

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

**Rapport d'inspection prévue  
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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 21, 2019	2019_730593_0022	012058-19	Complaint

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**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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**Long-Term Care Home/Foyer de soins de longue durée**

Extendicare Medex  
1865 Baseline Road OTTAWA ON K2C 3K6

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

GILLIAN CHAMBERLIN (593)

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**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): July 15 - 18, 22 - 24, 2019.**

**Complaint log #012058-19 was inspected, concerns related to safe and secure home, dining and snack services and assistance provided for care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nursing Staff, Dietary Manager, Food Service Supervisor, Housekeeping Staff, Personal Support Workers (PSW), residents and family members.**

**The Inspector observed the provision of care and services to residents, staff to resident interactions, resident to resident interactions, residents' environment, reviewed resident health care records and licensee policies.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Nutrition and Hydration  
Safe and Secure Home**

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

**1 WN(s)**

**1 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care was provided to resident #001 as per the plan.

A complaint was received through the Action Line by a family member of resident #001. Concerns were reported with the meals provided to resident #001 and whether the plan of care was being followed regarding dietary requirements.

Resident #001's health care record was reviewed by Inspector #593. The following was noted:

- Care Plan- Diet and Fluid Order: Provide a regular diet with regular texture, food cut-up and regular fluids. No bread, crustless toasts are okay.

During an observation of the lunch meal service, in the residents home dining room, the following was observed by Inspector #593:

- 1214 hours- resident #001 was served the chickpea tomato casserole with pita bread. Resident #001 tells the RPN that they do not like the meal and the RPN offers resident #001 a cheese sandwich, resident #001 replies yes.
- 1220 hours- a cheese sandwich was provided to resident #001 by the RPN. The bread was not toasted and the crusts were not cut off the sandwich.

During an observation of the breakfast meal service, in the residents home dining room, the following was observed by Inspector #593:

- 0855 hours- resident #001 was served a meal including toast with jam. The crusts were not cut off the toast.

Inspector #593 reviewed the diet list in the kitchen and the fluid cart in the residents designated dining room, there were no dietary requirements listed for resident #001.

During an interview with Inspector #593, July 17, 2019, PSW #100 who regularly provides care for resident #001, indicated that resident #001 now eats their meals in their home dining room, prior to this they used to go to the ground floor for their meals. PSW #100 added that resident #001 was on a regular diet, with no special dietary requirements.

During an interview with Inspector #593, July 18, 2019, PSW #102 indicated that the dietary information for all residents was on the diet lists in the kitchen and on the fluid cards. They added that it was usually the RPN's who served the food to the residents, so

the RPN's are checking the diet lists more frequently than the PSW's. PSW #102 indicated that dietary changes are communicated to the PSW's by the RPN's as well as updated on the diet lists.

During an interview with Inspector #593, July 18, 2019, RPN #103 indicated that there was a diet list in the kitchen that staff can refer to at mealtimes for resident dietary requirements. For new residents or residents who have changed dining rooms, the RPN said that the PSW's are to check with registered staff, who would check the eMAR for resident dietary requirements. For dietary changes, this information is sent to the dietary department, so they can update the diet lists in the dining rooms.

During an interview with Inspector #593, July 18, 2019, Food Service Supervisor (FSS) #101 indicated that dietary changes, including change of dining location, are communicated through Point Click Care. Nursing staff send a communication to dietary and it is updated in Synergy, individual changes are updated manually as required and the whole list is updated and printed every Wednesday for the whole home. FSS #101 indicated that they received a dining room change request for resident #001, and this was updated the same day however this was two days after the dining room change was implemented. FSS #101 added that if a resident is dining on their home floor rather than the central dining room on the ground floor, there is an additional diet list in each dining room to include all residents from that home area.

On July 18, 2019, Inspector #593 reviewed the diet lists in resident #001's home dining room, resident #001's dietary requirements were included and the date marking on the list indicated that it was updated as indicated by the FSS. A second diet list was observed in the kitchen, all residents including resident #001 were listed, this list was dated more than a month earlier.

Both diet lists observed July 18, 2019, documented:

- regular diet, no fresh bread, crustless toast okay.

Resident #001 was moved to their home dining room for meals, the diet list was not updated until two days later and staff failed to refer to the secondary list which included all residents from the home area. As such, the licensee has failed to ensure that resident #001 was provided the correct diet as per their plan of care. [s. 6. (7)]

***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 ensuring that the care set out in the plan of care is provided  
to the resident as specified in the plan, to be implemented voluntarily.***

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**Issued on this 22nd day of August, 2019**

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

**Original report signed by the inspector.**