



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

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Division de la responsabilisation et de la
performance du système de santé
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 24, 2013	2013_183135_0002	L-000026-13	Resident Quality Inspection

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

BONNIE MACDONALD (135), JUNE OSBORN (105), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): January 28, 29, 30, 31 and February 1, 4, 5, 6, 7, 2013.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, 2 Nutrition Managers, Clinical Coordinator, 2 RAI Coordinators, Resident Program Manager, 2 Activity Aides, Maintenance Supervisor, Housekeeping/Laundry Supervisor, Social Worker, 2 Registered Nurses, 7 Registered Practical Nurses, 20 Personal Support Workers, Office Manager, Receptionist, Ward Clerk, Pharmacist, 2 cooks, 2 Dietary Aides, 46 residents and 4 family members.

During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas, observed residents and the care provided to them and observed meal service. Medication administration and storage were observed and the clinical records for identified residents were reviewed. The inspectors reviewed admission and resident charges records, policies and procedures, as well as minutes of meetings pertaining to the inspection.

Log #L-000026-13

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Food Quality

Hospitalization and Death



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Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



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1. The home failed to maintain the resident's right to have their personal health information kept confidential.

During observation of the medication passes, two inspectors observed staff discarding the cellophane medication packages into a garbage container after residents had received their medications. The cellophane medication packages are labeled with the resident name, room number, date and the medication name.

Two registered staff indicated the packages are not altered in any way and are discarded into the garbage once resident has received their medications.

The pharmacist verified the packages are to be put into a separate bag and water added to dissolve the ink print so that the resident's personal health information is no longer legible, prior to the package being discarded. [s. 3. (1) 11. iv.]

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 resident's personal health information is kept confidential in accordance with the Personal Health Information Protection Act, 2004, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



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1. Review of the home's Skin Care Program, policy # 03-02, revealed the skin care team will meet at a minimum, quarterly and minutes will be recorded and retained.

The home provided meeting minutes for September and November 2010, January and September 2011, and April and May 2012.

The home failed to comply with policy # 03-02 of the Skin Care Program, when quarterly meetings did not occur in 2010, 2011 and 2012.

The Administrator and the Director of Care confirmed their expectations that Skin and Wound Care meetings occur at minimum, quarterly. [s. 8. (1)]

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 ensuring that Skin and Wound Care meetings as part of the home's Skin Care program occur at minimum, quarterly and minutes be recorded and retained, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. During this Resident Quality Inspection, the following housekeeping issues were observed in the following home areas:

Essex:

Nursing station and TV lounge area-red stained carpet and walls stained with fluid like substance

Walkerville:

TV Lounge-Love seat was soiled with a white substance on the seat cushions

Tecumseh:

Dining room-cobwebs noted in pot lights along corridor

Spa room #1222-noted black marks on floor, used razor, 2 razor covers and orange sticks on floor behind tub

TV Lounge-the cushion on the love seat had dark stain

Devonshire

Spa room #2324-numerous black marks on floor

TV Lounge-soiled love seat with black spots on the cushion, and stains on the arm chair

Wall between the dining room and TV room had fluid-like substance on the wall

Room A-Black marks on floor

Room B-Floor into entry of room has numerous black spots

Room C-Brown rust coloured spots on floor beside bed and in front of nightstand

Room D-Floor beside bed noted red stains

During home tour with the Housekeeping/Laundry Supervisor, she confirmed her expectation that the home's furnishings and equipment are kept clean and sanitary. [s. 15. (2) (a)]

2. During the Resident Quality Inspection, the following maintenance issues were observed in the following home areas:

Essex:

Lounge walls-were noted to have chipped paint

Spa Room-dirty fan blades and walls chipped of paint in tub area



Room A-walls leading into bathroom by baseboards scuffed of paint. Paint chipped on wall behind resident's lounge chair. Window curtains coming off of curtain rod.
Room B-walls in room along baseboard badly scraped, wall frame leading into bathroom chipped and wood surface exposed.
Room C-walls above baseboard had been patched and not painted. Toilet tank lid broken missing piece of the tank lid cover

Devonshire

Spa room #2324-wall damaged with black marks and paint chips. Door to toilet area heavily scratched. In the shower area wall damage inside the door with black marks and scrapes.

TV Lounge-sideboard holding TV scratched

Room A-black marks on wall entrance to room

Room B-wall at head of bed had a large hole through drywall. Wall damage with black marks and scrapes throughout room

Room C-black marks on wall outside bathroom

Room D-walls in bathroom and bedroom, numerous scrapes

Room E-wall damage with black marks

Tecumseh

Resident Hallways-several ceiling lights noted to have accumulation of debris in bottom of ceiling light fixtures.

Spa room #1222-wall into washroom dry wall patched, requires painting, door into washroom scratched

Dining room- wall between dining room and TV lounge is scratched and has minor black marks.

Room A-Walls in room black marks and scrapes

Walkerville:

TV Lounge-Wall damage behind the arm chair

Room A-ceiling light in bedroom missing light cover.

