

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: May 8, 2024	
Inspection Number: 2024-1093-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Medex, Ottawa	
Lead Inspector Karen Bunes (720483)	Inspector Digital Signature
Additional Inspector(s) Shevon Thompson (000731)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): April 12, 15, 16, 17, 18, 19, 23, 24, 25, 26, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00112928 - Pro-active compliance inspection.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Residents' and Family Councils

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Food, Nutrition and Hydration
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee has failed to ensure that the required information, specifically the policy to promote zero tolerance of abuse and neglect of residents is posted in the home.

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Rationale and Summary:

On a specific date during the inspection, it was noted the licensee's posted Zero Tolerance of Abuse and Neglect of Residents policy posted was last updated in 2016. A review of the licensee's current version of the Zero Tolerance of Resident Abuse and Neglect Program Policy revealed it was last updated in November 2023. This discrepancy was communicated with the Director of Care.

Prior to the conclusion of the inspection, it was noted the licensee's Zero Tolerance of Abuse and Neglect of Residents policy had been replaced with the most current version.

The impact of the noncurrent version of the policy being posted was low because the current version followed was in place.

Sources: Observations and Zero Tolerance of Resident Abuse and Neglect Program Policy.

[720483]

Date Remedy Implemented: April 16, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

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The licensee has failed to ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the current version of the visitor policy made under section 267.

Rationale and Summary:

On a specific date during the inspection, it was noted the licensee's visitor policy was not posted in the home. This omission was brought to the Director of Care's attention. Prior to the completion of the inspection, the inspector found the current version of the visitor policy posted on the communication board. When interviewed the Operations Manager stated on admission all resident's families are added to the family distribution list and this list is used to share the most up to date visitor policy and outbreak related restrictions.

The impact of the policy not being posted in the home was low because it was made available by email.

Sources: Observations and interview with the Operations Manager.

[720483]

Date Remedy Implemented: April 16, 2024

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

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(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident. Specifically, the licensee has failed to ensure that the plan of care for a resident set out clear direction, to staff and others who provide direct care to the resident, on how to assist the resident with eating and drinking their meals and snacks.

#1

Rationale and Summary:

During an observation of the lunch meal, the inspector noted the resident was provided extensive to total assistance of one staff for their lunch meal.

In a review of the resident's current care plan with focus of Nutritional Risk the inspector noted an intervention that the resident required cueing and redirection at all times.

Review of the resident's current Kardex showed an intervention for the resident to have extensive to total physical assistance for eating and drinking of meals and snacks. The resident's current care record also contained an intervention documenting that the resident required extensive to total physical assistance for eating and drinking of meals and snacks.

In an interview with a Registered Practical Nurse (RPN) they confirmed that the resident required total assistance for eating. They verified that the care plan, care record and Kardex documents were expected to contain the same information. After a review of the resident's care plan and Kardex they affirmed that the two documents did not contain the same information.

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After a review of resident's care plan and Kardex documents by the DOC, they confirmed that the information in the resident's care plan and Kardex were different and that the resident required extensive assistance for eating not cuing and redirection as per the care plan.

Failure to ensure that the written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident increase the risk of the resident not receiving the care they need to assist with eating and drinking their meals and snacks.

Source: Observation of resident, resident's electronic health record, Interview with a RPN and the DOC.

[000731]

The licensee has failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident. Specifically, the licensee has failed to ensure that the plan of care for a resident set out clear direction, to staff and others who provide direct care to the resident, on how to assist the resident with performing their oral hygiene.

#2

Rationale and Summary:

In a review of the resident's interventions the inspector noted in an intervention that the resident required limited assistance of one staff with set up assistance for oral hygiene.

In an interview with the resident, they confirmed that they did not receive any

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assistance to perform their oral hygiene care.

In an interview with a Personal Support Worker (PSW) they confirmed that the resident required limited assistance to perform oral hygiene care.

In an interview conducted with an additional PSW they verified that the resident required set up assistance for oral hygiene care.

In an interview with the DOC they confirmed that the intervention, for providing the resident with oral hygiene care, did not provide specific directions, are unclear, and would be confusing to staff.

Failure to ensure that the written plan of care for the resident sets out clear directions, to staff and others who provide direct care to the resident, increase the risk of the resident not receiving the care they need to assist with performing their oral hygiene.

Source: resident's electronic health record, Interview with 2 PSWs and the DOC.

[000731]

WRITTEN NOTIFICATION: Windows

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.

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The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.

While conducting an inspection of the window opening allowances in the home, the inspector found the maximum allowance was 22 centimeters in 2 resident rooms. Due to the potential high risk of the non compliance inspector notified the Operations Manager who was covering for the Administrator in their absence.

When interviewed the Support Services Manager stated an audit of all the windows in the residents rooms and common areas was conducted after they were alerted by the Operations Manager, that the windows that opened more than 15 centimeters needed to be adjusted to meet legislative requirements. The Support Services Manager stated a screw had been inserted into all of the window frames to prevent the windows from opening more than 15 centimeters. They reported all the windows in the home accessible to residents had been adjusted prior to the conclusion of the inspection.

Failure to ensure windows cannot be opened more than 15 centimeters puts the residents at higher risk of injury.

Sources: Observations and interviews with the Operations Manager and Support Services Manager.

[720483]