



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Jul 23, 2018	2018_617148_0020	005536-17, 027632-17, 005452-18, 008742-18, 015920-18	Complaint

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 Medex
1865 Baseline Road OTTAWA ON K2C 3K6

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

AMANDA NIXON (148)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 26 and 27, July 3-6, 2018

This inspection included three complaints, logs 027632-17, 005452-18 and 008742-18, related to admissions and discharge; one log, 005536-17, related to continence and catheter care; and one log, 015920-18, related to air temperature in the home.

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Assistant Director of Care, Clinical Care Coordinator, Office Manager, Social Worker, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.

In addition the Inspector reviewed resident health care records, various documents related to admissions and discharge and observed the resident's care environment.

The following Inspection Protocols were used during this inspection:

**Admission and Discharge
Infection Prevention and Control
Medication
Personal Support Services
Safe and Secure Home**

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

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following:

s. 24. (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home. O. Reg. 79/10, s. 24 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home.

In accordance with section 24 of O. Regulation 79/10, the 24-hour care plan must have the type and level of assistance required related to activities of daily living and ensure that the care set out is based on an assessment of the resident and the needs of the resident in addition to information provided by the placement co-ordinator.

Resident #001 was admitted to the home on a specified date. The resident was admitted with use of a catheter. A progress note on the day of admission indicated that the resident was able to manage the catheter without assistance. Information provided to the Ministry of Health and Long Term Care by the resident's family member indicated that the resident required staff assistance in the management of the catheter. Documents provided to the home at the time of the resident's admission, from the placement coordination, indicated that the resident required assistance with the management of the catheter. There were two occasions shortly after admission, whereby, the resident was found soiled with urine.

In review of the resident's health care record, there was no care plan in place as it related to the type and level of assistance the resident required with regards to the management of the catheter. It was noted by the electronic record that the 24-hour care plan was overdue; in discussion with the DOC no 24-hour care plan had been initiated for this resident.

(Log 005536-17) [s. 24. (1)]



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Issued on this 23rd day of July, 2018

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

Original report signed by the inspector.