Ontario

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 5, 2017	2017_593573_0020	007339-17, 009308-17, 009309-17	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 LAURIER MANOR
1715 MONTREAL ROAD GLOUCESTER ON K1J 6N4

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

ANANDRAJ NATARAJAN (573), JESSICA LAPENSEE (133)

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): June 19, 2017, September 15, 18, 19, 20, 21 and 22, 2017

This follow up inspection was related to Compliance Order #002 from Resident Quality Inspection #2017_658178_0002 issued on April 07, 2017, regarding the use of bed rails. Compliance Order #001 and #002 from Critical Incident System Inspection # 2017_625133_0008 issued on May 09, 2017, regarding the use of personal alarms and bed alarms for residents and regarding the maintenance of the bed system.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the acting Assistant Director of Care, the Support Services Manager, the Quality Risk Management Coordinator, a maintenance worker, registered and non-registered nursing staff and residents.

The Inspector(s) observed residents' bed systems, resident's personal alarms and bed alarms. Reviewed resident health care records, documentation related to bed system evaluations in the home, Staff training materials and attendance record related to the use of resident's personal alarms and bed alarms, the manufacturer's instructions related to the use of specified bed alarms and personal alarms and procedures related to the bed system maintenance.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **1 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 # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 15. (1)	CO #002	2017_658178_0002	573
O.Reg 79/10 s. 23.	CO #001	2017_625133_0008	573
O.Reg 79/10 s. 90. (2)	CO #002	2017_625133_0008	573

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Curbell Medical Personal Monitor equipment (CSM-PM100) was used in the home as a resident's fall management monitor. The Personal Monitor equipment featured with a dome and pull string mechanism that was attached to the resident's garment. When an unassisted exit takes place, the dome is pulled from its magnetic socket, the alarm sounds at the monitor. One end of the pull string is connected to a metal clip which is firmly secured and attached to the resident's garment. This personal monitor equipment will be referenced below as a personal alarm or PA.

On September 19, 2017, Inspector #573 observed resident #012 was sitting in a wheelchair with a PA unit. The Inspector observed that the pull string mechanism in the PA was not attached to the resident's garment with the metal clip. Further, the Inspector observed that there were no metal clip that was attached to the pull string.

During an interview, Inspector #573 spoke with PSW#101 who provided care to resident #012, indicated that he does not remember any metal clip that was attached to the pull string mechanism.

Inspector #573 observed resident #012's personal alarm in the presence of RPN #100, with no metal clip that was attached to the pull string. The RPN indicated that resident #012 would not remove the metal clip from the cord. Further, she indicated that PSW staff members were to check PA's working condition and any disrepair on every shift before using the resident's PA.

On September 19, 2017, Inspector #573 and RPN #100 reviewed the floor's maintenance binder, and there was no record regarding the missing metal clip nor any maintenance request for resident #012's PA unit.

On September 19, 2017, Inspector #573 observed resident #015 sitting in a wheelchair with a PA unit. The Inspector observed that the PA pull string was tangled in the resident's wheel chair backrest cane. Further, there were no metal clip that was attached to the pull string mechanism.

Inspector #573 observed resident #015's PA in the presence of RN #102, the RN

indicated that she was not aware nor the PSW staff members reported to her regarding the missing metal clip in the resident's personal alarm unit. Inspector #573 and RN #102 reviewed the floor's maintenance binder, and there was no record regarding the missing metal clip nor any maintenance request for resident #015's PA unit.

On September 20, 2017, during an interview, the home's Quality Care and Risk Management (QCRM) Coordinator indicated that if the metal clip was not attached nor if there was no metal clip in the pull cord it would defeat the purpose of the PA. The QCRM indicated that PSW staff members were to check PA's working condition on every shift before using the resident's PA. Further, she indicated that PSW staff members to report to the registered nursing staff and to place a request/ referral for any repair or replacement of the PA. [s. 15. (2) (c)]

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 Personal Monitor (Personal Alarm) equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

Issued on this 5th day of October, 2017

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

Original report signed by the inspector.