



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

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

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

**Rapport d'inspection 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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 19, 2016	2016_293554_0015	014297-16, 014517-16, 020762-16	Follow up

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

KELLY BURNS (554)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 13-15, 2016

Follow Up to Intake #014297-16; other intakes reviewed and inspected upon concurrently with this inspection, include intakes #014517-16, #020762-16.

Summary of Intakes:

- 1) #014297-16 - Follow Up to Inspection #2016_293554_0005, CO#001, pursuant to: O.Reg. 79/10, s. 53 (4), specific to Responsive Behaviours; compliance due date of June 17, 2016.**
- 2) #014517-16 - Critical Incident Report - Incident that causes injury to a resident for which the resident is taken to hospital and which results in a significant change in the resident's health status.**
- 3) #020762-16 - Critical Incident Report - Incident of alleged resident to resident physical abuse, involving residents #007 and #008.**

During the course of the inspection, the inspector(s) spoke with Administrator, Registered Nurse, Registered Practical Nurses, Personal Support Workers, Housekeeping Aide, Recreation Aide, Behaviour Support Staff, RAI-C, and Residents.

During the course of this inspection, the inspector, toured the home, reviewed clinical health records, observed staff to resident interactions, as well as resident to resident interactions, reviewed meeting minutes of the "Resident Safety and Quality Committee", home specific communications relating to documentation of responsive behaviours, and reviewed home specific policies with respect to Falls Prevention and Management Program, Responsive Behaviours, and Zero Tolerance of Resident Abuse and Neglect.

The following Inspection Protocols were used during this inspection:

- Critical Incident Response**
- Falls Prevention**
- Prevention of Abuse, Neglect and Retaliation**
- Responsive Behaviours**



During the course of this inspection, Non-Compliances were not issued.

**0 WN(s)
0 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. 53. (4)	CO #001	2016_293554_0005		554



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

Issued on this 19th day of July, 2016

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

Original report signed by the inspector.