

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

Report Issue Date: October 7, 2024

Inspection Number: 2024-1327-0003

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Southwood Lakes, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 27, 28, 29, 30, 2024 and September 4, 5, 2024.

The following intake(s) were inspected:

- Intake: #00117913 - Follow-up - FLTCA, 2021 - s. 19 (2) (a) Accommodation Services - Housekeeping
- Intake: #00112203 - Follow-up - FLTCA, 2021 - s. 19 (2) (c) Accommodation Services - Maintenance
- Intake: #00112204 - Follow-up - O. Reg. 246/22 - s. 20 (a) Communication and Response System
- Intake: #00124209 - 2842-000048-24 - Improper resident care.

Intake: #00124604 - Care and services complaint.

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2024-1327-0001 related to FLTCA, 2021, s. 19 (2) (c) inspected by Terri Daly (115)

Order #003 from Inspection #2024-1327-0001 related to O. Reg. 246/22, s. 20 (a) inspected by Terri Daly (115)

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

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Safe and Secure Home

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.

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NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in the plan of care was based on an assessment of a resident.

Rationale and Summary

A review of a resident's plan of care showed an assessment which indicated specific needs for this resident. The resident also had a specific active physician's order for treatment.

Review of the Point of Care (POC) Personal Support Worker (PSW) tasks on a specific date indicated that staff ensure this intervention was in place for this resident.

Two staff acknowledged that the POC task was incorrect and should be revised.

Inspector reviewed the information to be correct the following day.

Sources: Resident's plan of care, POC tasks, and interviews with staff

Date Remedy Implemented: August 28, 2024

WRITTEN NOTIFICATION: Conditions of Licensee

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

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

Conditions of licence

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

Compliance Order #001 from Inspection #2024-1327-0001 issued March 25, 2024 related to FLTCA, 2021, s. 19 (2) (a) Housekeeping was found not to be complied with during the follow up inspection.

On June 4, 2024 Inspection #2024-1327-0002 FLTCA, 2021, s. 104 (4) was issued in relation to this.

During this second follow up FLTCA, 2021, s. 19 (2) (a) Housekeeping was found not to be complied with a second time.

Observations

During observations in the home during the inspection, while accompanied by management the follow up to the housekeeping compliance order could not be complied based on the following:

Resident home area large windows and soffit at end of halls were noted to be unclean, debris on windows, soffit/siding appeared to have black/dark coloured areas of uncleanliness.

Tecumseh, Essex and Huron House Servery floors were found to have dark coloured sticky like substance noted in corners and around perimeter.

Devonshire House snack cart in servery unclean with food particles and food splatter on all four legs.

Devonshire House entry door frame food splatter along wood base.

Several resident room floors noted to have a dull finish with a film or build up of a black coloured substance on them.

Some resident rooms were identified with dust and debris in corners of the rooms

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one day and the same areas of uncleanliness were noted the following day after the housekeeping shift was complete.

Several fall mats were noted to have debris, food splatter stuck to the surface, were peeling, discoloured and found unclean.

Resident lifts in Essex and Tecumseh House were found to have dust, and a black sticky substance and debris stuck to base.

The Activity Room in Devonshire House had food particles, dust and debris on floors around perimeter and corners, Huron House Activity Room's floor finish appeared dull with black scuff marks and a film/build up of a black coloured substance noted in areas.

Record Reviews

A review of the home's audits including Extendicare Southwood Lakes Housekeeping Observation Audits conducted by the home since May 2024 noted similar deficiencies as identified as the inspector during walkthroughs of the home on August 27 & September 5, 2024.

A review of the Family Council Meeting minutes from June 26, 2024, noted a comment in the minutes related to ants and other bugs in the dining rooms and the home's overall cleanliness, however these were not submitted as complaints therefore no follow up was provided to council by the home.

A review of the home's complaint log showed a Complaint Investigation Form initiated August 19, 2024, in relation to a family complaint about the resident's room having some housekeeping issues, with follow up completed by August 22, 2024.

Interviews

An interview with a resident while the inspector was on a walkthrough with a senior

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manager, the resident identified that they felt that their floor wasn't very clean, inspector noted black film and marks on floor. Resident stated they feel their room "hasn't gotten a good clean in the three years they've lived there."

Interviews with housekeeping staff, they both indicated that they cannot complete all their assigned job duties within their shift, and that management is aware of these concerns. Both agree that there are improvements needed to maintain the cleanliness of the home.

An interview with management staff, all noted improvements with the cleanliness of the home and its furnishings with a continued need for improvement after observations/walk through with the inspector related to housekeeping.

Impact and Risk

The home's continued 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 interviews and record reviews including the Family Council meeting minutes and the home's complaint log.

An Administrative Monetary Penalty (AMP) is being issued on this written

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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 #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$2200.00, 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.

Compliance History:

This is the second 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.

NOTICE OF RE-INSPECTION FEE Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee

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of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Re-inspection Follow-up #: 2 - CO #001 FLTCA, 2021 - s. 19 (2) (a) from Inspection #2024_1327_0001 & FLTCA, 2021, s. 104 (4) from Inspection #2024_1327_0002

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.

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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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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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.