

Inspection Report under the Long-Term Care Homes Act, 2007 Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

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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Report Date(s) / Date(s) du apport

Inspection No / No de l'inspection

Registre no O-002512-15 & O-

Log # /

Genre d'inspection

Type of Inspection /

Oct 27, 2015

2015_360111_0018

O-002512-15 & O 002514-15 Complaint

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 PETERBOROUGH 80 ALEXANDER AVENUE PETERBOROUGH ON K9J 6B4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs LYNDA BROWN (111)

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): September 11 and 29, 2015

Related to two complaints (log #002512 & 002514)

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Clinical Care Coordinator (CCC), Corporate Nurse Consultant, Regional Director, Support Services Manager, and Housekeeping staff. An observation of the second and third floor was completed, review of resident health records, review of the home's investigation, complaint logs, review of cleaning records, and review of the home's policies on carpet cleaning, and complaints was completed.

The following Inspection Protocols were used during this inspection: Accommodation Services - Housekeeping Reporting and Complaints

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

- 2 WN(s)
- 2 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)



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



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Findings/Faits saillants:

1. Related to log # 002512:

The licensee has failed to ensure that 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, (b) is complied with.

Under LTCHA, 2007, s.21, Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.

Interview of the DOC indicated a nurse reported on a specified date (the day after the complaints were received), of multiple complaints from the family of Resident #001. The DOC indicated she attempted to contact the family member on the same day but was unable to contact the family for approximately 3 days. The DOC indicated she then discussed the family's initial concerns and additional complaints of housekeeping concerns. The DOC indicated at that time the family was informed of what actions the home would take to resolve the concerns. The DOC indicated the family called again two days later with additional concerns related to falls. The DOC indicated she met with the family the following day to discuss all concerns and additional concerns were expressed at that time by the family regarding medications and bowel management. The DOC indicated that when the complaints regarding housekeeping issues were identified, they were discussed at the morning management meetings where the Support Services Manager was present, as well as the actions to be taken to address these concerns.

Interview of the Administrator indicated a written complaint was received by Extendicare Corporate office on a specified date from the family member of the Resident #001. The complaint items included housekeeping concerns on two separate floors. The Administrator indicated the written complaint was not forwarded to the Director and a written response was not provided to the family when the investigation was completed. The Administrator indicated there were several complaints received by the family and the Support Services Manager was aware.

Review of the written complaint received by Extendicare Corporate indicated the initial complaint from the family of Resident #001 was received the day before the Administrator was notified. The "Complaint Investigation Form" indicated the written



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complaint was received the day after. Under the summary of the investigation, actions taken indicated to review the progress notes. The Complaint Investigation Form indicated the complaint was determined to be "unfounded" (13 days later).

Interview of the Support Services Manager indicated she was not aware of any written or verbal complaints from the family of Resident #001 regarding housekeeping concerns on two separate floors until after the Inspector was in the home.

Review of the progress notes for Resident #001 indicated the resident was admitted on a specified date. The day after admission and three days later, the family of Resident #001 expressed concerns to nursing and the Administrator. Six days after admission, the family expressed concerns to the nurse regarding the resident's medications. The nurse indicated the manager on call and the physician were made aware of family concerns. The following day, the family expressed concerns related to offensive odours and housekeeping in the resident's room. A deodorizer was placed in room and bathroom was cleaned. The nurse indicated "family to notify Administrator and DOC regarding concerns". Additional concerns related to infection control were also expressed by the family. The following day a meeting was held with management and the resident's family members to discuss the family's concerns regarding medications, bowel management, and housekeeping. The Administrator indicated one action was taken.

Review of the home's "Complaints" policy (09-04-06) indicated when a written complaint is received by a staff member of the home, the following will occur:

- -the complaint will be forwarded to the Department Manager immediately.
- -the Department Manager will contact the author of the complaint to obtain any further details.
- -the Department Manager will initiate an investigation into the complaint.
- -the person conducting the investigation, if not the Department Manager, will keep the Department Manager informed of the progress of the investigation and the Department Manager will then in turn keep the Administrator informed of the progress of the complaint.
- -notes will be taken of all interviews, observations and other actions related to the investigation.
- -at the end of the investigation, the person conducting the investigation, the Department Manager and the Administrator will meet to review the findings and complete a written response to the author of the complaint.
- the written response will include what the home has done to resolve the complaint and where required by provincial regulations, a copy of the written complaint and the



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response will be forwarded to the appropriate regulatory person as outlined in the regulations.