St Clair:

Spa Room-wall paint chip damage and black scuff marks

Room A-wall damage, chipped paint and black scuff marks



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Huron:

Tub room-wall damage dry wall patched requires painting

Activity Lounge-walls had paint chipped and black scuff marks

Room A-Wall noted to have paint chips and black scuff marks.

During tour of the home areas with the Maintenance Supervisor, he confirmed his expectation that the home's furnishings and equipment are maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

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 ensuring the home's furnishings and equipment are clean, sanitary and maintained in a safe condition and a good state of repair, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
 - 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
 - 3. The program must 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. 30 (1).**
 - 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**
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Findings/Faits saillants :

- 1. Review of the home's Quality Improvement Program revealed the required programs for Falls Prevention, Skin and Wound and Continence Care and Bowel Management, under sections 8 to 16 of the Act and section 48 of the regulation were not evaluated and updated by the home in 2012.**

The Administrator confirmed it was her expectation that programs under sections 8 to 16 of the Act and section 48 of the the regulation be evaluated and updated at least annually in accordance with evidenced-based practices and, if there are none, in accordance with prevailing practices. [s. 30. (1) 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 ensuring that programs under sections 8 to 16 of the Act and section 48 of the the regulation be 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.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that, (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. Record review and observation of the High Intensity Needs (HIN) wound supplies revealed wound supplies prescribed by the physician were not readily available for the following residents with wounds: [s. 50. (2) (c)]

2. Resident A had a pressure ulcer. [s. 50. (2) (c)]

3. Resident B had skin wounds. [s. 50. (2) (c)]

4. Resident C had a pressure ulcer.

Registered Staff confirmed the wound supplies prescribed by the physician for resident's wound care were not available. [s. 50. (2) (c)]



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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 ensuring wound supplies are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds to promote healing, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service; O. Reg. 79/10, s. 90 (2).**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :



1. As part of the Resident Quality Inspection process it was identified by residents that food was "not always hot enough".

February 4, 2013, in Huron dining room, the following items were noted as not being held at palatable temperatures when probed at the start of the lunch meal service:

Minced BBQ Pulled Chicken-136.6F

Puree BBQ Pulled Chicken-136.2F

Puree Oriental Mixed Vegetables-126.7F

Minced Oriental Mixed Vegetables-122.8F

The acceptable minimum for hot food temperatures is 140F.

During interview with the Nutrition Manager, February 4, 2013, it was determined that the Huron steam table was not heating properly.

February 5, 2013, Trillium Mechanics an electrical contractor repaired the steam table and re-calibrated the unit.

In review of the Equipment Maintenance Schedule for Food and Nutrition Services for 2012, the home's steam tables were to have been inspected by Trillium Mechanics in December, 2012.

The Maintenance Supervisor and Nutrition Manager confirmed the steam tables had not been inspected in 2012, as per the home's Equipment Maintenance Schedule.

The Administrator confirmed her expectation the home's Equipment Maintenance Schedule be implemented to ensure that electrical and non-electrical equipment are kept in good repair. [s. 90. (2) (a)]

2. In review of the home's service records and in interview with the Maintenance Supervisor he confirmed that 1 of the home's 3 boilers was last serviced in 2011.

The Administrator confirmed her expectation that hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service. [s. 90. (2) (f)]

3. Record review of the home's Water Temperature Daily Log for the period January 7 -20, 2013, revealed that water temperatures were not taken on 35 occasions or 62.5% of the time at water source and/or in resident home areas to ensure that water serving



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residents is 49 degrees Celsius or less.

The Administrator confirmed her expectation that the procedure for taking of daily water temperatures is implemented to ensure that the temperature of the water serving all bathtubs, showers and hand basins used by residents is 49 degrees Celsius or less. [s. 90. (2) (g)]

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 ensuring procedures are implemented to maintain electrical and non-electrical equipment in a good state of repair. Ensuring hot water tanks and boilers are serviced annually and documentation of service is kept. Consistent implementation of hot water temperature checks to ensure temperatures of hot water serving all bathtubs, showers and hand basins used by residents does not exceed 49 degrees Celsius., to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs



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Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. A review of 13 resident clinical records revealed 5 residents or 38.4 % of those reviewed did not have their heights taken annually:

A Registered Staff confirmed resident's heights are not all taken annually.

The Director of Care confirmed her expectation that residents' heights are taken annually. [s. 68. (2) (e) (ii)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**
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Findings/Faits saillants :

1. During medication administration and medication storage observations on two home areas, benzodiazepines were not stored separately in a locked area within the medication cart.

Resident had been prescribed a benzodiazepine. This medication was packaged with other medications the resident received at medication pass. This medication was not stored separately in a locked area of the medication cart.

Registered staff and home's pharmacist confirmed not all benzodiazepines are double locked. [s. 129. (1) (b)]



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Issued on this 24th day of February, 2013

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

Attest for Bonnie MacDonald

