

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**Ottawa Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 7, 2020	2019_617148_0033	019521-19, 020678- 19, 020790-19, 022727-19, 023182-19	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**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): December 2, 3, 4, 5 and 6, 2019**

**This inspection included five complaints: Logs 020678-19 and Log 023182-19 (CIR #2665-000058-19) related to the care of an identified resident; Log 019521-19 related to accommodation services and alleged abuse of an identified resident; Log 020790-19 related to the pest control program in the home; and Log 022727-19 related to the fall and injury of an identified resident.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, Support Services Manager, Social Worker, Physiotherapy, Restorative Care, Registered Practical Nurses, Registered Nurses, Personal Support Workers (PSW) and residents.**

**The Inspector reviewed the health care records of the identified residents and documents related to the home's preventative pest control program. In addition, the resident care environment and resident care was observed.**

**The following Inspection Protocols were used during this inspection:**  
**Accommodation Services - Maintenance**  
**Continence Care and Bowel Management**  
**Falls Prevention**  
**Personal Support Services**  
**Prevention of Abuse, Neglect and Retaliation**

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

**3 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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

**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 :**

The licensee has failed to ensure that the equipment of resident #003 was kept clean and sanitary.

A complaint was submitted to the Director, indicating that a resident's wheelchair had been infested with cockroaches. Upon inspection, it was identified that resident #003, had been identified to have cockroaches living in the chair. The home took actions to provide a deep clean to the chair one day after the identification of cockroach activity in the chair. At that time, the chair was found to have cockroaches living in the mechanical mechanisms and seat cushion. Specifically, the seat cushion was deemed to be unsalvageable and a replacement cushion was required.

The wheelchair of resident #003 was scheduled to be cleaned weekly and was noted to be cleaned six days prior to the identification of cockroach activity. However, the chair was not kept in a clean and sanitary condition as evidence by cockroach activity in the chair.

***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 resident equipment is kept clean and sanitary, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

**Specifically failed to comply with the following:**

**s. 51. (2) Every licensee of a long-term care home shall ensure that, (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that resident #001 who requires continence care products has sufficient changes to remain, clean, dry and comfortable.

A complaint was submitted to the Director describing five dates whereby resident #001 was left wet or soiled, having to wait for staff to assist the resident 20-45 minutes. In discussion with the resident, the resident identified that the resident may have to wait for assistance and may be left wet.

The resident and staff both indicated that resident #001 is not toileted, but rather relies on the use of continence care products (briefs). The plan of care for resident #001 described that the resident does not use the toilet and will be provided with incontinence products to keep the resident dry at all times. Documentation, maintained by the PSW staff who care for the resident, indicated that the resident is frequently incontinent and requires one to two staff for continence care.

Three PSWs were interviewed across the day and evening shift. Staff indicated that the resident will notify staff of when care is required. Staff reported that resident #001 can be a heavy wetter and at times may saturate the brief whereby there may be overflow.

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control**

**Specifically failed to comply with the following:**

**s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that immediate action was taken to deal with pests, in the room of resident #003.

A complaint was submitted to the Director, indicating that a resident's wheelchair had been infested with cockroaches (see WN #1).

Documentation in the resident unit pest control binder, indicated that on a specified date the room of resident #003 was noted to have cockroach activity on the floors, walls and beds. The records maintained by the pest control company that regularly visits the home, indicated that nine days after the noted cockroach activity, monitors were set in the room of resident #003. Progress notes described that the room was provided with a deep clean due to cockroach activity, seventeen days after the activity was identified.

After review of the home's preventative pest control program records and discussion with the Support Services Manager, it was determined that immediate action was not taken to deal with pests in the room of resident #003 when activity was identified.

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**Issued on this 7th day of January, 2020**

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

**Original report signed by the inspector.**