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**
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# Original Public Report

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| **Report Issue Date:** October 17, 2024 |
| **Inspection Number:** 2024-1064-0002 |
| **Inspection Type:**<br>Proactive Compliance Inspection |
| **Licensee:** Extendicare (Canada) Inc. |
| **Long Term Care Home and City:** Extendicare St. Catharines, St Catherines |

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 26-27, 2024 and October 1-4, 7, 2024. The inspection occurred offsite on the following date: October 10, 2024.

The following intake was inspected:

- Intake: #00127614 - Proactive Compliance Inspection (PCI) for Extendicare St. Catharines.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

# 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.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
**Non-compliance with: O. Reg. 246/22, s. 19**
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents could not be opened more than 15 centimeters.

**Rationale and Summary**

During an initial tour of the home on September 26, 2024, Inspector with Maintenance staff present at the home measured multiple windows. Three of the

windows measured more than 15cm. This included one window on first floor, one window on the second floor and one of the sliding doors on second floor that the home stated are considered windows. These doors that the home considers windows have a metal railing that stands approximately three feet on both sides. It was also observed that the stoppers for the sliding doors on the second floor were worn and this was brought to Maintenance staff attention.

Maintenance acknowledged that the windows opened more than 15cm. On October 1, 2024 Maintenance staff informed Inspector that the measured windows were fixed. Inspector observed with Maintenance staff the windows opened to 10cm. It was also observed that all wood stoppers in sliding doors in the home were replaced.

**Sources:** Observations, interview with Maintenance.

Date Remedy Implemented: October 1, 2024

## WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in two residents' plans of care, was documented.

**Rationale and Summary**

The Point of Care (POC) tasks for both residents indicated several ADL tasks were grouped under one task for each shift in the day and titled, Day Care, Evening Care and Night Care. Review of each resident's documentation for the above tasks for a specified month indicated the following:

a) For the first resident:
-Day Care task: 20 out of 30 entries had not been documented.
-Evening Care task: 8 out of 30 entries had not been documented.
-Night Care task: 3 out of 30 entries had not been documented.

b) For the second resident:
-Day Care task: 17 out of 30 entries had not been documented.
-Night Care task: 2 out of 30 entries had not been documented.

During an interview with the Director of Care (DOC), they confirmed documentation was expected to be completed for all care provided and had not been for both residents on the dates noted above.

When the provision of care that is set out in the plan of care is not documented, this had the potential risk of not being able to determine if the residents' care had been provided as per their assessed needs and preferences.

**Sources:** Review of resident POC Care tasks and an interview with the DOC.

## WRITTEN NOTIFICATION: Powers of Residents' Council

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 63 (3)**

Powers of Residents' Council
s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that when the Residents' Council advised the licensee of concerns or recommendations, the licensee, within 10 days of receiving the advice, responded to the Residents' Council in writing.

**Rationale and Summary**

The Residents' Council advised the licensee of concerns pertaining to the Environmental Services Program in the home on two specified dates in 2024. A written response to these concerns was not received within 10 days of receiving the advice.

Failure to ensure that a response was received within 10 days of receiving the advice, could have negatively impacted the residents' experience with the home.

**Sources:** Resident Council Meeting Minutes 2024, written responses from leadership, and interview with Environmental Services Manager.

## WRITTEN NOTIFICATION: General requirements

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 34 (2)**
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the

resident's responses to interventions are documented.

The licensee has failed to ensure that actions taken with respect to two residents, including bathing by a method of their choice, under the nursing and personal support services program, were documented.

**Rationale and Summary**

Review of two residents' bathing tasks had identified the resident's preferred method of bathing; however, had not provided staff with the ability to document if the resident was bathed by the method of their choice as the task had included bath/shower and sponge bath together and had not listed them independently for staff to document which method of bathing the resident had received.

When documentation is not able to be completed for the resident's method of bathing, this has the potential to result in being unable to determine if the resident was bathed by a method of their choice.

**Sources:** Review of residents' POC bathing tasks and interviews with the DOC and others.

## WRITTEN NOTIFICATION: Menu planning

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 77 (3)**
Menu planning
s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) 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 the changes were implemented. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that the written evaluation of the Spring/Summer 2024 menu cycle included the date that the menu changes were implemented.

**Rationale and Summary**

During the course of the inspection, the written evaluation of the Spring/Summer 2024 menu cycle was reviewed. The evaluation included a summary of the changes made, however, it did not include the date that the changes were implemented.

**Sources:** Spring/Summer 2024 Menu Evaluation Tool, supporting documents, and interview with the Dietary Manager.

## WRITTEN NOTIFICATION: Dining and snack service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.**
Dining and snack service
s. 79 (1) 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:
7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee has failed to ensure that the home had a dining and snack service that included, at a minimum, the following: Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

**Rationale and Summary**

On a specified date during the course of the inspection, four residents eating in a specified dining room were served their dessert prior to being finished with their entrée. This was not requested by the resident nor was it part of their planned care.

Failure to ensure that dessert was not provided prior to the resident finishing their entrée may have reduced the quality of the dining experience and increased the risk of inadequate nutritional intake for the affected residents.

**Sources:** Observations of dining room, review of resident care plans and interviews with residents.

## WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.**
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the continuous quality improvement committee was composed of a personal support worker, as required.

**Rationale and Summary**

The Continuous Quality Improvement (CQI) Lead for the home confirmed that the home does not have a personal support worker, as required, as part of their continuous quality improvement committee.

**Sources:** CQI Meeting minutes and interview with members of the Continuous Quality Improvement Committee.