

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 le Loi de 2007 les fovers de soins de longue

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

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Date(s) of inspection/Date(s) de Inspection No/ No de l'Inspection Type of Inspection/Genre d'inspection l'inspection Aug 3, 2011 2011 067171 0010 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

ELISA WILSON (171)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the director of care, assistant director of care, registered staff, personal support workers, foodservices manager, kinesiologist, residents and resident family members.

During the course of the inspection, the inspector(s) reviewed the plan of care and observed lunch service on August 3, 2011 for specific residents. Also reviewed daily care flow sheets for June and July 2011 for specific residents.

The following inspection Protocols were used in part or in whole during this inspection: Nutrition and Hydration

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Definitions WN - Written Notification VPC - Voluntary Plan of Correction DR - Director Referral CO - Compliance Order WAO - Work and Activity Order	Définitions 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 subsections:

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 sayants:

1. Not all residents have been bathed at minimum twice per week. The Extendicare Daily Care Flow Sheets were reviewed for a two month period of time. During one week, three residents had only one bath documented as being given that week.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements Specifically failed to comply with the following subsections:

s. 30. (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. O. Reg. 79/10, s. 30 (2).

Findings/Faits sayants:

1. Reassessments, interventions and responses to interventions are not always documented for the dietary services program. An identified resident was observed being provided with a specific care intervention, however this care was not documented in the current care plan summaries in the care plan binder or in Point Click Care and did not include documented interventions regarding this change in care. The Resident Assessment Protocol (RAP) summaries in the quarterly assessment do not include an assessment of, or responses to, this intervention.

Issued on this 12th day of August, 2011



Elia W Ésar

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