 50. (2) (b) (iv)]

***Additional Required Actions:***

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

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**WN #2: 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**

The licensee has failed to ensure a resident's substitute decision maker (SDM) was notified and given the opportunity to participate fully in the development and implementation of the resident's plan of care with regards to a worsening condition.

Complaints to the Ministry of Long Term Care (MLTC) alleged the SDM was not notified regarding the resident's changes in their condition.

a) A resident developed a skin concern. The resident's SDM was not notified of the worsening skin concern.

b) A resident had safety concerns identified. The RN was notified of the incident and safety measures were initiated.

The resident's SDM was not notified of the incident and only became aware of it when they went to visit the resident.

Sources: MLTC complaint report, resident's progress notes and interviews with the RPN, RN and DOC. [s. 6. (5)]

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15.  
Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident's bathroom door was maintained in a safe condition and in a good state of repair.

The Home's Maintenance Request Log stated a resident's room needed repair because a door would not operate properly.

The RPN who reported the issue with the door said the door was in disrepair and signage or a barricade should have been placed on the door to prevent staff and the resident from using the door. The resident's door was not fixed until a number of days later.

Sources: Home's Maintenance Request Log, interviews with the RPN, Housekeeping staff, and the Maintenance Supervisor. [s. 15. (2) (c)]

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**Issued on this 1st day of December, 2020**

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

**Original report signed by the inspector.**



**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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** AMANDA COULTER (694), JANET GROUX (606)

**Inspection No. /**

**No de l'inspection :** 2020\_739694\_0027

**Log No. /**

**No de registre :** 020942-20, 021134-20, 021156-20, 021902-20

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Nov 25, 2020

**Licensee /**

**Titulaire de permis :** Extendicare (Canada) Inc.  
3000 Steeles Avenue East, Suite 103, MARKHAM, ON,  
L3R-4T9

**LTC Home /**

**Foyer de SLD :** Extendicare Halton Hills  
9 Lindsay Court, Georgetown, ON, L7G-6G9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Sherry Braic

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To Extendicare (Canada) Inc., you are hereby required to comply with the following  
order(s) by the date(s) set out below:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

**No d'ordre :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with O. Reg. 79/10, s. 50 (2) (b) (iv).  
Specifically the licensee must:

- a) Ensure that resident #001, #004 and #005 and all other residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds are reassessed at least weekly by a member of the registered nursing staff when clinically indicated.
- b) Ensure that retraining is provided to all registered staff related to timelines for assessments and the home's policies and procedures related to skin and wound assessments. A documented record shall be kept with the training content, attendees and the date they received retraining.
- c) Ensure that a tracking and weekly auditing system is developed, implemented and documented for all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds. This audit will be utilized to ensure that all residents exhibiting altered skin integrity are receiving the required assessments and treatments and ensure all assessments are completed in full for a period of three months.

**Grounds / Motifs :**

1. The licensee has failed to ensure that weekly skin and wound assessments were completed for residents with identified skin concerns.

a) A resident's progress notes identified a skin concern. The skin concern was identified as worsening and the resident was transferred to the hospital for further assessment.

There was a weekly skin assessment missed for the resident.

Sources: Resident's progress notes, and Skin Weekly Impaired Skin Integrity Assessment, and interview with the RPN.

b) A resident had a number of skin concerns that were to be assessed weekly by a registered staff member. A review of the assessments showed that for a number of weeks, none of the areas were assessed. When the areas were reassessed they showed the skin concerns worsened from the previous assessment.

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Sources: Resident's electronic wound assessments and RPN interview. (694)

c) A resident had a number of skin concerns that were to be assessed weekly by a registered staff member. Review of the assessments showed that a number of weekly assessments were not completed. When the areas were reassessed, they showed the skin concerns worsened from the previous assessment.

The gap in weekly assessments posed a risk that appropriate treatments may not have been provided which could result in worsening wounds.

Sources: Resident's electronic wound assessments and RPN interview. (694) [s. 50. (2) (b) (iv)]

An order was made by taking the following factors into account:

**Severity:** There was actual harm associated with this non compliance as residents had a gap in weekly wound assessments which posed a risk that appropriate treatments may not have been provided, which could have contributed to their worsening wounds.

**Scope:** The scope of the non compliance was widespread as all three of the residents inspected did not have weekly wound assessments completed.

**Compliance history:** The licensee has a history of one or more related non compliance in the last three full years with this section of the legislation. A Written Notification (WN) was issued in June 2019. (606)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Jan 15, 2021

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
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2007, c. 8

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2007, chap. 8

**REVIEW/APPEAL 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 services for the Licensee.

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
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](http://www.hsarb.on.ca).

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**Ordre(s) de l'inspecteur**

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2007, c. 8

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foyers de soins de longue durée*, L.O.  
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
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l'article 154 de la *Loi de 2007 sur les  
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2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 25th day of November, 2020**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Amanda Coulter

**Service Area Office /**

**Bureau régional de services :** Central West Service Area Office