

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

<b>Report Issue Date:</b> June 4, 2024	
<b>Inspection Number:</b> 2024-1327-0002	
<b>Inspection Type:</b> Critical Incident Follow up	
<b>Licensee:</b> Extendicare (Canada) Inc.	
<b>Long Term Care Home and City:</b> Extendicare Southwood Lakes, Windsor	
<b>Lead Inspector</b> Julie D'Alessandro (739)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Terri Daly (115) Renee Renaud (000817) Dante De Benedictis (000818) Cassandra Snedden (000832)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): May 27, 28, 29, and 30, 2024.

The following intake(s) were inspected:

- Intake: #00112202 - Follow-up #: 1 - FLTCA, 2021 - s. 19 (2) (a)
- Intake: #00109360/CI #2842-000006-24 - related to falls prevention and management
- Intake: #00109603/CI #2842-000009-24 - related to falls prevention and management
- Intake: #00109638/CI #2842-000008-24 - related to falls prevention and management
- Intake: #00111469/CI #2842-000021-24 - related to alleged improper care
- Intake: #00112761/CI #2842-000024-24 - related to alleged abuse

The following intakes were completed in this inspection: Intake #00114905/CI # 2842-000028-24 related to falls prevention and management.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2024-1327-0001 related to FLTCA, 2021, s. 19 (2) (a) inspected by Terri Daly (115)

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

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**Introduction:**

The licensee failed to ensure that the care set out in a resident's plan of care provided clear directions to staff.

**Rationale and Summary:**

A resident was being provided care by one staff when an incident occurred. The resident's plan of care indicated that there should have been one to two staff for all care and also indicated that there should have been two staff for care. A staff member reviewed the plan of care for the resident and acknowledged that it did not provide clear direction to staff.

Unclear direction in the plan of care put the resident at risk for injury while care was being provided.

**Sources:** Progress notes, plan of care, and staff interview.

[739]

**WRITTEN NOTIFICATION: Plan of Care**

NC #002 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.

**Introduction**

The licensee failed to ensure that a resident had care provided to them as specified in their plan of care.

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**Rationale and Summary**

The care plan for a resident identified two staff were to have provided care for bed mobility. Progress notes stated that the resident was turned by one person and an incident occurred. A staff member verified that the resident received care from one staff instead of two as outlined in the plan of care.

Providing one person care to the resident that required two person care placed the resident at moderate risk. This incident negatively impacted the resident.

**Sources:** Progress notes, care plan, and staff interview.  
[000817]

**WRITTEN NOTIFICATION: Conditions of Licensee**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licensee

s. 104 (4) Every licensee shall comply with the conditions to which the licensee is subject.

**Rationale and Summary:**

During observations in the home, while accompanied by either the Interim Administrator, the Interim Director of Care (IDOC), or the Environmental Services Manager (ESM), the following was observed:

**Walkerville Home Area**

-food splatter and debris in the dining area and servery.

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***Essex Home Area***

- dirt, debris, and splatter in resident rooms and the hallways
- unclean spa chair and lifts
- cobwebs and dirt in hallway window sills

***Devonshire Home Area***

- debris and dirt build up in the corners of the floor
- food splatter on the front of the nursing desk
- bed side table at the end of the hallway was in disrepair
- unclean handrail by the visitor washroom
- resident rooms had dust build up and splatter
- lifts had dirt and debris on the them
- food splatter and debris in the dining area and servery.

***Second Floor Hallway***

- dirt and debris in the hallway as well as unclean furnishings

***Front Stairwell***

- dirt and debris in the corners of the steps

***Huron Home Area***

- food splatter and debris on door frames, and dining room walls
- dirt and debris in resident rooms and a resident washroom, including a commode chair
- lifts had dirt and debris on the them
- light fixture at the end of the hall had bug carcasses in it

***Tecumseh Home Area***

- food splatter in the servery and on dining room tables and chairs

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-doorway to the courtyard had build up of a black tacky substance in the corners

During an interview with IDOC and ESM, they both agreed that housekeeping concerns were ongoing and that the home's plan, including the audits, were not effective.

The home's failure to ensure that the home was kept clean and sanitary increased the potential for risks associated with infectious diseases and potentially impacted the resident's right to live in a safe, clean environment in a dignified manner.

**Sources:** the home's compliance plan and audits, observations, and staff interviews. [115]

**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Written Notification NC #003**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

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**Compliance History:**

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.