

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: August 29, 2024

Inspection Number: 2024-1171-0006

Inspection Type:
Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Laurier Manor, Gloucester

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 14, 15, 16, 19, 20, 21, 22, 23, 26, 27, 28, and 29, 2024.

The following intake(s) were inspected:

- Intake: #00123707 – Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

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Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

#1

The licensee has failed to ensure that when two residents were reassessed and the care set out in their plans of care was no longer necessary, the plans of care were reviewed and revised.

Source: Observation of signage outside the rooms of two residents, home's listing of

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residents on additional precaution, two residents electronic and paper health record of another resident, and Interview with a staff member.

On August 27, 2024 the inspector reviewed the plans of care for the two residents and noted that both had been revised.

Date remedy implemented: August 27, 2024.

#2

The licensee has failed to ensure that when two residents were reassessed and the care set out in their plans of care was no longer necessary, the plans of care were reviewed and revised.

Source: residents' electronic and hard copy health record, Interview with staff and an ADOC.

On August 28, 2024 the inspector reviewed the plans of care for the residents and verified that both had been revised.

Date Remedy Implemented: August 28, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (2)

Doors in a home

s. 12 (2) The licensee shall ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

The licensee has failed to ensure that the written policy that deals with the doors in the home was complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b), where the Act or this Regulation

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requires the licensee of a long-term care home to have, institute or otherwise put in place a written policy that deals with when doors leading to a secured outside area must be unlocked or locked, is complied with.

Specifically, the licensee has failed to ensure that as per the policy titled Door Surveillance and Secure Outdoor Areas, OP-04-01-04, dated January 2022, Procedures 1. b. i, Doors leading to secured outdoor areas and balconies must be equipped with a locking system and be locked during timeframes specified by the home. Timeframes of when a door will be locked must be posted on or near the door. Doors that must be manually locked will be identified in writing and appropriate staff will be assigned to this task, was complied with on August 14, 2024, when no timeframes of when the door will be locked was posted on or near the door.

On August 14, 2024, the inspector noted a sign posted on the wall beside the garden door containing the timeframes of when the door will be locked.

Date Remedy Implemented: August 14, 2024.

WRITTEN NOTIFICATION: Windows

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

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.

The licensee has failed to ensure that the windows, in the rooms of two residents , that opens to the outdoors and is accessible to residents, cannot be opened more

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than 15 centimeters.

Source: Observations by inspector and a staff member and interview with the Administrator.

WRITTEN NOTIFICATION: Communication and response system

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that was easily seen and accessible, to residents in two specific rooms, at all times.

Source; inspector observations and Interviews with staff members.