Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: September 26, 2024
Inspection Number: 2024-1171-0008
Inspection Type: Complaint
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): September 24, 25, 26, 2024

The following intake(s) were inspected:

- Intake: #00123905 - IL-0129920-OT - Complainant with concerns regarding the home's fall prevention strategies.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management
Restraints / Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' bill of rights

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 18.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee has failed to ensure that a resident was provided care that maintained privacy in treatment in caring for their personal needs. During the inspection, the inspector observed a resident being provided care in their room without staff maintaining the resident's privacy during the provision of care.

Source:
Observation of resident care during the inspection.

WRITTEN NOTIFICATION: Falls prevention and management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246 / 22, s. 54 (1).

The licensee has failed to comply with the home's falls prevention and management policy related to the head injury routine (HIR), included in the required falls prevention and management program in the home, for a resident.

In accordance with Ontario Regulation 246 / 22 s. 11 (1) b., the licensee is required to ensure that written policies and protocols were developed for the falls prevention and management program and ensure they were complied with.

Specifically, a Registered Practical Nurse (RPN) did not comply with the licensee's "Neurological Signs / Head Injury Routine" policy #RC-25-01-38 when they did not document the resident's post-fall neurological assessments at the timeline prescribed in the home's policy.

Sources:
A resident's electronic chart;
"Neurological Signs / Head Injury Routine" policy #RC-25-01-38, reviewed March 2023;
Interviews with the Quality and Risk Management Coordinator and the Assistant

Director of Care.

WRITTEN NOTIFICATION: Reports re Critical Incidents

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 115 (3) 4.
Reports re critical incidents
s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):
4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure the Director was informed of an injury to a resident for which they were taken to hospital and which resulted in a significant change in the resident's health condition.

Sources:
A resident's electronic documentation;
Interview with an ADOC.

COMPLIANCE ORDER CO #001 Maintenance services

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 96 (2) (b)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Perform a review of the home's Resident Care Equipment policy RC-07-01-01 to ensure that the policy is being implemented correctly and that communication between relevant departments is being consistently conducted to ensure timely repairs of any resident safety equipment is being carried out;
B) Ensure all relevant registered nursing staff receive training on the policy as outlined in step (A);
C) A management team member must, for a period of four consecutive weeks, conduct, at minimum, twice weekly audits of the home's maintenance logs to assess whether a piece of equipment for resident care requires repair or replacements and if the policy is being implemented as specified for repair or replacement of the equipment. These audits will also ensure that any piece of resident care equipment identified as malfunctioning or in disrepair is taken out of service until it can be repaired or replaced. Re-education will be performed if any staff members are found to not be complying with the policy;
D) A written record of the Resident Care Equipment policy implementation review, all staff education, re-education, and audits must be kept .

Grounds
The licensee has failed to ensure compliance with their resident care equipment procedure as part of their maintenance services program.

In accordance with Ontario Regulation 246 / 22 s. 11 (1) b., the licensee is required to ensure they have procedures developed and in place to ensure all equipment, devices, assistive aids and positioning aids are kept in good working order, and they comply with that procedure.

Specifically, the home's registered nursing staff failed to comply with policy RC-07-01-01 Resident Care Equipment. On a specified date, an RPN submitted a maintenance service request for a piece of a resident's care equipment. According to the home's Resident Care Equipment policy, nursing staff must follow-up with the Director of Care (DOC) or delegate for any outstanding maintenance requests. The resident then sustained a fall which resulted in an injury with a change in condition. According to the home's investigation into the incident, the root cause of the resident's fall was determined to be that the resident's care equipment, which had the outstanding maintenance request, was still malfunctioning at the time of the fall. An ADOC stated in their interview that the maintenance request for the resident care equipment was forwarded to the Support Services Manager, who had it forwarded to a Restorative Care Aide. Per the ADOC, the Restorative Care Aide was unavailable when the request was sent to them and the resident's care equipment was not repaired to ensure the resident's safety until after they sustained the fall. The ADOC further stated that no DOC or delegate was forwarded any communication by a nursing staff member for the resident's unresolved maintenance request.

Sources:
A resident's electronic chart;
Maintenance service request by an RPN;

Policy RC-07-01-01: Resident Care Equipment policy;
Interview with an ADOC.

This order must be complied with by November 15, 2024

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe Licensee has the right to request a review by the Director of this (these) Order(s) and / or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c / o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and / or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.