

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** December 16, 2024

**Inspection Number:** 2024-1328-0004

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Extendicare (Canada) Inc.

**Long Term Care Home and City:** Extendicare Lakefield, Lakefield

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 18-22, 25-29, and December 3, 2024

The following intake(s) were inspected:

- One intake was related to a Proactive Compliance Inspection

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Food, Nutrition and Hydration  
Medication Management  
Residents' and Family Councils  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards  
Residents' Rights and Choices

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Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: SKIN AND WOUND CARE

NC #001 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 failed to ensure that a resident who exhibited altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

### Rationale and Summary

During a review of the skin and wound program, clinical records were reviewed for a resident. The resident had a wound that required a weekly skin assessment. A review of the weekly skin assessment history indicated there was no clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, was used to assess the resident's wound.

The skin & wound lead acknowledged that staff should have used the electronic skin and wound assessment for the resident. The staff instead signed off that an assessment was completed using a different method, which the skin and wound lead verified was not a clinically appropriate assessment instrument.

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Failure to complete a weekly skin and wound assessment using a clinically appropriate assessment instrument placed the resident at risk when changes in the wound were not documented.

**Sources:** The resident's clinical records, Interview with the skin and wound lead.

## WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control, specifically in relation to the cleaning of contact surfaces at the required frequency was complied with.

### **Rationale and Summary**

In accordance with section 5.6 of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, the licensee was required to ensure that there were policies and procedures in place to determine the frequency of surface cleaning and disinfection using a risk stratification approach, and ensure that the surfaces were cleaned at the required frequency.

During a review of the IPAC program, a housekeeper was interviewed in relation to the cleaning practices in the home. The housekeeper indicated that due to high levels of workload, the contact surfaces in the home were not always cleaned once daily.

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The licensee's policies Risk Stratification Matrix and Recommended Cleaning Frequencies stated that all contact surfaces in the home were required to be cleaned at least once daily. There was risk of spreading infectious diseases to the residents by not abiding by the cleaning frequencies.

**Sources:** Interview with the housekeeper, Risk Stratification Matrix policy, and Cleaning Frequencies policy.

## **WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (3)**

Continuous quality improvement initiative report

s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to provide to the family council the continuous quality improvement initiative report.

**Rationale and Summary**

During a review of the Continuous Quality Improvement Initiative program, the family council meeting minutes were reviewed and indicated the continuous quality improvement initiative report was not provided to the family council. The family council president confirmed that the council was not provided with the report. The quality lead acknowledged that the home was required to provide the report to the council.

Failure to provide the report to the family council prevented the family council from participating in the quality improvement process of the home.

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**Sources:** Family council meeting minutes, interviews with the family council president and the quality lead.