Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Central East Service Area Office
419 King Street West Suite #303
OSHAWA ON L1J 2K5
Telephone: (905) 433-3013
Facsimile: (905) 433-3008

Bureau régional de services du Centre-Est
419 rue King Ouest bureau 303
OSHAWA ON L1J 2K5
Téléphone: (905) 433-3013
Télécopieur: (905) 433-3008

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 24, 2019	2019_761733_0009	003882-18, 010014-18, 031801-18	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 Peterborough
860 Alexander Court PETERBOROUGH ON K9J 6B4

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

MARK MCGILL (733), JANET MCPARLAND (142), SUSAN DONNAN (531)

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): May 6, 7, 8, 9, 2019.

Log 031801-18 is a complaint related to continence care.
Log 010014-18 is a complaint related to skin integrity.
Log 003882-18 is a complaint related to resident care.

The inspectors also reviewed residents health care records, staff work schedules, and observed residents in the home.

During the course of the inspection, the inspector(s) spoke with the Director of Care, Registered Nurses, Registered Practical Nurses and Personal Support Workers.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident, the SDM, if any, and the designate of the resident/SDM had been provided the opportunity to participate fully in the development and implementation of the plan of care.

Resident #002 had multiple comorbidities and had a Substitute Decision Maker (SDM) for care decisions.

On a specified date, a medication review was conducted by the resident's physician and prescribed a change to decrease a specified medication to a specified dose every two days for four weeks and then discontinue and to decrease a second medication to a specified dose daily.

In a review of the resident's health record, it was noted that on a specified date when the RPN administered the resident's medication, resident indicated to the RPN that the physician did not speak to the resident regarding the changes. Resident asked if their family member was contacted regarding the changes. The RPN reviewed the resident's progress notes and noted there was nothing documented regarding the notification of the resident's family member. Resident's family member contacted the RPN, upset and wondering why they were not contacted regarding the medication changes and reminded staff that as Power of Attorney (POA), they wanted to be called about any medication changes.

In an email from the resident's POA to the DOC, the POA indicated that they were not informed of the recent medication changes. In a response letter, dated four days later, from the Director of Care to the POA, it was acknowledged that on a specified date, a medication review was conducted by the resident's physician and at that time a change was made to the resident's medication. The DOC further indicated that although the physician order had been processed, the registered staff had not contacted the POA regarding the change.

In interviews with RPN #108 and RN #109, both indicated that when there is a change in a resident's medication, POAs are to be notified and the notification is to be documented in the resident's health record.

In review of resident's health record, there was no documentation related to the notification to the resident's SDM regarding the medication changes.
Furthermore, in an interview with the DOC, they acknowledged that there was no documented evidence that the resident's SDM was notified of the medication changes.

[s. 6. (5)]

Issued on this 24th day of May, 2019

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

Original report signed by the inspector.