Ontario

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

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: November 19, 2024
Inspection Number: 2024-1088-0002
Inspection Type: Complaint Critical Incident Follow up
Licensee: Extendicare (Canada) Inc.
Long Term Care Home and City: Extendicare Peterborough, Peterborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 28 - 31, and November 1, 4-5, and 7-8, 2024.

The following intake(s) were inspected:

- Intakes related to staff to resident alleged abuse.
- Intake related to a medical incident.
- Intake related to unexpected deaths of residents.
- Intake related to concerns of varying health conditions for residents.
- Intakes related to incidents resulting in hospitalization.
- Intakes related to multiple infection outbreaks.
- Intake: related to a follow-up for a non compliance with manufacturers instructions.

The following intakes were completed in this inspection: Intakes: #00117797/CI #2572-000028-24, #00118679/CI #2572-000032-24, and #00120413/ CI #2572-000037-24 - were related to falls prevention and management.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1088-0001 related to O. Reg. 246/22, s. 26.

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

- Resident Care and Support Services
- Continence Care
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: DUTY OF LICENSEE TO COMPLY WITH PLAN

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care is provided to a resident as specified in the plan related to nutritional intake.

Rationale and Summary

A complaint was submitted to the Director for a concern regarding a resident nutritional intake. While observing a meal service, the resident was served a meal that did not follow the resident's clinical records. Different Dietary Aide's (DA) confirmed the information in the clinical record and that the they were to follow it. Both the Registered Dietitian (RD) and the Director of Care Quality (DOCQ) confirmed that the home's expectations were that staff would follow the resident's clinical records.

Failing to ensure resident received the meals directed in their plan of care, put the resident at risk for not meeting their individual nutritional requirements.

Sources: Observations, resident's clinical records, and interviews with DA, the RD and the DOCQ

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

The licensee failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents, was complied with, specifically, the prevention of abuse towards a resident by a Personal Support Worker (PSW).

Section 2 of the Ontario Regulation 246/22 defines:

"emotional abuse” as any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident

and

“verbal abuse” as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident

Rationale and Summary

A Critical Incident (CI) was submitted to the Director indicating alleged abuse of a resident by PSW. A review of the residents clinical records and the Long-Term Care Home's (LTCH) internal investigation records indicated the resident was upset due to a care request. When multiple PSW's had arrived with two students, to provide the resident with the care request, one PSW reacted to the resident inappropriately when the resident was exhibiting responsive behaviors. The resident was noted to have been in distress after the incident.

The LTCH's abuse policy indicated that home will implement a comprehensive zero tolerance of resident abuse and neglect program including measures to prevent any alleged incident of resident abuse.

In an interview, the PSW admitted to reacting to the resident inappropriately, however believed they did not abuse the resident. The DOCQ indicated that the abuse had been substantiated.

By failing to comply with the LTCH's abuse policy, the resident was negatively

impacted due to the actions of PSW.

Sources: Resident clinical record; the PSW's human resource file; Investigation notes; Interviews with DOCQ and PSW

WRITTEN NOTIFICATION: Required programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the monitoring tools that are part of the falls prevention and management program to reduce the incidence of falls and the risk of injury for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that there is a falls prevention and management program to reduce the incidence of falls and the risk of injury and must be complied with.

Specifically, the staff did not comply with the requirement of the program to complete a specific assessment after the resident experienced an unwitnessed fall.

Rationale and summary

A CI was submitted to the Director indicating a significant change of status of the resident after an incident for which they were sent to the hospital.

A review of the resident's clinical records indicated that the resident had experienced multiple falls before the final fall which lead to hospitalization. After one of these falls, the resident was complaining of a medical condition. As such, the clinical documentation indicated the resident required a specific assessment to be completed. The homes falls prevention policy indicated that the specific assessment needs to be completed at certain intervals for a specified time period. The assessment was to assess the residents medical condition after the fall. The LTCH's falls policy indicated that the assessment was to be completed if the fall was unwitnessed or occurred under certain circumstances. The assessment was incomplete.

In separate interviews, multiple Registered Practical Nurses (RPN) indicated that the resident required the assessment to be completed for the the incident and it was not completed.

As a result of not completing the assessment, there was a risk for the resident not being appropriately monitored after each unwitnessed incident.

Sources: Clinical Monitoring tools in point click care (PCC); Assessments; Policies; Interviews with RPN's

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

The licensee failed to ensure that on every shift, symptoms indicating the presence of infection for a resident was monitored in accordance with any standard or protocol issued by the Director.

In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director, updated September 2023, section 3.1 (b) states that the licensee shall ensure that surveillance is performed on every shift to identify cases of healthcare acquired infections.

Rationale and Summary

A resident was exhibiting symptoms of an infection, and was placed on additional precautions. Clinical records confirmed that the resident was not monitored for signs and symptoms of infection for multiple shifts between two specified dates. Additionally, review of the home's Daily 24-Hour Symptom Surveillance Form (Mandatory) confirmed that the resident was not consistently monitored every shift for signs and symptoms of infection. The IPAC Manager confirmed that the home's expectation and process was for registered staff to document in the resident's clinical records every shift until resolution of the symptoms of infection and that this was not completed every shift during the identified review period above.

Failing to ensure that on every shift, symptoms indicating the presence of infection for the resident was monitored increased the risk of undetected worsening condition for the resident.

Sources: Observations, resident clinical records, the home's "Daily 24-Hour Symptom Surveillance Form (Mandatory)" and interview with the IPAC Manager

WRITTEN NOTIFICATION: ADMINISTRATION OF DRUGS

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (1)
Administration of drugs
s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that no drug was used or administered to a resident in the home unless the drug has been prescribed for the resident, specifically for a resident.

Rationale and Summary

A CI was submitted to the Director for an incident for which a resident was transferred to the hospital. The resident's clinical records indicated they received a medication that was not prescribed to them. As a result, the resident was transferred to hospital to receive treatment. A Registered Nurse (RN) and the DOCQ confirmed that the incident occurred and resulted in admission to the hospital.

When the license administered a medication that was not prescribed for the resident, this resulted in a sentinel event which required a transfer and admission to hospital for medical interventions.

Sources: Resident clinical records, and interviews with a RN and the DOCQ