



**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 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**

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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
Jan 24, 2018	2017_714673_0017	028938-17	Resident Quality Inspection

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 ROUGE VALLEY
551 Conlins Road TORONTO ON M1B 5S1

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

BABITHA SHANMUGANANDAPALA (673), JOANNE ZAHUR (589)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): December 19, 20, 21, 22 and 27, 2017, and January 3,4,5,8 and 9, 2018

During the course of the inspection, the inspector(s) conducted a tour of the home, observations of medication administration system, staff and resident interactions and the provision of care, record review of health records, staff training records, meeting minutes for Residents' Council and relevant policies and procedures.

During the course of the inspection, the inspector(s) spoke with Residents, Families, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Director of Care (DOC), Assistant Director of Care (ADOC), Administrator, Activationist, Private Caregiver (PC), Registered Dietitian, Dietary Aide (DA), and Nutrition Manager (NM).

The following Inspection Protocols were used during this inspection:

**Dignity, Choice and Privacy
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**

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)**



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2016_353589_0005		673

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds was assessed by a registered dietitian who is a member of the staff of the home.

Observations conducted by the inspector revealed that resident #006 had altered skin integrity. Further observations conducted during the inspection revealed that the altered skin integrity remained.

In an interview, staff #103 stated that resident #006's altered skin integrity had been reported a number of weeks ago to staff #112. Staff #103 further recalled that staff #112 had been busy that day but had applied an identified intervention to resident #006's altered skin integrity.

Review of resident #006's health record revealed he/she had not been referred to the RD for an assessment related to the above mentioned altered skin integrity.

In an interview, staff #104 stated he/she was not aware of any new altered skin integrity



exhibited by resident #006 and had not received a referral to complete an assessment.

In an interview, staff #112 stated he/she could not recall if staff #103 had reported the altered skin integrity to them; however, staff #112 did acknowledge that a referral to the RD had not been completed.

In an interview, staff #109 stated that an internal investigation revealed that resident #006's altered skin integrity had been reported to staff #112 by staff #103 on an identified date, and acknowledged that an assessment by the RD had not been completed. [s. 50. (2) (b) (iii)] (589)

2. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, been reassessed at least weekly by a member of the registered nursing staff.

Observations conducted by the inspector revealed that resident #006 had altered skin integrity. Further observations conducted during the inspection revealed that the altered skin integrity remained.

Review of resident #006's health records revealed that weekly assessments had not been completed for the identified altered skin integrity.

In interviews, staff #112, #110 and #111 stated that weekly assessments are to be completed for altered skin integrity until healed and that this had not been completed for resident #006.

In an interview, staff #109 stated that the home's internal investigation revealed that resident #006's identified altered skin integrity had been initially reported on an identified date, and that it is the home's expectation that weekly assessments are completed. Staff #109 acknowledged that weekly assessments had not been completed on two identified dates for resident #006. [s. 50. (2) (b) (iv)] (589)



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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 resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is assessed by a registered dietitian who is a member of the staff of the home, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



1. The licensee has failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

The Residents' Council inspection protocol is a mandatory task completed during the resident quality inspection (RQI) in the home.

In an interview, the Residents' Council President revealed that most of the time the home's responses to concerns or recommendations brought forward are not received within 10 days. He/she further stated that most of the time the Residents' Council receives responses from their concerns at the next month's meeting.

Review of Residents' Council meeting minutes from June 2017 to November 2017, revealed the following:

- meeting held in June, 2017, responses to concerns raised were received 33 days later,
- meeting held in July, 2017, responses to concerns raised were received 16 days later,
- meeting held in August, 2017, responses to concerns raised were received 33 days later,
- meeting held in September, 2017, responses to concerns raised were received on two separate dates; 23 days later and 33 days later, and
- meeting held in October, 2017, responses to concerns raised were received 19 days later.

In an interview, staff #102 revealed that responses to the Residents' Council had not been completed within 10 days. Staff #102 further stated that the process to respond had recently changed so that he/she would directly receive the concerns instead of receiving them from the Programs Manager. Staff #102 also stated that by implementing this new process, it would eliminate any delays and enable the home to respond within 10 days.

In an interview, staff #101 stated the home had misunderstood the 10 day legislative requirements related to responding to the Residents' Council and therefore acknowledged that the home had not responded within 10 days. [s. 57. (2)] (589)



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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 if the Resident's Council has advised the licensee of concerns or recommendations, the licensee responds in writing within 10 days of receiving Residents' Council advice, to be implemented voluntarily.

Issued on this 31st day of January, 2018

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

Original report signed by the inspector.