Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: December 7, 2022	
Inspection Number: 2022-1064-0001	
Inspection Type: Complaint Follow up	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare St. Catharines, St Catharines	
Lead Inspector Barbara Grohmann (720920)	**Inspector Digital Signature**
Additional Inspector(s) Cathy Fediash (214)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 3- 4, 7-10, 14-16, 18, 21-25, 2022.

The following intake(s) were inspected:

- Intake: #00001922 (Complaint) related to resident care concerns.
- Intake: #00003585 (Complaint) related to bathing, food temperatures and service.
- Intake: #00004918 (Follow-up) related to immediately investigating any alleged, suspected or witnessed incident of abuse.
- Intake: #00004995 (Follow-up) related to immediate reporting to the director.
- Intake: #00005220 (Follow-up) related to safe transferring and positioning techniques.
- Intake: #00006053 (Complaint) related to tray service, and resident care concerns.
- Intake: #00006317 (Complaint) related to dietary issues.
- Intake: #00009186 (Complaint) related to medication administration, falls prevention and management.
- Intake: #00010940 (Complaint) related to food temperatures, menu planning, pest control, and generators.
- Intake: #00012705 (Complaint) related to doors and accessing areas requiring supervision.

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

Food, Nutrition and Hydration
Infection Prevention and Control
Housekeeping, Laundry and Maintenance Services
Medication Management
Pain Management
Prevention of Abuse and Neglect
Resident Care and Support Services
Skin and Wound Prevention and Management
Safe and Secure Home

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	s. 23. (1)	#2021_820130_0009	001	Cathy Fediash (214)
LTCHA, 2007	s. 24. (1)	#2021_820130_0009	002	Cathy Fediash (214)
O. Reg. 79/10	s. 36	#2021_820130_0010	001	Cathy Fediash (214)

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care - Involvement of resident, etc.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 6 (5)

The licensee failed to ensure that a resident's substitute decision-maker (SDM) was given an opportunity to participate fully in the development and implementation of the plan of care, when they were not informed that the resident's status and needs had changed related to transportation.

Rationale and Summary
A resident was schedule for a procedure that required transportation.

Two modes of transportation had been booked for the resident. One type was booked by the resident's SDM, and another had been arranged and booked by the home. When both modes of transportation arrived at the home on the day of the procedure, the SDM advised the registered staff to use the one booked by them and to cancel the other. Upon cancelling the service, another staff member advised the registered staff that the resident's transportation status and needs had changed, and to attend their procedure, they required the service that was cancelled. The service was unable to return and as a result, the resident was unable to have the procedure on the scheduled date.

The Director of Care (DOC) confirmed that the SDM had not been made aware of the resident's change in status or needs regarding transportation.

The resident's procedure was rescheduled to a later date.

When the SDM had not been involved in the resident's plan of care, specifically being notified that the resident's transportation needs, this led to a delay in the procedure, and the potential for putting them at risk of harm due to this delay.

Sources: a resident's progress notes; interviews with staff #111, and the DOC. [214]

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)

The licensee has failed to ensure that the care set out in the plan of care is provided to a resident as specified in the plan, specifically that nutrition interventions at meals and snacks were not provided.

Rationale and Summary
A resident's care plan indicated that they were to receive specific nutrition interventions at meals and at afternoon and evening snack passes.

On two separate occasions, lunch meal plating was observed, and the resident did not receive the nutrition intervention as detailed in the meal service report and care plan. PSWs did not communicate to the dietary staff that the resident has requested not to receive the intervention.

On two separate occasions, afternoon snack cart set up was observed. Labels indicated that the resident was to receive specific nutrition interventions on both days. However, on both days, the nutrition intervention was not provided as detailed in the snack delivery worksheet and care plan.

A dietary aide confirmed that they had not provided the resident with the nutrition intervention at lunch. Another dietary aide stated that they sometimes had to make substitutions when the labelled snack item was not available, but that substitution was not approved or communicated to anyone.

