



**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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 27, 2015	2015_288549_0030	O-002666-15, O-002741-15	Complaint

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### **Licensee/Titulaire de permis**

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

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

EXTENDICARE LAURIER MANOR  
1715 MONTREAL ROAD GLOUCESTER ON K1J 6N4

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

RENA BOWEN (549)

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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): November 12 and 13, 2015**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), a Housekeeper, the Support Services Manager, the Social Worker, the Assistant Director of Care (ADOC), the Acting Assistant Director of Care (AADOC) and the Director of Care.**

**The inspector also reviewed resident health care records, the home's admission package, complaint investigation documentations, the home's Missing Items Process and Discharge/Admission and Internal Transfer Process, several of the home's policies related to resident belongings and odours control.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Accommodation Services - Laundry  
Personal Support Services**

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

**1 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**



**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).  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide care to the resident.

Resident #001 was admitted to the home on a specific date in July 2015. The resident is cognitively impaired and requires extensive assistance with some of his/her Activities of Daily Living.

Inspector #549 observed a memo posted at the nursing station written by the Acting Assistant Director of Care (AADOC) indicating that Resident #001 is to have two staff present during care and that only female care givers are to provide care and to update the care plan to reflect the changes.

Inspector #549 and the AADOC reviewed Resident #001's current written plan of care completed on a specific day in November 2015. The current written plan of care does not indicate that the resident is to have two staff present when providing care and that care is to be provided by female care givers only.

The AADOC indicated that the homes expectation is that the written plan of care be updated to reflect the memo so that the plan of care sets out clear directions to staff and others who provide care to the resident. [s. 6. (1) (c)]



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**Issued on this 27th day of November, 2015**

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

**Original report signed by the inspector.**