



**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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 22, 2018	2018_617148_0023	003747-18, 005519-18, 009363-18, 018015-18	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

AMANDA NIXON (148)

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): July 25, 26, 27, 30 and 31 and August 1, 2018

This inspection included three complaints: one related to responsive behaviours and prevention of abuse; one, related to continence care, housekeeping, laundry, maintenance, falls prevention and personal care; and two related to continence care, skin and wound, pain management, prevention of abuse and neglect and personal care.

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Assistant Director of Care, Support Services Manager (SSM), Quality Risk Management Coordinator, Maintenance Staff member, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), family, residents and a Customer Service Representative for an identified manufacture.

The Inspector reviewed the health care records of identified residents, reviewed resources related to the installation and maintenance of transfer poles used by the home and documents related to housekeeping, laundry and maintenance programs. In addition, resident care was observed along with staff-resident interactions and the resident's care environment.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Falls Prevention
Pain
Personal Support Services
Responsive Behaviours
Skin and Wound Care**



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

2 WN(s)

1 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).	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.



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WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :



The licensee has failed to ensure that there are schedules and procedures in place for routine, preventative and remedial maintenance related to the use of SuperPoles.

On a specified date, resident #003 reported disrepair to a transfer pole. Later on the same day the resident reported that the disrepair had occurred during a self-transfer. Upon examination by RN #107, no injuries were observed.

The Inspector observed the transfer pole of resident #003, along with seven other identical transfer poles used on the same unit; the poles were identified by the home's SSM as SuperPoles manufactured by HealthCraft. The transfer poles have a rectangular plate at the top, whereby screw holes are available so that the plate can be attached to the ceiling. A circular base sits on the floor, with a rubber pad beneath, to which the pole is inserted. The poles observed in use at the home are then pressure mounted between the floor and ceiling.

In discussion with both the home's Administrator and Support Services Manager it was reported that the transfer poles have no scheduled preventative maintenance. The SSM reported that such poles have been in use throughout the home for several years and there have been no incidents similar to that reported by resident #003. The Inspector obtained information available on the public HealthCraft website which indicates that where the SuperPole is not attached to the ceiling the manufacture suggests that the tension be checked once a month. The Inspector spoke with HealthCraft Customer Service Representative #115 who reported that the tension be checked monthly by auditing the poles for any movement and tightening as required.

As it relates to the use of SuperPoles, also known as transfer poles, the licensee failed to have a schedule and procedure in place for routine preventative maintenance.
(Log 018015-18)



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 there are schedules and procedures in place for routine, preventative and remedial maintenance, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service
Specifically failed to comply with the following:**

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

The licensee failed to ensure that linens are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours.

On the morning of July 25, 2018, Inspector #148 observed the bed linens on the bed of resident #002 to have yellow/brown staining on several areas of the fitted sheet. The bed had been recently made by PSW #105, who reported that the bed had been made this morning and the sheets were not changed. PSW #105 acknowledged that the sheets appeared stained and that PSW #105 would change the sheets. During an observation later that same morning, the Inspector noted that the sheets had been changed, however the sheets were observed to have yellow/brown stains. On the same day the Inspector observed the bed of resident #005. The bed of resident #005 had been made by PSW #105, the bed linens were noted to have yellow/brown stains along with visible black and light colored debris or crumbs. PSW #105 observed the bed linens and was not able to identify the debris in the bed but acknowledged that the linens needed to be changed. Upon a subsequent observation, the bed linens of resident #005 were changed with use of clean linens that were free from stains. In addition to the beds of resident #002 and #005, the made bed of resident #006 was observed to have a fitted sheet with a small hole and tear and the made bed of resident #007 was observed to have a fitted sheet



with yellow/brown stains.

In an interview with PSW #106, the PSW described that sheets provided to the floors from the laundry department have been cleaned but are regularly observed to have stains. The PSW described that sometimes it is only the stained sheets that are available for use when changing the linens of a resident's bed. Both PSW #106 and #105 reported that bed linens are changed on the resident's scheduled bath day and when the linens appear soiled.

The Inspector spoke with the home's Support Services Manager, who indicated that both laundry and nursing staff are to monitor for bed linens with stains or disrepair. When linens are noted with stains the lines are to be collected and there is a re-wash process that takes place. If the stains are not eliminated the linens are then discarded. The SSM indicated that nursing staff on the floor have been directed not to use bed linens with stains.

Linens were noted to be in use on July 25, 2018, that were not maintained in a good state of repair and were not free from stains.
(Log 018015-18)

Issued on this 23rd day of August, 2018

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

Original report signed by the inspector.