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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: November 26, 2024
Inspection Number: 2024-1343-0005
Inspection Type: Critical Incident
Licensee: Extendicare (Canada) Inc.
Long Term Care Home and City: Extendicare Hamilton, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 7-8, 12-14, 2024.

The following intake(s) were inspected:

- Intake: #00129848/ Critical Incident (CI)# 2858-000022-24 and Intake: #00130164/ CI #2858-000023-24 were related to falls prevention and management.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

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 #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
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,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

An observation of a resident's room indicated an updated fall prevention and management intervention was in place.

A review of the resident's care plan did not reflect the updated fall prevention and management in place.

Staff acknowledged that the current fall prevention and management intervention in place was not updated in the resident's care plan.

Failure to ensure that the care plan was updated with correct fall prevention and management interventions may result in resident not receiving the correct level of care.

Later, the intervention was observed to be updated in the resident's care plan.

Sources: Observation, current care plan, interview with staff.

Date Remedy Implemented: November 12, 2024

WRITTEN NOTIFICATION: Care Plan

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care
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,
(c) clear directions to staff and others who provide direct care to the resident; and

The Licensee has failed to ensure that clear directions to staff were provided through a resident's care plan.

Rationale and Summary
A resident was at risk for falls and required specific care assistance to reduce their risk for falls. The resident's care plan provided directions for staff on the care required by the resident.

Staff acknowledged that the directions provided were unclear.

Failure to ensure directions for care set out in the resident's care plan are clear could result in a lack of care for the resident, placing them at risk of harm.

Sources: progress notes, interviews with staff, resident's care plan.

WRITTEN NOTIFICATION: Pain Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to ensure that the pain identification and management policy was complied with.

Rationale and Summary

On a certain day, staff did not comply with the Pain Identification and Management Policy of the home on ensuring that a pain assessment was completed for when a resident complained of pain.

Staff acknowledged that an assessment should have been completed when the staff became aware of the resident's pain.

Failure to follow the home's written policy resulted in failure to assess and identify the presence of pain.

Sources: Pain Identification and Management Program Policy, resident records, interview with staff.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

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

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident with altered skin integrity was assessed.

Rationale and Summary

A resident sustained an alteration in the skin, however no relevant assessment was

completed.

A staff member acknowledged that relevant assessment was not completed.

Failure to complete a skin assessment could put the resident at risk for infection and altered skin integrity.

Sources: Resident records, interview with staff.

WRITTEN NOTIFICATION: Pain Assessment

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (2)
Pain management
s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that the pain identification and management policy of the home was complied with.

Rationale and Summary
A resident had a fall and sustained an injury due to which the resident experienced pain. A review of the resident record indicated that the resident was not assessed regularly as per their plan of care.

Staff acknowledged that the required pain assessments were not completed.

Failure to complete full pain assessments placed the resident at risk for uncontrolled and/or untreated pain.

Sources: interviews with staff, resident records, LTCH's Pain Identification and

Management Policy.

WRITTEN NOTIFICATION: Record Keeping

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 274 (b)
Resident records
s. 274. Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

The licensee has failed to ensure a resident's records were up to date.

Rationale and Summary
A review of a resident's record showed incomplete documentation related to the resident's health.

Staff acknowledged that the resident's health information should have been documented and updated.

Failing to ensure resident records are up to date could impact the continuity of care for residents, leading to a lack of care and/or treatment.

Sources: Resident record, interviews with staff.

COMPLIANCE ORDER CO #001 Skin and wound care

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection

(2.1), if clinically indicated;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1) Provide education to all registered staff, specific to the use of a clinically appropriate assessment instrument for initial and weekly skin and wound care assessments for residents exhibiting altered skin integrity.
2) Maintain documentation of the education, including the names of the staff, their designation, date the training was provided and who provided the education.
3) Conduct weekly audits for four weeks on all units to ensure a clinically appropriate assessment instrument is being completed by registered staff for assessing all new areas of altered skin integrity and alteast weekly reassessments.
4) Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings, and any corrective actions taken.

Grounds
a) The licensee has failed to ensure that a resident exhibiting altered skin integrity received at least a weekly skin assessment.

Rationale and Summary
A resident had an alteration in the skin, however no relevant assessment was completed weekly.

A staff member acknowledged that relevant weekly assessments were not completed.

Failure to ensure that a resident exhibiting altered skin integrity was at least assessed weekly may place the resident at risk of not receiving appropriate skin and wound care.

Sources: Resident records, interview with staff.

b) The licensee has failed to ensure a resident exhibiting altered skin integrity received weekly skin assessments.

Rationale and Summary
Another resident had a fall and sustained an alteration in the skin, however no relevant assessment was completed weekly.

A staff member acknowledged that relevant weekly assessments were not completed.

Failure to ensure each injury was assessed weekly may have placed the resident at risk of not receiving appropriate wound care.

Sources: interviews with staff, resident records.

This order must be complied with by February 21, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP 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, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
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
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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