



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 5, 2018	2018_538144_0020	012895-18	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 Southwood Lakes
1255 North Talbot Road WINDSOR ON N9G 3A4

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

CAROLEE MILLINER (144)

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): June 21 and 22, 2018

The following intake report was reviewed and inspected:

Intake #012895-18, IL-57354-LO related to transferring and positioning techniques, dealing with complaints, falls prevention and management, plan of care, staffing and nursing and personal support services.

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care, the Reception Clerk, one Registered Practical Nurse and one Personal Support Worker.

During the course of the inspection, one resident clinical record, the home's incident reporting policy and complaint log, nursing contingency procedure and Personal Support Worker staffing schedule were reviewed.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Reporting and Complaints

Sufficient Staffing

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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. 31. Nursing and personal support services



Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

- (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**
- (b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**
- (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**
- (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**
- (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the nursing department staffing plan was: (e) evaluated and updated at least annually in accordance with evidenced-based practices and, if there are none, in accordance with prevailing practices.

A complaint was inspected related to staffing shortages.

The Personal Support Worker (PSW) staffing schedule was reviewed with the Reception Clerk for a specific period of time.

The PSW staffing schedule revealed the nursing department was short staffed a significant amount of hours during the period of review.

The Administrator and Acting Director of Care (ADOC) shared that complaints and concerns were not received by families and or residents related to the provision of care to residents during the identified period of PSW staffing shortages.

The home's nursing department contingency plan was reviewed and included registered staff and PSW routine changes when there were PSW staffing shortages.

The ADOC shared that the home's nursing staff compliment has been enhanced by three Registered Nurses, four Registered Practical Nurses and 17 PSW's during 2018.

The ADOC advised the inspector that the annual evaluation of the nursing department staffing plan had not been reviewed since 2016.

The Administrator advised the inspector that they were not aware that the annual evaluation of the staffing plan for the nursing department had not been completed since 2016.

The licensee did not ensure that the nursing department staffing plan was evaluated and updated at least annually in accordance with evidenced-based practices and, if there were none, in accordance with prevailing practices. [s. 31. (3)]



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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 nursing department staffing plan is evaluated and updated at least annually in accordance with evidenced-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

Issued on this 20th day of July, 2018

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

Original report signed by the inspector.