



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 29, 2014	2014_303563_0010	L-000478-14	Complaint

Licensee/Titulaire de permis

EXTENDICARE TORONTO INC
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

MELANIE NORTHEY (563), DONNA TIERNEY (569)

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): May 2, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Service Services Manager, two Residents, two Registered Practical Nurses, and one Personal Support Worker.

During the course of the inspection, the inspector(s) made observations, reviewed health records, policies and other relevant documentation.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Laundry
 Medication
 Personal Support Services
 Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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>Legendé</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. 3. Residents' Bill of Rights



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Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

- i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).
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Findings/Faits saillants :



1. The licensee failed to ensure that the following rights of residents are fully respected and promoted; every resident has the right to give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent.

a) Record review of progress notes for resident #001 revealed there was no documentation in the progress notes to confirm resident's family was made aware of the change in a medication order.

b) Record review of progress notes for resident #001 revealed there was no documentation in the progress notes to confirm resident's family was made aware of this new medication order.

c) Record review of progress notes for resident #001 revealed there was no documentation in the progress notes to confirm resident's family was made aware of the increase in a medication dose.

d) Staff interview with Registered Practical Nurse (RPN) revealed any change in medication should involve resident / family including change in frequency, dose or type of medication. The RPN shared the expectation is that there is documentation in the progress notes regarding family notification of medications changes. [s. 3. (1) 11. ii.]

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 the following rights of residents are fully respected and promoted; every resident has the right to give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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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).**
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Findings/Faits saillants :



1. The licensee failed to ensure that the "Housekeeping and Laundry Services" policy (HKLD-06-03-12) was complied with.

a) Policy review revealed that the Registered Nurse in charge failed to follow the corporate complaint process.

b) Record review of progress notes revealed family of resident #001 reported missing clothing. No "Missing Clothing/Item Report and Search" form could be provided by the home for resident #001.

c) Staff interview with Support Services Manager(SSM) confirmed that a "Missing Clothing/Item Report and Search" form was not completed for resident #001 for the complaint of missing clothing. The SSM shared that the registered staff do not consistently complete the Missing Clothing/Item Report and Search" form.

d) Record review revealed that a "Missing Clothing/Item Report and Search" form was filled out for resident #004. The RPN confirmed the process for missing clothing as outlined on the form. This process was not followed for resident #001. [s. 8. (1)]

2. The licensee failed to ensure that the policy for "Physician/Prescriber Orders" (Policy Number 11-06) is in compliance with and is implemented in accordance with applicable requirements under the Act.

The "Physician/Prescriber Orders" (Policy number 11-06) stated under the "Procedures" section, "Registered staff are responsible to complete all other tasks as follows related to processing the order depending on what has been ordered: d. Inform the resident / family of the new product / procedure being prescribed."

The procedures for "Physician/Prescriber Orders" (Policy number 11-06) lacks the involvement of the resident / family / SDM in the decision making process regarding a change in medication / treatment orders. [s. 8. (1) (a)]



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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 the policy for "Physician/Prescriber Orders" (Policy Number 11-06) is in compliance with and is implemented in accordance with applicable requirements under the Act and to ensure that the "Housekeeping and Laundry Services" policy (HKLD-06-03-12) was complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

- s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,**
- (a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).**
 - (b) cleaned as required. O. Reg. 79/10, s. 37 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that each resident of the home has his or her personal items labelled within 48 hours of admission and of acquiring, in the case of new items.

a) Observation of the bathroom for resident #001 revealed resident #001 had a labelled K-basin that contained a unlabelled toothbrush with worn and unreadable writing. Resident #003 had a labelled K-basin that contained the toothbrush of resident #002. Two out of four partially full mouthwash bottles were found in cabinets of this shared bathroom unlabelled. Observation verified by inspector #563 and Personal Support Worker (PSW).

b) Staff interview with PSW confirmed that all personal care items should be labelled with resident's name. Staff interview with RPN confirmed that all personal care items should be labelled with resident's name with either permanent marker or stickers. If items are not labelled the expectation is for staff to dispose of unlabelled personal items and replace them with new correctly labelled personal care items.

c) Management confirmed the above evidence does not meet the home's expectation that all resident personal care items be labelled at all times. [s. 37. (1) (a)]

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 each resident of the home has his or her personal items labelled within 48 hours of admission and of acquiring, in the case of new items, to be implemented voluntarily.



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Issued on this 29th day of May, 2014

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

Melanie Northey