



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

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 5, 2015	2015_276537_0044	028299-15	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 TECUMSEH
2475 ST. ALPHONSE STREET TECUMSEH ON N8N 2X2

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

NANCY SINCLAIR (537), SANDRA FYSH (190), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): October 26, 27, 28, 29, 30, November 2, 3, 2015

During the course of the inspection, the inspector(s) spoke with Residents and Family Members, the Administrator, Director of Care, Assistant Director of Care, Office Manager, Supervisor of Maintenance/Housekeeping/Laundry, one Laundry Aide, Dietitian, one Dietary Aide, Activity Manager, two Resident Assessment Instrument Coordinators (RAI Coordinators), two Registered Nurses, four Registered Practical Nurses, and 11 Personal Support Workers.

The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided to them, meal service, a medication pass and medication storage areas, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, meeting minutes, and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Contenance Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

Residents' Council

Skin and Wound Care



During the course of this inspection, Non-Compliances were issued.

- 2 WN(s)
- 2 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

Three identified residents were observed daily throughout the inspection with a Personal Assistance Service Device (PASD) in place.

A review of the plan of care for each of the identified resident's revealed that there were no specific directions for staff related to the use of a PASD.

Three personal support workers (PSW's) confirmed that they were not provided with this information in the plan of care. The Resident Assessment Instrument Coordinator's (RAI Coordinator) also confirmed that the plan of care did not contain information related to the use of the PASD. [s. 6. (1) (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 to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service
Specifically failed to comply with the following:**

s. 89. (1) 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, (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a sufficient supply of clean linens, which include face cloths and pillow cases available for use by the residents.

On October 26, 2015 during stage one of the Resident Quality Inspection tour, inspectors observed little to no supply of towels or face cloths stored in the tub/shower rooms or linen storage rooms on the units.

Care carts located in the Riverside and Lakewood Home Area hallways on day two and three of the inspection during various times between 0900 hours and 1500 hours were found to be scarcely stocked containing between 2-6 face cloths, and 4-8 hand towels.

An interview with one PSW confirmed that each home area had 32 residents and three care carts.

Interviews with four PSW staff on three different home areas revealed that the home was often short of face cloths and pillow cases.

Staff expressed when they were short they use one end of a hand/bath towel to wash and the other end to dry, if there were no face cloths available from the laundry department.

An identified resident expressed frustration with having to ask for facecloths as the home is often short.

An interview with an identified resident also revealed the home was often short of face cloths, causing the staff to use one towel for both washing and drying, and expressed finding this to be awkward.

An interview with the DOC and Maintenance Supervisor/Acting Housekeeping Laundry Supervisor revealed a recent linen audit had been conducted October 21, 2015 indicating



shortages with sheets, pillow cases, hand towels, face cloths, bath towels and protective dining garments. The home placed a linen order October 23, 2015 and all new stock was placed into the system on October 26, 2015, unfortunately staff and residents still have concerns with shortages, as noted during stage 1 of the inspection.

On October 29, 2015 during an interview with a laundry aide, and observation of the linen carts in the laundry department, it was noted that carts were stocked for all four units and waiting for delivery in the morning, and that each cart contained only 15 face cloths each. The DOC confirmed that each unit had 32 residents and that there would not be enough face clothes for each resident on the cart for morning care.

A review of the Resident Council meeting minutes showed concerns dating back to July 26, 2014 related to the shortage of peri towels and face cloths.

The Administrator confirmed the on-going linen concerns, and the expectations that the home had a sufficient supply of linens available in the home for use by the residents and staff for resident care. [s. 89. (1) (b)]

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, as part of the organized program of laundry service, a sufficient supply of clean linen, face cloths and bath towels are available in the home for use by residents, to be implemented voluntarily.

Issued on this 5th day of November, 2015

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



**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**

Original report signed by the inspector.