

**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
Oct 15, 2020	2020_770178_0010	010748-20, 012019- 20, 016282-20, 017007-20	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

SUSAN LUI (178), EMILY BROOKS (732)

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): September 15-18, 21, 23-25, October 2, 2020.

The following intakes were completed in this complaint inspection:

Log #017007-20, Log #016282-20 and Log #012019-20 were related to resident care; Log #010748-20 was related to resident care and complaints management.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Directors of Care (ADOCs), Nurse Practitioner (NP), Physiotherapist, Registered Nurse (RN), Psychogeriatric RN, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), residents, family members of residents.

During the course of the inspection, the inspectors observed care provided to residents and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Medication

Personal Support Services

Reporting and Complaints

Responsive Behaviours

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

3 WN(s)

0 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. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that documentation of oral care for three residents was completed.

Resident #001's plan of care described that the resident was to have oral care completed three times daily. Documentation was not completed on three dates.

Resident #003's plan of care described that the resident was to have oral care cleaning twice daily minimum. Documentation of oral care was not completed on 17 dates.

Resident #004's plan of care described that the resident was to have oral care on day shift and evening shift. Documentation of oral care was not completed on 12 dates.

Sources: Interviews with PSWs and other staff; Point of Care Documentation and plan of care for three residents. [s. 6. (9) 1.]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22.
Licensee to forward complaints**

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that all written complaints received from a resident concerning their care or the operation of the home, were immediately forwarded to the Director under the Long-Term Care Homes Act (LTCHA).

A resident frequently provided written correspondence to the licensee multiple times daily, some of which included complaints about care or services in the home. The licensee did not forward any of the resident's written complaints to the Director under the Long-Term Care Homes Act (LTCHA). The Administrator indicated that the volume of the correspondence from the resident made it challenging to ensure that the written complaints were forwarded to the Director as required.

Sources:

Interview with the Administrator and resident;

Records of correspondence from the resident to the licensee. [s. 22. (1)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a complete documented record was kept of all complaints from a resident.

The licensee's documented record of complaints from a resident did not include:

- the type of action taken to resolve the complaints;
- the final resolutions;
- every date on which any response was provided to the complainant and a description of the response; and
- any responses made by the complainant.

The Administrator indicated that they had made it a priority to ensure that every one of the resident's complaints were addressed by the appropriate management team member, but that the documentation of this was not always fully completed.

Sources:

Interview with the Administrator and resident;

Records of correspondence from the resident to the licensee. [s. 101. (2)]

Issued on this 3rd day of November, 2020

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

Original report signed by the inspector.