

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

**Rapport d'inspection prévue  
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 soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 11, 2019	2019_805638_0029	020699-19	Complaint

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**Licensee/Titulaire de permis**

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

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

Extendicare Kapuskasing  
45 Ontario Street P.O. Box 460 KAPUSKASING ON P5N 2Y5

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

RYAN GOODMURPHY (638)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): December 4 - 5, 2019.**

**The following intake was inspected during this Complaint inspection;  
-One log a complaint submitted to the Director which was related to staffing and  
care concerns impacting the residents in the home.**

**A Critical Incident System inspection #2019\_805638\_0028 was conducted  
concurrently with this Complaint inspection.**

**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) and residents.**

**The Inspector also conducted a daily tour of resident home areas, observed the  
provision of care, staff to resident interactions, reviewed relevant resident health  
care records as well as home policies and procedures.**

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

**Continence Care and Bowel Management  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Nutrition and Hydration  
Sufficient Staffing**

**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**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

- s. 6. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
  - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
  - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the provision of the care set out in the plan of care was documented.

A complaint was submitted to the Director which alleged concerns related to staffing levels and care concerns.

Inspector reviewed three dates in which the home worked short staffed. During the Point of Care (POC) record review, the Inspector noted that multiple residents were missing at least one aspect of their required task documentation during the aforementioned dates. Upon reviewing the care records for all the residents, the Inspector noted that;

A) On the first date, day shift, when the home worked with two day shift PSWs missing and helping hands were brought in to assist, the Inspector noted that three out of 61 residents were missing documentation. The Inspector selected three residents and identified;

- resident #001 was missing documentation for their scheduled bath;
- resident #013 was missing documentation for their scheduled bath; and
- resident #014 was missing documentation for meal intake, fluid intake, continence and mobility.

B) On the second date, day shift, when the home worked with two day shift PSWs missing and helping hands brought in to assist, the Inspector noted that 29 out of 61 residents were missing documentation. The Inspector selected three residents and identified;

- resident #015 was missing documentation for application of a specific assistive device, mobility, toileting, dressing/grooming, meal intake and fluid intake;
- resident #016 was missing documentation for the management of a specific device and nutritional intake; and
- resident #017 was missing documentation for meal intake, fluid intake, mobility and dressing/grooming.

C) On the third date, day shift, when the home worked with one day shift PSW missing and brought in helping hands and temporary PSW coverage, the Inspector noted that 33 out of 61 residents were missing documentation. The Inspector selected three residents and identified;

- resident #010 was missing documentation for bed rail safety, meal intake, fluid intake and mobility;
- resident #018 was missing documentation for dressing/grooming, meal intake, fluid

intake and mobility; and

-resident #019 was missing documentation for bed rail safety, dressing/grooming, toileting, meal intake, fluid intake and mobility.

In an interview with Inspector #638, PSW #103 indicated that they documented their care in POC. When asked if care was always documented, the PSW indicated that the home worked short staff frequently and at times the PSWs would prioritize resident care over documentation. The PSW indicated that the POC record should not be left blank and that option to document that care did not occur or resident was not available were options to document on expected care and outcomes.

During an interview with Inspector #638, RPN #104 indicated that the direct care staff documented their provision of care in the POC record. The RPN indicated they had a responsibility to ensure that documentation was completed; however, did identify that PSWs were short frequently and at times, staff prioritized resident care over documentation and indicated a few things may be missing but the record would not be all blank.

In an interview with Inspector #638, the Administrator/DOC indicated that PSWs documented the care they provided in the POC record. They indicated that staff were to document on the tasks whether care occurred or not to identify what had happened during the shift. The Administrator/DOC indicated that documentation had been an ongoing concern and that time constraints may impact staff ability to complete documentation. [s. 6. (9) 1.]

***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 to ensure that the provision of care set out in the plan of care is documented, regardless of staffing levels, to be implemented voluntarily.***

**Issued on this 12th day of December, 2019**

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

**Original report signed by the inspector.**