Review of the home's policy "Dealing with Complaints" (NURS-03-05-01) indicated a staff member receiving a complaint: ensures the charge nurse is notified of complaint, the charge nurse will notify the DOC, and the DOC will investigate and complete the "Complaint Form" in detail and send to Administrator immediately.

Therefore, the home's complaint policies were not followed as the written complaint was not forwarded immediately to the Department Manager (Support Services Manager) as most of the items related to housekeeping concerns. There was no documented record of an investigation into housekeeping concerns, all the dates of all complaints received, and all of the complaint items were not documented on the Complaint Form by the Department Manager and DOC, or on the complaint log. The written complaint was not forwarded to the Director, a written response was not provided to the complainant to indicate the outcome of the investigation, despite the complaint investigation form indicating the complaints outcome was "unfounded" 13 days later. In addition, the verbal complaints received by nursing were not documented on a "Complaint Form" and immediately forwarded to the DOC for investigation. [s. 8. (1)]

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 the home's policy on complaints and dealing with complaints is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping



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Specifically failed to comply with the following:

- s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
- (a) cleaning of the home, including,
- (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
- (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants:

1. The licensee failed to ensure that procedures were developed and implemented for cleaning of the home, including common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces.

A complaint was received by the Director and by the home from the family of Resident #001 regarding heavily soiled carpets on the third floor.

Observation of the carpets on the third floor (Lilac Lane and Violet Way) on September 11 & 29, 2015 indicated the carpets were heavily soiled with several large stains throughout both units.

Review of the home's policy "Carpet Cleaning (Wet Extraction)" HKLD-05-05-05 appendix 8 indicated that extraction cleaning is necessary to remove soil deep down in the carpet fibers. Under policy HKLD-05-03-04 Appendix 3 indicated "all corridors will be cleaned routinely and assigned on housekeeping job routines. Cleaning will be done also to support infection control needs of the home The Support Services Manager will determine the frequency of cleaning". Under policy HKLD-05-03-01 appendix 1 "Recommended Cleaning Frequencies" indicated corridors are to be cleaned weekly or semi-weekly.

Interview of the full time housekeeper indicated they only spot clean the carpets on the third floor if requested by staff. The full time housekeeper indicated there was a part-time housekeeper in the evenings that use to deep clean the carpets, but the staff member no longer works in the home.



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Interview of Support Services Manager (SSM) indicated the full time housekeeper (Janitor 1 & 3) is only responsible for the spot cleaning of the carpets on the third floor. The SSM indicated there was a part time housekeeper (Janitor 2) that worked evenings 3 days per week and was responsible for the deep cleaning of the carpets on the third floor, but left in August. The SSM also hired an outside contractor to deep clean all the carpets on the third floor in August 2015. The SSM indicated being aware the carpets on the third floor are currently heavily soiled. The SSM indicated it would be recorded on each of the Janitors assignments when the carpets on the third floor were either deep cleaned or spot cleaned. The SSM indicated there were no completed Janitor 2 assignment sheets available for the last two months.

Review of the Janitor 2 assignment for a three month period indicated the carpets on the third floor were spot cleaned on June 22 and 23, 2015 on only one unit on the third floor (Violet Way). There was a note on July 13, 2015 indicating "carpets in front offices and 3rd floor carpets to be cleaned when machine is fixed". The last entry was noted on July 17, 2015. There was no indication the carpets on the third floor were deep cleaned during this time period. An invoice dated August 4, 2015 indicated the carpets were deep cleaned at that time.

The home's policy on carpet wet extraction indicated the carpets were to be cleaned weekly or bi-weekly and there was no documented evidence that this occurred and the carpets remained heavily soiled throughout the third floor. [s. 87. (2) (a)]

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 cleaning procedures for the carpets on the third floor are implemented, to be implemented voluntarily.



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Issued on this 27th day of October, 2015

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

Original report signed by the inspector.