



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

**Rapport d'inspection  
prévus le *Loi de 2007  
les foyers de soins de  
longue durée***

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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ième</sup> étage  
London ON N6B 1R8

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

Division de la responsabilisation et de la performance du  
système de santé

Direction de l'amélioration de la performance et de la  
conformité

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> November 22, 23, 24, 2010	<b>Inspection No/ d'inspection</b> 2010_144_2842_22Nov110824 2010_115_2824_22Nov113856 2010_190_2842_22Nov111559 2010_135_2842_16Nov144490 2010_145_2842_23Nov092802	<b>Type of Inspection/Genre d'inspection</b>  <b>L-01678 Follow-Up</b>
<b>Licensee/Titulaire</b> Extendicare Inc., 300 Steeles Ave., Suite 700, Markham, ON L3R 9W2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Extendicare Southwood Lakes, 1255 North Talbot Road, Windsor, ON N9G 3A4		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>  Nursing Inspectors: Carolee Milliner (#144), Terri Daly (#115), Sandra Fysh (#190), Dietary Inspector: Bonnie MacDonald (#135) Environmental Inspector Karin Mussart (#145)).		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a Follow-Up inspection related to eleven (11) unmet standards & criteria issued prior to July 1, 2010 & twenty-nine (29) areas of non-compliance issued after July 1, 2010.

During the course of the inspection, the inspectors spoke with: 17 residents, Director of Care, 3 PSW's, one RN, the Kinesiotherapist, 8 RPN's & 2 privately hired resident companions, Food Services Manager, Environmental Services Supervisor and Dietary aides.

During the course of the inspection, the inspectors: reviewed 17 resident clinical records & Home policies related to diabetes, restraints & personal hygiene (mouth care).

Dietary Inspector observed dinner, breakfast and snack service on Walkerville home area as part of this review.

The following Inspection Protocols were used in part or in whole during this inspection:

- Infection Control
- Safe & Secure Environment
- Restraints
- Medication
- Continence Care & Bowel Management
- Personal Support Services
- Responsive Behaviours
- Maintenance
- Housekeeping
- Nutrition & Hydration
- Dining Observations
- Snack Observations
- Maintenance
- Housekeeping
- Laundry

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

14 WN  
8 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

### NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a). Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary.

**Findings:**

1. Observed that common area furniture throughout the home, loveseats and chairs had surfaces that were dirty or stained.
2. Observed throughout the home that ventilation vents in the resident washrooms were dusty.
3. In the Dining rooms, flooring was noted to be dirty under counters and at flooring transition strips.
4. Noted several privacy curtains in resident rooms that were stained.
5. In all wings, observed that a number of doors, leading to staff accessible areas having protective coverings were marked and dirty.
6. In the St. Clair House tub room, observed that the tub had blue marks on the interior and on the outside lip.
7. In the St. Clair House tub room, observed a cream-like substance that was on the underside of the Arjo lift chair.

**Inspector ID #:** 145

**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 with respect to the housekeeping program that addresses the above noted findings, to be implemented voluntarily.

**WN #2:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.15(2)(c). Every licensee of a long-term care home shall ensure that,  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

**Findings:**

In all wings of the home observed that comfortable chairs had scarred / damaged legs.

1. Noted that in at least two instances observed that there were tears in the fabric of the chairs.
2. Walls, doors and doorframes throughout the home, in all resident and common areas were found to be damaged or paint chipped. Noted in one resident's room the ceiling had holes and another had a damaged bulkhead over the doorway.

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**WN #3:** The Licensee has failed to comply with O.Reg. 79/10, s.89(1)(c).

As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,  
(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours.

**Findings:**

1. Found a total of 4 worn/torn soaker pads on 3 different linen carts.
2. Found 1 worn/torn soaker pad on a bed.

<b>Inspector ID #:</b>	145
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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 with respect to the laundry service protocol, correcting the above noted findings, to be implemented voluntarily.

**WN #4:** The Licensee has failed to comply with O.Reg. 79/10, s.90(2)(h).

The licensee shall ensure that procedures are developed and implemented to ensure that,  
(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius.

**Findings:**

1. Noted 3 separate days where water temperatures exceeded 49 deg. C. and no action was recorded by the staff member responsible for taking the water temperatures to reduce the temperature. The Home's water temperature policy states that actions are to be recorded. These dates were: Oct. 28/10 evenings ; Oct. 29/10 evenings; and Oct. 30/10 evenings

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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 with respect to the taking action when hot water temperatures exceed 49 degrees C. correcting the above noted finding, to be implemented voluntarily.

**WN #5:** The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(b).

Where the Act or this Regulation requires the licensee o a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or systems, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(b) is complied with.

