Ontario

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

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: April 12, 2024

Inspection Number: 2024-1049-0001

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Scarborough, Scarborough

Lead Inspector	**Inspector Digital Signature**
Cindy Cao (000757)	Cindy Cao Digitally signed by Cindy Cao Date: 2024.04.12 15:31:54 -04'00'

Additional Inspector(s)
Susan Semeredy (501)
Trudy Rojas-Silva (000759)

Inspector Mark Noble (000851) was also present during this inspection.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 26-28, 2024 and April 2-3, 2024

The following intake(s) were inspected:

- Intake: #00107022 - follow-up on a previously issued Compliance Order (CO) related to Infection Prevention and Control (IPAC)
- Intake: #00106103 - complaint regarding the care of a resident

- Intake: #00106404/Critical Inicident (CI) #2117-000002-24 and intake: #00109723/CI #2117-000005-24 - related to falls prevention and management
- Intake: #00107415/CI #2117-000003-24 and intake: #00108503/CI #2117-000004-24 - related to prevention of abuse and neglect

The following intake was completed:

- Intake: #00109723/CI #2117-000005-24 - 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 #2023-1049-0005 related to O. Reg. 246/22, s. 102 (2) (b) inspected by Susan Semeredy (501)

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

Continence Care
Resident Care and Support Services
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

The licensee has failed to ensure medications for a resident were stored in an area that was secured and locked.

Rationale and Summary
The inspector observed certain medications for a resident on a desk in their room. There were no staff or residents in the vicinity. A Registered Practical Nurse (RPN) indicated that sometimes they give the resident certain medications to self-administer and they then return later in the morning to retrieve them. However, since it was busy that day, the RPN stated they had forgotten. The RPN took the medications back to the medication cart.

The Director of Care (DOC) confirmed that even if the resident had an order to self-administer, medications should be kept in a locked box.

Failing to ensure medications were kept in area that was secured and locked put residents at risk for harm.

Sources: Observation and interviews with a RPN and other staff.
[501]

Date Remedy Implemented: March 26, 2024

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care related to continence was reassessed when their care needs changed.

Rationale and Summary
A resident indicated they did not like to use a specific equipment because they found them difficult to hold and would often fall over. The physician and physiotherapist indicated the resident's functional capacity was declining. A Personal Support Worker (PSW) indicated that recently the resident had been found

to have difficulty using the equipment properly. The last time a continence care assessment was completed was some time in 2023, which was incomplete. The DOC confirmed that the resident's condition had deteriorated, and their continence plan of care related their ability to use an equipment which included the type that met their needs, required reassessment.

Failing to reassess the resident when their needs changed, put the resident at risk for a decreased quality of life.

Sources: A resident's progress notes, assessments and interviews with the resident, the DOC and other staff.
[501]

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that any suspected abuse of a resident by anyone was immediately reported to the Director.

Rationale and Summary
On a specific date, a resident reported to the home that a PSW grabbed them

which caused them pain and injury.

A Critical Incident (CI) was submitted by the home the next day after the report made by the resident, regarding staff to resident physical abuse.

Review of the resident progress notes indicated the allegation of staff to resident physical abuse was made to the home on that specific date.

As per a RPN and the DOC, the incident should have been reported immediately through the Service Ontario After-Hours Line.

Failure to report any suspected physical abuse to the Director immediately may cause delay in ensuring the resident is safe and that appropriate follow-up occurs.

Sources: CI #2117-000004-24, a resident's progress notes, interview with a RPN and the DOC.
[000759]

WRITTEN NOTIFICATION: Obtaining and Keeping Drugs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (6)
Administration of drugs
s. 140 (6) The licensee shall ensure that no resident administers a drug to themself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 246/22, s. 140 (6).

The licensee has failed to ensure that a resident did not administer a drug to themselves unless the administration had been approved by the prescriber.

Rationale and Summary
Medications for a resident were observed on a desk in their room. A RPN indicated that sometimes they give the resident such medications to self-administer and then return later to retrieve them. The RPN stated and the resident's clinical records confirmed there was no approval given for them to self-administer medications.

The DOC confirmed that residents need approval to self-administer medications and the resident did not have such approval.

Sources: Observation, a resident's clinical records and interviews with a RPN and other staff.
[501]

COMPLIANCE ORDER CO #001 Plan of care

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee must:

1. Provide education to registered staff working on a specified resident home area, on the process to review and revise resident plans of care related to

falls prevention and management when interventions are ineffective to manage falls.

2. Maintain a documented record of the education, to include, but not limited to: content of education, date of education, staff attendance, and person(s) responsible for providing the education.

Grounds

The licensee has failed to ensure that when a resident's plan of care related to falls had not been effective and was reassessed, the resident's plan of care was reviewed and revised.

Rationale and Summary

On an occasion, a resident had a fall which resulted in them being transferred to hospital, where they later died. An Investigative Coroner reported the resident's cause of death was from complications as a result of their fall.

The resident was assessed to be at risk for falls and had a fall history in the home, with multiple fall prevention interventions. Review of post fall assessments on two occasions showed the resident needed a specific fall prevention intervention to mitigate their falls risk.

A Registered Nurse (RN) stated they had informed the DOC after the resident fell on a specific day, of the need for a specific fall prevention intervention, due to the

frequency of the resident's falls.

The DOC stated the above-mentioned intervention can be used as a fall prevention intervention for residents who frequently fall, however they failed to consider and implement the intervention for the resident. The DOC acknowledged the resident's plan of care should have been revised once registered staff identified the resident needed that specific fall prevention intervention, as existing fall prevention interventions were not effective.

Failure to review and revise the resident's plan of care when it was not effective, led to continued falls and injury which may have been prevented.

Sources: A resident's clinical records, and interviews with the DOC, an RN and the Coroner.

[000759]

This order must be complied with by

May 31, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.