

**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
Jul 13, 2021	2021_770178_0015	007099-21	Critical Incident System

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 New Orchard Lodge
99 New Orchard Avenue Ottawa ON K2B 5E6

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

SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 24-25, 29-30, July 5-7, 2021.

The following intake was completed in this critical incident system (CIS) inspection:

Log #007099-21 was related to a medication incident and falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Support Services Manager, Quality Risk Management Coordinator, Physician, Registered Nurses (RNs), Registered Practical Nurses (RPNs), and Personal Support Workers (PSWs).

During the course of the inspection the inspector observed resident care, infection prevention and control practices, resident home areas, reviewed clinical health records, policies and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Medication

Safe and Secure Home

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

2 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 O.Reg 79/10, s. 21. Air temperature Specifically failed to comply with the following:

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperatures required to be measured under subsection (2) were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

As per O. Reg. 79/10, s. 21 (2), the temperatures are required to be measured in the following areas:

- at least two resident bedrooms in different parts of the home
- one resident common area on every floor of the home, which may include a lounge, dining area or corridor
- every designated cooling area in the home.

Temperatures in the above-mentioned areas were not documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night prior to June 17, 2021.

Sources: the licensee's Humidex Log; and interview with the Support Services Manager [s. 21. (3)]

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 to ensure that the temperatures required to be measured under subsection (2) are documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Neurological Signs/Head Injury Routine policy included in the required Falls Prevention and Management Program was complied with for a resident.

O. Reg. 79/10, s. 48 (1) requires the home to develop and implement a falls prevention and management program to reduce the incidence of falls and the risk of injury.

O. Reg. 79/10, s. 30 (1) 1 requires that the program include relevant policies, procedures and protocols for methods to reduce risk.

Specifically, staff did not comply with the home's policy "Neurological Signs/Head Injury Routine" dated December 2020. The policy required that the nurse implement a head injury routine and assess neurological signs whenever a resident experiences or is suspected of sustaining a head injury due to a fall. The resident's neurological signs, including level of consciousness, ability to move/hand grips, pupil response and vital signs are to be assessed and documented in the progress notes and in the Clinical Monitoring Record. The neurological signs are to be assessed every hour for the first four hours after the fall, then if stable every eight hours for 72 hours.

A resident fell and hit their head. Staff interviews indicated that the resident's neurological signs were assessed twice in the first four hours after the fall. The complete assessment of the resident's neurological signs was not documented on the resident's progress notes or in the Clinical Monitoring Record in the two days following the fall. Documentation of a full assessment of the resident's neurological signs appears in the progress notes and on the Clinical Monitoring Record beginning on the third day after the fall.

Sources: progress notes and Falls Management-Clinical Monitoring Records for a resident; Neurological Signs/Head Injury Routine policy #RC-25-01-38 dated December 2020; and interviews with an RN, the DOC and the Quality Risk Management Coordinator. [s. 8. (1) (b)]

Issued on this 18th day of August, 2021

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

Original report signed by the inspector.