

**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**

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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
Sep 7, 2021	2021_725522_0010	007893-21	Critical Incident System

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 London
860 Waterloo Street London ON N6A 3W6

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

JULIE LAMPMAN (522)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): August 31 and September 1 and 2, 2021.

Critical Incident System report #2173-000001-21 related to falls prevention was inspected during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Clinical Coordinator/Infection Prevention and Control Lead, Documentation Coordinator, Support Services Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers, a housekeeper and a resident.

The inspector also completed an Infection and Prevention and Control (IPAC) tour of the home, observed IPAC practices, the provision of resident care, reviewed residents' clinical records, the home's air temperature logs, and policies and procedures related to this inspection.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Safe and Secure Home

Skin and Wound Care

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

3 WN(s)

3 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's skin and wound program policy was complied with.

A) Resident #001 had an area of altered skin integrity.

Review of Extendicare's "Skin and Wound Program: Wound Care Management" policy noted staff were to refer residents with any form of altered skin integrity to members of the interdisciplinary Skin and Wound Care team.

Review of resident #001's electronic clinical records with Registered Nurse (RN) #111 noted resident #001 had not been referred to the wound care nurse for the area of altered skin integrity.

B) Resident #002 had an area of altered skin integrity.

Review of resident #002's electronic clinical records with RN #111 noted resident #002 had not been referred to the wound care nurse for the area of altered skin integrity.

On September 2, 2021, in an interview, RN #111 stated residents #001 and #002 should have had referrals to the wound care nurse for the areas of altered skin integrity.

Sources:

Review of resident #001 and #002's clinical records, Extendicare's "Skin and Wound Program: Wound Care Management" policy RC-23-01-02 last updated December 2020 and interviews with RN #111 and Clinical Coordinator #101. [s. 8. (1)]

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 the home's skin and wound program policy is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents #001 and #002, who were at risk of

altered skin integrity received a skin assessment upon any return from hospital.

A) Review of resident #001's clinical records noted the resident had been at hospital.

Review of resident #001's electronic clinical records in Point Click Care (PCC) noted the absence of a documented skin assessment for resident #001 upon their return from the hospital.

B) Review of resident #002's clinical records noted the resident had been at hospital.

Review of resident #002's electronic clinical records in PCC noted the absence of a documented skin assessment for resident #002 upon their return from the hospital.

On September 2, 2021, in an interview, Registered Nurse (RN) #111 reviewed resident #001 and #002's electronic clinical records with Inspector #522 and confirmed resident #001 and #002 did not have skin assessments completed upon their return from hospital. RN #111 stated resident #001 and #002 should have had head to toe skin assessments completed when they returned from hospital.

Sources:

Review of resident #001 and #002's clinical records; Extendicare's "Skin and Wound Program: Prevention of Skin Breakdown" policy #RC-23-01-01 last updated December 2020; Extendicare's Readmission Checklist and interviews with RN #111 and Clinical Coordinator (CC) #101. [s. 50. (2) (a) (ii)]

2. The licensee has failed to ensure that resident #001 received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessments.

Review of resident #001's electronic progress notes in PCC noted resident #001 had an area of altered skin integrity.

Further review of resident #001's clinical records noted the absence of any skin and wound assessments for the area of altered skin integrity.

On September 2, 2021, RN #111 reviewed resident #001's electronic clinical records with Inspector #522 and confirmed resident #001 did not have a skin and wound assessment completed and should have.

Sources:

Review of resident #001's clinical records and interviews with RN #111 and CC #101. [s. 50. (2) (b) (i)]

3. The licensee has failed to ensure that resident #001 and #002 had been assessed by a registered dietitian.

A) Resident #001 had an area of altered skin integrity.

Review of resident #001's electronic clinical records in PCC noted resident #001 had not been assessed by a registered dietitian.

B) Resident #002 had an area of altered skin integrity.

Review of resident #002's electronic clinical records on PCC noted resident #002 had not been assessed by a registered dietitian.

On September 2, 2021, in an interview, RN #111 reviewed resident #001 and #002's electronic clinical records with Inspector #522 and confirmed resident #001 and #002 had not been assessed by a registered dietitian and should have been.

Sources:

Review of resident #001 and #002's clinical records, Extendicare's Readmission Checklist and interviews with RN #111 and CC #101. [s. 50. (2) (b) (iii)]

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 a resident at risk of altered skin integrity receives a skin assessment upon any return from hospital; a resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments; and is assessed by a registered dietitian, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The license has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program.

On a specific date, resident #004's room was observed with precaution signage on the door. Resident #005's room was also observed with precaution signage on the door.

Review of resident #004's electronic progress notes in Point Click Care (PCC) noted resident #004 was to have specific precautions in place that was different from the signage on their door.

Review of resident #005's electronic progress notes in PCC noted resident #005 was to have specific precautions in place that was different from the signage on their door.

In an interview, Clinical Coordinator (CC) #101 stated they were the IPAC lead for the home. CC #101 reviewed the precaution signage on resident #004 and resident #005's door with Inspector #522. CC #101 stated the signage was incorrect for both residents.

Sources:

IPAC tour of the home; review of resident #004 and #005's clinical records, Extendicare's Coronavirus (COVID-19) policy IC-05-01-13 last reviewed October 2020; Ministry of Health COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units Version 2.1 dated July 23, 2021; and interviews with Personal Support Worker #103, CC #101 and Director of Care #115. [s. 229. (4)]

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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 8th day of September, 2021

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

Original report signed by the inspector.