

Amended Public Report (A1)

Report Issue Date	November 23, 2022		
Inspection Number	2022_1327_0003		
Inspection Type			
<input type="checkbox"/> Critical Incident System	<input type="checkbox"/> Complaint	<input checked="" type="checkbox"/> Follow-Up	<input type="checkbox"/> Director Order Follow-up
<input type="checkbox"/> Proactive Inspection	<input type="checkbox"/> SAO Initiated		<input type="checkbox"/> Post-occupancy
<input type="checkbox"/> Other	_____		
Licensee	Extendicare (Canada) Inc.		
Long-Term Care Home and City	Extendicare Southwood Lakes, Windsor		
Inspector who Amended	Inspector who Amended Digital Signature		
Cassandra Taylor (725)			

AMENDED INSPECTION REPORT SUMMARY

This licensee inspection report has been revised to reflect a change in legislation for CO#001 from inspection #2022_988522_0003 relating to s. 6(10)b of the LTCHA, 2007 to a Written Notification of s. 101(4) under the LTCHA, 2007, and to reflect that CO #001 from #2022_988522_0003 has been closed. CO #001 the Follow-Up inspection #2022_1327_0003 was completed on July 15, 2022.

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 12-15, 2022

The following intake(s) were inspected:

- Intakes # 010968-22 (CIS # 2842-000013-22) related to falls prevention and management.
- Intake # 006624-22 (Follow-up) related to CO#001 from inspection #2022_988522_0003 regarding s. 6. (10), CDD May 13, 2022.
- Intake # 006625-22 (Follow-up) related to CO#002 from inspection #2022_988522_0003 regarding s. 33. (3), CDD Jun 10, 2022.
- Intake # 006626-22 (Follow-up) related to CO#003 from inspection #2022_988522_0003 regarding r. 8. (1), CDD Jun 10, 2022.

Previously Issued Compliance Order(s)

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

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
LTCHA, 2007	[33(3)]	2022_988522_0003	#002	#725

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be **CLOSED**.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
O. Reg. 79/10	[8(1)b]	2022_988522_0003	#003	#725
LTCHA, 2007	[6(10)b]	2022_988522_0003	#001	#725

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Resident Care and Support Services
- Safe and Secure Home
- Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION [CONDITIONS OF LICENCE]

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 101 (4)

The licensee has failed to comply with the conditions to which the licensee is subject.

Rationale and Summary

On March 14, 2022, the licensee was served compliance order (CO) #001 within inspection report 2022_988522_0003. CO #001 read as follows;

The licensee must be compliant with LTCHA 2007, c.8 s. 6 (10) (b).

Specifically,

- A) Two specific residents will have their plan of care revised to include the use of an assistive device, as required.

- B) Residents who return to the home with a cast, splint or boot after a fracture will be reassessed and have their plan of care reviewed and revised.
- C) The home must develop a policy and procedure regarding the care and assessment of residents who have a cast, splint, or boot applied to a fracture.
- D) Registered staff must receive training on the new policy and procedure.
- E) The training must be documented, including the date and staff names who attended the training.

During record review of the specific resident's care plan there was no clear direction on the use of an assistive device. During an interview with the Director of Care (DOC) it was confirmed that the care plan did not provide direction for the use of an assistive device.

During that same interview with the DOC it was confirmed that the home did not have a policy or procedure regarding the care and assessment of residents who had a cast, splint, or boot applied to a fracture. The home had implemented a reference guide for the requirement to complete a Skin Head to Toe assessment after the removal of a cast, splint or boot after a fracture. The DOC confirmed this addition did not satisfy the requirements of CO #001.

Sources: Resident clinical records, Chart of assessments and interview with the DOC.

[#725]

WRITTEN NOTIFICATION [DUTY OF LICENSEE TO COMPLY WITH CARE PLAN]

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 S. 6(7)

The licensee has failed to ensure that the care set out in the care plan for the resident was provided as specified in the plan.

Rationale and Summary

A resident was identified with a specific falls risk level through assessment by the morse falls assessment. A falls prevention and management care plan was in place with interventions to reduce the risk of falls. During an observation of the resident, they were seen without their required falls prevention intervention. Registered Practical Nurse (RPN) was asked to observe the resident and confirmed the resident did not have their fall prevention interventions and should have. Clinical Care Coordinator reviewed the resident's care plan and confirmed the care plan indicated the resident should have their identified fall intervention as part of their falls prevention plan of care.

Sources: Observation, resident's records, staff interviews with RPN and Clinical Care Coordinator.



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

London Service Area Office
130 Dufferin Ave, 4th Floor
London ON N6A 5R2
Telephone: 1-800-663-3775
LondonSAO.moh@ontario.ca

[#725]