



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch
 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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 14, 19, 20, 2011	2011_074173_0006	Critical Incident

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
 3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE MISSISSAUGA
 855 JOHN WATT BOULEVARD, MISSISSAUGA, ON, L5W-1G2

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

LESA WULFF (173)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Assistant Director of Care, Registered Staff, Personal Support Workers, Residents and Families.

During the course of the inspection, the inspector(s) Observed resident care, reviewed policy and procedure, reviewed clinical health records, reviewed investigation notes for Log # H001469-11

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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 LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect
Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee has not ensured that all residents are protected from abuse by anyone and free from neglect by the licensee or staff.
[LTCHA 2007, S.O.2007 c.8, s.19.1)]

a) An incident of physical abuse by staff to a resident was witnessed in the home. An identified resident displaying responsive behaviours was restrained in a manner that constituted excessive force for the circumstances. The staff, when interviewed confirmed that they were aware that their response to the incident was not appropriate.

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 in relation to ensuring that all residents are protected from abuse by anyone and free from neglect by the licensee or staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 112. Prohibited devices that limit movement
For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

Findings/Faits saillants :

1. The licensee did not ensure that for the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

(7) Sheets, wraps, tensors or other types of strips of bandages used other than for a therapeutic purpose. [O.Reg 79/10 s.112(7)]

a) An identified resident was restrained with a prohibited device during a period of responsive behaviour. Staff acknowledged that the device used was not an acceptable restraint approved by the home or the Legislation/Regulations.

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 related to ensuring that prohibited devices are not used in the home to restrain a resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has not ensured that without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. [LTCHA 2007, S.O. 2007 c.8, s.20(1)]

a) The homes policy and procedure # 02-02-04 called: Resident Abuse dated December 2002 requires that all staff are to report any allegation, witnessed or suspected abuse immediately to the Administrator, Director of Care or designate or their Supervisor.

A witnessed incident of physical abuse was not reported by a member of the management staff immediately.

The Assistant Director of Care indicated that management staff are always available to receive information after hours and it would be expected that this information would be reported immediately.

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 related to ensuring that all staff comply with the current policy and procedure for zero tolerance of abuse and neglect of residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 35. Prohibited devices that limit movement

Every licensee of a long-term care home shall ensure that no device provided for in the regulations is used on a resident,

(a) to restrain the resident; or

(b) to assist a resident with a routine activity of living, if the device would have the effect of limiting or inhibiting the resident's freedom of movement. 2007, c. 8, s. 35.

Findings/Faits saillants :

1. The licensee did not ensure that no device provided for in the regulations is used on a resident: to restrain a resident. [LTCHA 2007, S.O. 2007 c.8, s.35(a)]

a) An identified resident was restrained with a prohibited device during a period of responsive behaviour. Staff acknowledged that the device used was not an acceptable restraint approved by the home or the Legislation/Regulations.

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 related to ensuring that no device that is provided for in the regulations is used on a resident to restrain the resident, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance
Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,
(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
(c) identifies measures and strategies to prevent abuse and neglect;
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
(e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The licensee has not ensured that the home's written policy to promote zero tolerance of abuse and neglect of residents identifies:

c) measures and strategies to prevent abuse and neglect. [O.Reg 79/10 s.96(c)]

a) The Homes Policy #02-02-04 dated December 2002 does not contain measures or strategies to prevent abuse and neglect by staff. The Assistant Director of Care confirmed that the policy reviewed was the current policy in use for zero tolerance of abuse.

Issued on this 20th day of September, 2011



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

A handwritten signature in black ink, appearing to read "Lesah Wulff".