



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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 # / No de registre	Type of Inspection / Genre d'inspection
Apr 30, 2018	2018_538144_0010	006735-18	Complaint

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

CAROLEE MILLINER (144)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 6, 9 and 10, 2018.

**The following intake was completed with this inspection:
006735-18 related to bathing, continence care and bowel management and nursing
and personal support services.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Director of Care, three Registered Nurses, two Registered Practical Nurses and two
Personal Support Workers.**

**During the course of the inspection, the inspector observed two dining room
meals, reviewed three resident clinical records, the nursing staff schedule, nursing
staff call-in record, the nursing program contingency job routine, minutes to one
Family Council Meeting and the Administrator's written response.**

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dining Observation
Personal Support Services
Sufficient Staffing**

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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 set out clear directions to staff and others who provided direct care to the resident.

Review of the current plan of care in Point Click Care (PCC) for one resident stated that the resident required toileting at regular intervals.

One Registered Practical Nurse (RPN), one Registered Nurse (RN) and two Personal Support Workers (PSW) shared that the resident was offered toileting according to one specific toileting schedule, frequently refused offers to be toileted and was also toileted at their request.

The toileting schedule in the Point of Care (POC) response history in the resident's electronic clinical record coincided with the toileting times identified by the above RPN, RN and two PSW's.

The current written plan of care for the resident included that the resident was toileted at different times than identified above.

The Director of Care indicated that the current written plan of care in PCC for the resident was not consistent with the directions for toileting identified on one schedule and in POC and that the discrepancy did not provide clear direction to staff providing care to the resident.

The home failed to ensure that the plan of care for one resident set out clear directions to staff and others who provided direct care to the resident. [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 the plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.



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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8.
Nursing and personal support services**

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement.

During review of staffing shortages with the DOC it was noted that an RN was not on duty on the night shift on one identified night.

The DOC shared that 13 RN's were contacted through the home's call-in procedure to fill the night shift vacancy and that despite the offer of overtime, the shift could not be filled.

The DOC advised that an RPN was contacted through the home's call-in procedure and accepted a call-in for the midnight shift resulting in the home being staffed with two RPN's.

The DOC further advised that they (DOC) and one Assistant DOC (ADOC) were on call off site for emergency purposes on the night shift that was vacant.

The Administrator provided the Inspector with on-line recruitment notices for RN competitions that were posted on on three occasions since November 28, 2017.

The DOC said that the home's current RN staffing compliment included nine full time, nine part time and eight casual staff. The DOC acknowledged the requirement to ensure at least one RN is on duty and present in the home at all times.

The licensee failed to ensure ensure there was at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement. [s. 8. (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 to ensure there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that one resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The home's Registered Staff/Health Care Aide Contingency Job Routine last reviewed January 7, 2013, included a statement that when a unit is required to work short staffed, all work must be completed and the staff must continue to complete the bath list to ensure continuity of care among the staff and residents in the unit. The statement continued to say that in the case where a bath is not completed, the charge nurse will ensure that the outstanding bath is completed as soon as possible.

Review of the clinical record for one resident stated that the resident preferred two baths a week.

The Point of Care (POC) bath response history included documentation that the resident was scheduled for a bath on one identified date and that the bath was not provided until three days later.

The DOC advised that they received a complaint regarding the resident's missed bath and that they (the DOC) ensured the missed bath was completed on the same date as the complaint.

The DOC further advised that the missed bath had not been rescheduled as the home had been unable to schedule an extra PSW through the home's call-in procedure to address baths missed the previous weekend.

The DOC acknowledged that one resident's missed bath resulted in the resident not receiving at a minimum, two baths a week by the method of their choice.

The licensee failed to ensure that one resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. [s. 33. (1)]



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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 to ensure that one resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

Issued on this 1st day of May, 2018

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

Original report signed by the inspector.