

**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**

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**Public Copy/Copie du rapport public**

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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 29, 2020	2020_657681_0021	024371-20	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 Kirkland Lake  
155 Government Road East Kirkland Lake ON P2N 3P4

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

STEPHANIE DONI (681)

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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 8-10, 2020.  
Additional off-site inspection activities were completed on December 11, 2020.**

**The following intake was completed during this Complaint inspection:**

**- One complaint submitted to the Director related to a resident potentially ingesting a foreign substance.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Public Health Nurse with the Timiskaming Health Unit, family members, and residents.**

**The Inspector also conducted a daily tour of resident care areas, reviewed relevant resident records and policies, and observed resident rooms, resident common areas, and the delivery of resident care, including staff to resident interactions and infection prevention and control practices.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Safe and Secure Home**

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

**2 WN(s)**

**2 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff complied with COVID-19 Directive #3 for Long-Term Care Homes, specifically related to the direction associated with universal masking.

Directive #3, which was last updated on December 7, 2020, indicates that all staff must comply with universal masking and must wear a surgical/procedure mask for the entire duration of their shift. The Directive further indicates that when staff are not in contact with residents or in resident areas during their breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19.

During the inspection, the Inspector observed on five separate occasions, that various office staff were not wearing a surgical/procedure mask when they were in close proximity to other staff members. During an interview with a Public Health Nurse from the Timiskaming Health Unit, they verified that, based on the Directive, all staff were to obtain a surgical mask when they entered the building and were to wear the mask for the duration of their shift, with the exception of when they were on break. The Public Health Nurse further stated that when staff were in the same area or office, and not on break, all staff members should be wearing their surgical/procedure mask.

Sources: Inspector observations on December 8 and 9, 2020; and interviews with a Public Health Nurse from the Timiskaming Health Unit, the Administrator, and other staff. [s. 5.]

***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 home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all hazardous substances were stored in an area of the home that was inaccessible to residents.

A resident was found holding a hazardous substance, which the resident had accessed from an unlocked cupboard in the home. The precautionary information for the hazardous substance indicated that it was a health hazard that could be harmful if ingested and could also be harmful to the skin, eyes, and respiratory system.

While there was nothing to indicate that the hazardous substance was ingested by the resident, or that it had come in contact with the resident's skin or eyes, there was still actual risk to the resident. The hazardous substance should have been stored in a locked area that was not accessible to residents.

Sources: The resident's progress notes; Inspector #681's observations of the hazardous substance; and interviews with a RN, the Administrator, and other staff members. [s. 91.]

***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 all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, to be implemented voluntarily.***

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**Issued on this 30th day of December, 2020**

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

**Original report signed by the inspector.**