**Findings:**

1. Noted on November 20/10 that no random temperatures were recorded on the day and night shift as is set out in Home policy with respect to taking of water temperatures.
2. Noted on November 8/10 that no temperatures were recorded on the day shift as is set out in Home policy with respect to taking of water temperatures.
3. Noted on November 9/10 no temperatures were recorded on the day shift as set out in Home policy with respect to taking water temperatures.
4. Noted on November 11/10. No random temperatures were recorded on the day or evening shifts.

**Inspector ID #:** 145

**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 with respect to the above noted findings, to be implemented voluntarily.

**WN #6:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

**Findings:**

1. Pm. snack service Nov. 22/10, one resident, with urinary tract infection was not offered 125 mls. of water as per his nutritional plan of care.
2. The plan of care for one resident indicates that the resident uses a table top and seatbelt, however the most recent assessment and the physician order indicate table top was discontinued. On November 23, 2010, observed resident with seatbelt on only.

**Inspector ID #:** 115 and 135

**WN #7:** The Licensee has failed to comply with O.Reg. 79/10, s. 71(3)(c) The licensee shall ensure that each resident is offered a minimum of,  
(c) a snack in the afternoon and evening.

**Findings:**

1. Pm. Snack service Nov.22/10 in Walkerville home area, 6 of 23 residents or 26.1% were not offered snack.
2. Pm. Snack service Nov. 22/10, two high risk residents, for weight loss were not offered pm. snack.



Inspector ID #: 135

**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, by ensuring that all residents are offered a snack at mid afternoon and evening, to be implemented voluntarily.

**WN #8:** The Licensee has failed to comply with O.Reg. 79/10, s. 73(1)10 Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

**Findings:**

1. Pm. Snack service Nov.22/10 in Walkerville home area, staff member stood to feed four residents.

Inspector ID #: 135

**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, by ensuring that all residents requiring assistance with eating are positioned safely for snack service, to be implemented voluntarily.

**WN #9:** The Licensee has failed to comply with LTCHA, 2008, S.O. c.8, 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 the needs and preferences of that resident.

**Findings:**

1. Review of the admission pain assessment for one resident identifies resident did not have a pain; progress note & medication record reviews confirm resident has complained of back pain and was administered a prn analgesic on six (6) occasions. The physician ordered analgesic medication be administered three times daily. A second pain assessment was not completed in response to resident complaints of pain, administration of prn pain medication & physician's order for a regular scheduled analgesic. One RPN on interview confirmed the admission pain assessment is the only pain assessment completed for this resident since admission.

Inspector ID #: 144

**WN #10:** The Licensee has failed to comply with O. Reg. 79/10, s. 229(10)1

1. The licensee shall ensure that the following immunization and screening measures are in place: Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

**Findings:**

1. Review of the clinical record for one resident reveals that TB screening was not completed within 14 days of admission. One RPN on interview confirmed TB screening was not completed within 14 days

of admission.

**Inspector ID #:** 144

**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 related to completion of TB screening within 14 days of admission, to be implemented voluntarily.

**WN #11:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s.86(2)(b) The infection prevention and control program must include, (b) measures to prevent the transmission of infections. 2007, c. 8, s. 86 (2).

**Findings:**

1. Seven resident rooms found to have basins, bedpans and a catheter drainage bag, stored inappropriately. Bedpans and resident wash basins found stored together, and a used catheter drainage bag was found hanging on the bathroom hand rail.

**Inspector ID #:** 115

**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 measures to prevent the transmission of infections is implemented related to appropriate storage of basins, bedpans and drainage bags, to be implemented voluntarily.

**WN #12:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)(2) 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident.

**Findings:**

1. The plan of care indicates that one resident drainage tube is to be drained every 2 to 3 days. The Physician's order states that the drainage tube is to be drained every 4 days.
2. The plan of care that is accessed by PSW's in a binder at the nursing station is not the current plan of care. The plan of care in the computer indicates that one resident has excoriation under their breasts and is to have cream applied. The plan of care states that PSW's should monitor the area during the resident's bath, but this information is not available to them.
3. The plan of care does not outline the vision or dental requirements for one resident that wears both glasses and dentures. It was confirmed with a PSW that they would look on the plan of care located in a binder at the nursing station for this information about a resident to determine their care needs.



Inspector ID #: #190

**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 by ensuring that the written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily

**WN #13:** The Licensee has failed to comply with O.Reg.79/10,s.24(9)(a) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when, (a) the resident's care needs change.

**Findings:**

1. One resident returned to the home from hospital. The plan of care indicates that she is still in hospital and that staff should call for daily updates. No new interventions have been updated or added to the plan of care following her re-admission to the home.

