

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 prévue 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

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Report Date(s) /	Inspection No /	Log # /	Type of Inspection /
Date(s) du Rapport	No de l'inspection	No de registre	Genre d'inspection
Mar 21, 2019	2019_791739_0007	003909-19	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc. 3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

JULIE DALESSANDRO (739)

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): March 14, 15, 18, and 19, 2019.

The following complaint inspection was conducted related to continence care, reporting and complaints, and personal support services: Log # 003909-19, IL-64428-LO.

During the course of the inspection, the inspector(s) spoke with Personal Support Worker(s), Registered Practical Nurse(s), Acting Assistant Director of Nursing, Director of Nursing, and the Administrator.

During the course of the inspection, the inspector also completed record reviews and observations relevant to the inspection.

The following Inspection Protocols were used during this inspection: Continence Care and Bowel Management Personal Support Services Reporting and Complaints

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

1 WN(s) 1 VPC(s) 0 CO(s) 0 DR(s) 0 WAO(s)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES			
Legend	Légende		
 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		
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 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 each resident of the home was bathed, at a



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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.

A complaint was phoned in to the Ministry of Health and Long-Term Care Info Line on a specific date. IL-64428-LO.

The complainant stated that resident #001 often missed their bath on specific days due to short staffing at the home.

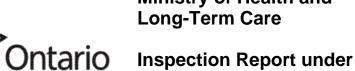
Record review of resident #001's care plan in Point Click Care (PCC) indicated that resident #001 would be bathed two times per week with extensive assistance. Resident #001 required total assistance with all aspects of bathing with one staff who assisted with the process of bathing. The care plan also provided direction on resident #001's bathing preferences.

Record review of Extendicare Tecumseh Follow Up Question Report for a specific date range located in Point Click Care (PCC) indicated that specific bath days did not have documentation to support that baths were completed.

During an interview with Registered Practical Nurse (RPN) #109 on a specific date, they stated that one of resident #001's baths was on a certain day of the week so if they were working short resident #001 would have missed their bath. RPN #109 stated that they were short the last time they worked on this specific day, so resident #001 might have missed their bath.

During an interview with the Director of Nursing (DOC) #104 on a specific date, they stated that if a resident didn't receive their bath on the day they were scheduled then the Personal Support Worker (PSW) on the unit would inform the team lead. The team lead would then inform the charge nurse and the charge nurse would write the resident's name on a specific form and the home would do call-ins to try and get someone to complete the baths as soon as they could. If the bath was completed by a staff member who was called in specifically to complete the baths it would be documented in Point of Care (POC) by that staff member and would appear on a different report in PCC .

A record review of the specific form, a form used by the charge nurse to track missed baths that had been completed by a staff member called in specifically to complete them, also had insufficient documentation to support that the baths on these days had been completed for resident #001.



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Record review for resident #001 revealed that there was no documentation in PCC or on the specific form to support that resident #001 received a bath on three separate dates on a specific day of the week.

DOC #104 acknowledged that there was no documentation to prove that the baths had been completed for resident #001.

The licensee had failed to ensure that resident #001 received two baths a week. [s. 33. (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 to 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, to be implemented voluntarily.

Issued on this 22nd day of March, 2019

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

Original report signed by the inspector.