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

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Original Public Report

Report Issue Date: November 1, 2022

Inspection Number: 2022-1055-0002

Inspection Type:
Complaint
Follow up
Critical Incident System

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare London, London

Lead Inspector	**Inspector Digital Signature**
Terri Daly (115)	

Additional Inspector(s)
Rhonda Kukoly (213)
Susan Crann (741069)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
October 18 - 20, 2022

The following intake(s) were inspected:
- Intake: #00001712 -Follow-up to CO#001 from inspection 2022_1055_0001 regarding O. Reg. 79/10 s. 36.
- Intake: #00005293 - Complaint with concerns re personal care, continence care, skin and wound care, medication administration and neglect r/t staffing shortages.
- Intake: #00007367/CI: 2173-000011-22 - Resident fall with injury.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
O. Reg. 79/10	s. 36	2022-1055-0001	#001	Terri Daly (115)

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 79/10, s. 229 (2) (d)

The licensee of the home failed to ensure that the 2021 infection prevention and control program was evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;

Rationale and Summary
A) During an interview with the Infection Prevention and Control (IPAC) Lead, they indicated that they were unsure if an evaluation for 2021 had been completed as they were only recently employed. A review of the IPAC documents on file in the computer showed an incomplete 2021 Program Evaluation for the Infection Prevention and Control Program.

The Administrator acknowledged that due to a staffing concern the 2021 IPAC program evaluation was not completed.

Sources
Interviews with the IPAC Lead and the Administrator.
[115]

WRITTEN NOTIFICATION: Failure to report

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 4

The licensee has failed to ensure that the Director was informed about an incident in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5): of 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.

Rationale and Summary
Critical Incident (CI) report related to a fall of a resident that resulted in transfer to hospital was submitted to the ministry on a specific date.

The resident sustained an injury after a fall and was transferred to hospital. The incident was reported via the after-hours ministry telephone line six days after the incident and the CI report was submitted to the ministry seven days after the incident.

During an interview with the Director of Care (DOC) they indicated that reporting was not done until six days after the incident.

Sources
CIS report, interview with DOC, clinical records and progress notes.
[741069]

WRITTEN NOTIFICATION: Bathing

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 37 (1)

The licensee has failed to ensure that three residents were bathed, at a minimum, twice a week, by the method of their choice.

An anonymous complaint was received by the Ministry of Long-Term Care, related to short staffing and as a result, baths and/or showers not provided.

Rationale and Summary
During a resident interview they said that they prefer two showers per week, but they usually only get one. They said when they don't get a shower, the staff will help them wash their hair with a face cloth. The resident's care plan and bathing scheduled indicated twice a week.

Point of Care documentation for this resident indicated the following for bathing:
In the past three months there was one date with no documentation and five dates that staff documented - not applicable.

Another resident also said that they prefer two showers per week, but they usually only get one. The resident's care plan and bathing scheduled indicated twice a week.

Point of Care documentation for this resident indicated the following for bathing:
In the past four months there were four dates staff documented - not applicable.
The resident's care plan and bathing scheduled indicated showers twice per week.

Personal Support Worker (PSW) staff on the third floor said that if there were less than six PSWs working on day shift, they would not do tub baths or showers, they would do bed baths. Staff said that they would document 'not applicable' when a tub or a shower was not completed. The Director of Care said that the home had been short staffed, and that baths or showers were not always provided when short staffed.

Sources
Health records for three residents, resident interviews, and staff interviews.
[213]