



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 2, 2015	2015_291552_0017	O-001970-15	Resident Quality Inspection

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE LAKEFIELD
19 FRASER STREET P. O. BOX 910 LAKEFIELD ON K0L 2H0

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

MARIA FRANCIS-ALLEN (552), AMBER MOASE (541), CHANTAL LAFRENIERE (194),
KARYN WOOD (601), SAMI JAROUR (570)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 1, 2, 3, 4, 5, 8, 9,10,11 &12, 2015

Concurrently inspected during the Resident Quality Inspection:

Follow up Inspection log # O-000764-14., one Complaint log # O-001004-14 and three Critical Incidents log # O-000648-14, # O-000689-14 and # O-001753-15.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSW), Registered Dietitian (RD), Food Service Supervisor (FSS), RAI Coordinator (RAI-C), President of Family and Resident Council, family and residents.

Also toured the home, observed dining service, medication administration, infection control practices, staff to resident interaction during provision of care. Reviewed clinical health records, licensee's internal abuse investigations, staff education records, reviewed licensee's relevant policies - prevention of abuse, responsive behaviours, minimizing of restraints, skin and wound, medication administration.

The following Inspection Protocols were used during this inspection:



Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

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

3 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 42.	CO #001	2014_360111_0017		552

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>Legendé</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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s.8(1)(b) in that the medication management system policies and procedures, as required under O. Reg. 79/10, s.136(1).

O. Reg. 79/10, s.136(1) states that every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the homes provides ongoing identification, destruction and disposal of,
a) all expired drugs

Review of the Pharmacy Policy & Procedures, Policy 5-1 "Expiry and Dating of Medications"

- Remove any expired medications from stock and order replacement if necessary.
- Designated medications i.e. eye drops, insulin, must be dated when opened and removed from stock when expired.

During observation of the stock medication storage area and the medication cart for 2 units, there were several medications noted to be expired.

Interview with RPN #102 indicated expired medications were administered to Resident #49 and #50 on an identified date.

The DOC has indicated the expired medication should have been removed from the stock medication storage area and the medication cart. [s. 8. (1) (b)]

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 by ensuring that the licensee's medication administration policy related to expired medications are complied with, to be implemented voluntarily.



WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that LTCHA, 2007 s.20(1) written policy that promotes zero tolerance of abuse and neglect of residents is complied with.

Review of the "Resident abuse- staff to resident" Policy OPER-02-02-04, November 2013 directs:

-immediately report (verbally) any suspected or witnessed abuse to the Administrator, Director of Care, or their designate must report the incident, as required by provincial legislation and jurisdictional requirements.

Related to log # O-000648-14

On an identified date, the Director of Care (DOC) received an allegation from PSW #113 of staff to resident verbal and physical abuse towards Resident #42 that occurred the previous week.

The DOC immediately reported the allegations to the Director and identified that Resident #42 had no injuries at the time of the investigation. During an interview PSW #113 indicated the incident of verbal and physical abuse was not immediately reported to the Supervisor as per policy.(601)

Related to log # O-000689-14

A Critical Incident Report was submitted to the Director on an identified date for an allegation of Staff to Resident verbal abuse. During the licensee's internal investigation PSW #104 indicated that sometime in the last couple of months PSW #120 was assisting Resident #47 , when Resident #47 asked to wash his/her hands, PSW # 120 made an inappropriate comment.



During the licensee's internal investigation PSW #119 indicated that last week PSW #120 was heard making inappropriate remarks to Resident #46.

Administrator and DOC have indicated that both PSW #104 and #119 did not immediately report allegations of verbal abuse towards Resident #46 and #47 by PSW #120.(194)

Related to log # O-001753-15

On an identified date, RN #124 received an allegation of staff to resident physical abuse from Resident #48's Power Of Attorney (POA). RN #124 initiated the internal incident report, the investigation and forwarded the report to the DOC after identifying no injury to the resident. The incident was reported to Ministry Of Health and Long Term Care (MOHLTC) the following day by the Administrator.

During an interview RN # 124 indicated that at the time of the incident she did not understand that she was responsible for immediately calling the MOHLTC. Further education was provided to RN # 124 related to immediate reporting of allegations of abuse to the MOHLTC.(194) [s. 20. (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 by ensuring that the licensee's written policy that promotes zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director



Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure LTCHA, 2007 s. 24(1) that the person who had reasonable grounds to suspect that any of the following has occurred or may occur, immediately report the suspicion and the information upon which it was based to the Director.

Definition of Sexual behaviour LTCHA, 2007 s. 2(1):

-any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

The progress notes for an identified date indicated, Resident #53 was exhibiting inappropriate sexual behavior towards Resident # 21. There was no injury to Resident # 21 and the incident was reported to management.

During an interview RN # 106 indicated that the managers were immediately informed of the inappropriate sexual behavior.

During an interview, DOC indicated that the inappropriate sexual behavior was not reported to the Director. DOC explains that the decision tree was followed and it was determined that reporting was not necessary because nothing had occurred between the residents. [s. 24. (1)]

Issued on this 2nd day of July, 2015

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

Original report signed by the inspector.