The Dietary Manager (DM) confirmed that the nutrition interventions were put in place following discussions with the resident and their substitute decision maker (SDM) and were implemented to achieve a specific dietary goal. The DM also acknowledged that they would be the person to approve substitutions but that it may not always be communicated and unless they heard otherwise, they assumed the resident was receiving the nutrition interventions as set out in their plan of care.

Failure to provide the nutrition interventions as outlined in the plan of care may have resulted in the resident not achieving their dietary goal.

Sources: a resident's clinical records including dietary reports, Small Portions Guidelines, observations and interviews with the DM and other staff. [720920]

WRITTEN NOTIFICATION: General Requirements for Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with s. 30 (2) of O. Reg. 79/10 under the Long-Term Care Homes Act, 2007 and s. 34 (2) of O. Reg. 246/22 under the FLTCA.

The licensee has failed to ensure that any actions taken with respect to a resident under the nursing and personal support services program, as required in LTCHA s. 8 (1) and FLTCA s. 11 (1), including interventions were documented for two residents.

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 30 (2) of O. Reg. 79/10 under the LTCHA. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 34 (2) of O. Reg. 246/22 under the FLTCA.

Rationale and Summary
Point of Care (POC) bathing records were reviewed for 50 weeks, for one resident. The records identified that five months had incomplete documentation, specifically that 14 of the required 41 baths/showers were not documented.

Point of Care (POC) bathing records were reviewed for 50 weeks, for another resident. The records identified that four months had incomplete documentation, specifically that five of the required 36 baths/showers were not documented.

A PSW confirmed that they document in the POC system. The DOC acknowledged that all staff were required to complete POC documentation before the end of their shift.

Failure to document tasks as required may have resulted in inconsistent care.

Sources: residents' clinical records; interviews with DOC and other staff. [720920]

WRITTEN NOTIFICATION: Nutrition Care and Hydration Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)

The licensee has failed to comply with the system to monitor and evaluate the food and fluid intake of residents.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration and must be complied with.

Specifically, staff did not comply with the policy "Meal Service", dated January 2022.

Rationale and Summary
The home's Meal Service policy detailed that care staff were required to document the intake of food and fluid and/or special items either on paper or electronically. A resident's clinical records indicated that in addition to meals and snacks, they were to receive a nutrition supplement three times a day, which was included in POC tasks for documentation.

POC documentation for meal, snack and special item intake was reviewed for twelve weeks.
The records identified that 18 meals, 20 snacks and 41 special items were not documented.

The registered dietitian (RD) explained that they use the task documentation as part of their overall nutrition assessment to determine whether a special item they have initiated was accepted or refused.
The DOC confirmed that they expect staff to complete all task documentation, including food/fluid intake, by the end of their shift.

Failure to document meal, snack and special items intake may result in an incomplete or inaccurate assessment of the resident's nutritional status.

Sources: a resident's clinical records, Meal Service policy (RC-18-01-07; January 2022); interviews with DOC and other staff. [720920]

WRITTEN NOTIFICATION: Nutrition Care and Hydration Programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with s. 73 (1) 6 of O. Reg. 79/10 under the Long-Term Care Homes Act, 2007 and s. 79 (1) 5 of O. Reg. 246/22 under the FLTCA.

The licensee has failed to ensure that food was served at a temperature that was safe and palatable, specifically that actions taken when food was outside of the safe temperature ranges were documented and temperature logs were completed.

In accordance with O. Reg 79/10 s. 8 (1)(b), the licensee is required to ensure that there are policies and procedures relating to dietary services and must be complied with.

Specifically, staff did not comply with the policies Temperatures of Food at Point of Service and Holding and Distribution of Food, which was included in the licensee's Nutrition and Hydration Programs.

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 73 (1) 6 of O. Reg. 79/10 under the LTCHA. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 79 (1) 5 of O. Reg. 246/22 under the FLTCA.