Inspector ID #: #190

**WN #14:** The Licensee has failed to comply with O.Reg.79/10,s.231(b) Every licensee of a long-term care home shall ensure that, the resident's written record is kept up to date at all times.

**Findings:**

1. The bathing records for four residents are missing documentation of baths with no re-scheduling of bath or follow-up notes in the progress notes to indicate that resident received a bath on another shift or date.
  - One resident - documentation missing on November 4, 2010
  - One resident - documentation missing on November 7, 2010
  - One resident - documentation missing on November 15, 2010
  - One resident - documentation missing on November 17, 2010

Inspector ID #: #190

**CORRECTED NON-COMPLIANCE  
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
NHA Ch.N7 sB3.16, LTC Home Program Manual, now found in LTCHA, 2007, S.O. 2007, c.8, s.5.			2010_115_2842_22Nov113856	115



NHA Ch.N7 sB3.50, LTC Home Program Manual, now found in O. Reg. 79/10, s.51(2)(c)			2010_190_2842_22Nov111559	190
NHA Ch.7 sB3.39, LTC Home Program Manual, now found in O. Reg. 79/10, s.33(1)(2)			2010_190_2842_22Nov111559	190
NHA Ch.7 sC1.17, LTC Home Program Manual, now found in O. Reg. 79/10, s.131(2)			May 17, 2010	144
NHA Ch.7 sA11.11(4)(18), LTC Home Program Manual, now found in LTCHA, 2007, S.O. 2007, c.8, s.3(5)(8)			2010_115_2842_22Nov113856	115
O. Reg. 79/10, s.15.15(1)(a)	WN		2010_115_2842_22Nov113856	115
O. Reg. 79/10, s.26(3)(5)	WN		2010_115_2842_19Jul160850	144
O. Reg. 79/10, s.131(1)	WN VPC		2010_115_2842_22Nov113856 2010_190_2842_22Nov111559	115 and 190
LTCHA, 2007, S.O. c.8, s.29(1)(a)(b)	WN VPC		2010_115_2842_22Nov113856	115
LTCHA, 2007, S.O. c.8, s.31(1)	WN VPC		2010_115_2842_22Nov113856	115
LTCHA, 2007, S.O. c.8, s.31(2)4	WN VPC		2010_115_2842_22Nov113856	115
LTCHA, 2007, S.O. c.8, s.31(2)5	WN VPC		2010_115_2842_22Nov113856	115
O. Reg. 79/10, s.110(2)1	WN VPC		2010_115_2842_22Nov113856	115
O. Reg. 79/10, s.110(7)(4)	WN VPC		2010_115_2842_22Nov113856	115
LTCHA, 2007, S.O. c.8, s.6(1)(c)	WN		2010_115_2842_22Nov113856	115
O. Reg. 79/10, s.26(3)(10)	WN		2010_115_2842_22Nov113856	115
O. Reg. 79/10, s.6(1)(c)	WN VPC		2010_144_2842_25Aug104138	144
O. Reg. 79/10, s.8(1)(b)	WN VPC		2010_190_2842_22Nov111559	190




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LTCHA, 2007, S.O. c.8, s.6(1)(b)	WN VPC		2010_115_2842_22Nov113856	115, 144 and 190
LTCHA, 2007, S.O. c.8, s.6(4)(a)	WN VPC		2010_115_2842_22Nov113856 2010_190_2842_22Nov111559	115, 144 and 190
O. Reg. 79/10, s.53(4)(a)	WN		2010_144_2842_25Aug104138	144
LTCHA, 2007, S.O 2007. c. 8, s. 6 (1)	WN, VPC		2010_135_2842-04Aug122255	128, 135
LTCHA, 2007, S.O 2007, c. 8, s 6(10)(b)	WN, VPC		2010_135_2842-04Aug122255	128, 135
LTCHA, 2007, S.O 2007, c.8, s 6(11)(b)	WN, VPC		2010_135_2842-04Aug122255	128, 135
LTCHA, 2007, S.O 2007, c.8, s 6(4)(a)	WN, VPC		2010_135_2842-04Aug122255	128, 135
LTCHA, 2007, S.O 2007, c. 8, s 6 (4)(b)	WN, VPC		2010_135_2842-04Aug122255	128, 135
O. Reg. 79/10, s26(4)(a)	WN, VPC		2010_135_2842-04Aug122255	128, 135
O. Reg. 79/10, s 8(1)(a)	WN, VPC		2010_135_2842-04Aug122255	128, 135
O. Reg. 79/10, s 71(5)	WN, VPC		2010_135_2842-04Aug122255	128, 135

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		December 24, 2010	