Rationale and Summary
A. Multiple investigation forms, along with resident council meeting minutes, detailed complaints from resident and/or families regarding hot food often served cold.

A Guide for Ontario's Food Handlers stated that food being held hot for service must be held at 60°C (140°F) or higher at all times and all foods being held cold for service must be held at 4°C (40°F) or lower at all times. The home's policy, Holding and Distribution of Food, detailed that cooked food will be held at a temperature above 60°C and cold foods are to be held at a temperature below 4°C.

A review of food temperatures records showed:

- For December 27, 2021, to January 9, 2022, four days where the vegetable/salad meal items, for all textures, had documented temperatures ranging between 6°Cand 15°C.
- For March 27 to April 3, 2022, three days where the vegetable/salad meal item, for all textures, had documented temperatures ranging between 5°C and 11°C and three days where the entree, for all textures, was documented as ranging between 9°C and 15°C. One time, the entree was documented below 60°C.
- For October 30, to November 13, 2022, in the kitchen, showed eight days where the meal items, including egg salad and salmon salad, were documented above 4°C.
- For October 3, to November 13, 2022, in the second floor servery, there were multiple times where the entree and/or vegetable/salad meal item, were documented ranging between 5°C and 14°C and three times where the entree and/or vegetable meal items were documented below 60°C.

There was no documentation that corrective action to address the temperatures outside the appropriate holding temperature had occurred.

B. The home's Temperatures of Food at Point of Service policy stated that staff were to take the holding of food temperatures prior to service and record the temperature on the food temperature records or appropriate form. Food temperature records for the kitchen and second-floor servery were reviewed for December 27, 2021, to January 9, 2022, March 27 to April 3, 2022, and October 30 to November 13, 2022. Several missing entries were noted for meal items, entire meals (one or both choices) and/or multiple meals.

For December 27, 2021, to January 9, 2022, the temperature records showed:
- the kitchen had missing information for nine of 14 days.
- the second-floor servery had missing information for three of 14 days.

For March 27 to April 3, 2022, the temperature records showed:
- the kitchen had missing information for 12 of 14 days.
- the second-floor servery had missing information for eight of 14 days.

For October 30, to November 13, 2022, the temperature records showed:
- the kitchen had missing information for 13 of 14 days.
- the second-floor servery had missing information for 14 of 14 days.

Failure to document food temperatures or corrective action had the risk of serving residents food that was below or above acceptable safe temperature ranges.

Sources: complaint investigation forms, resident council meeting minutes, food temperature logs, Holding and Distribution of Food (NC-07-01-02; March 2021), Temperatures of Food at Point of Service (NC-07-01-03; March 2021), Food Safety: A Guide for Ontario's Food Handlers (September 2018); interviews with the DM and other staff. [720920]

WRITTEN NOTIFICATION: Obtaining and Keeping Drugs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)

The licensee has failed to ensure that drugs are administered to a resident in accordance with the directions for use specified by the prescriber.

Rationale and Summary
A resident's medication orders included specific direction from the prescriber. Their electronic medication administration records (eMAR) were reviewed for a twelve-week period. The records indicated that on 20 times the directions from the prescriber were not followed for specific medications.

On some occasions, the resident's family and/or SDM provided medication administration directions to the registered staff that were contrary to the prescriber's directions. There was no clear indication whether that information was communicated to the prescriber.

The DOC acknowledged that the RNs/RPNs were obligated to follow the directions from the prescriber regarding medication administration and should get the doctor involved when the family/SDM are providing directions contrary to the prescriber's orders.

Failure to administer medication as per the prescriber's orders may have resulted in the resident not receiving the medication as indicated. Failure to communicate this to the prescriber may have impaired the their ability to evaluate the medications' effectiveness and/or determine the need for appropriate dosage adjustments.

Sources: a resident's clinical records, CNO's Practice Standard: Medication (January 2019); interviews with DOC and other staff. [720920]