Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux 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
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130, avenue Dufferin 4ème étage
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 26, 2020	2020_563670_0026	023960-19, 015905-20	Critical Incident System

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

DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): August 11, 12 and 13, 2020.

The purpose of this inspection was to inspect the following;
-Log #023960-19 Follow up to order #001 inspection # 2019_563670_0046 related to cleanliness of the home.
-Log #015905-20 CIS# 2904-000027-20 related to a fall with injury.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Nutrition Manager, the Housekeeping Manager, the Acting Maintenance Supervisor, the Assistant Director of Care, one Physiotherapist, one Registered Nurse and one Personal Support Worker.

During the course of this inspection the inspector observed the cleanliness of the home, reviewed relevant internal documentation, reviewed relevant resident records, observed the provision of care and spoke with residents.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Falls Prevention

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

A tour of the home was conducted on August 11, 2020. The following was observed and photographed;

-All windows, in all four resident home areas were noted to be clean on the inside and the outsides were all coated with cobwebs.

Old Castle Unit
-Observed soiled, stained chairs in the lounge behind the nurse's desk.
-Observed a dried substance splashed on the wall outside of a specific room.
-Observed dried substances on stacked clean dishes and on the ceiling by the vent.

Livingstone Unit
-Observed a wander guard outside of a specific room soiled with a dried brown material.
-Observed a dried substance splashed on the wall outside of a specific room.
-Observed a soiled lampshade in the lounge.
-Observed a soiled and stained loveseat in the lounge.

Lakewood Unit
-Observed dried substances on two walls in the servery.

Riverside Unit
-Observed dried substances on the wall in the servery.
-Observed a dried substance splashed on the ceiling in the dining room.

On August 11, 2020, a tour of the servery on Old Castle Unit, Lakewood Unit and Riverside Unit was conducted with inspector #670 and Nutrition Manager #102. Nutrition Manager (NM) #102 acknowledged that there were dried substances on stacked clean dishes and on the ceiling by the vent in the servery on the Old Castle Unit, dried substances on two walls in the servery on the Lakewood Unit and dried substances on a wall in the servery and on the ceiling in the dining room on the Riverside Unit. NM #102 stated that it would be the expectation that dietary staff would wipe the walls in the serveries and remove any soiled dishes to be re-washed but that this had not been done. NM #102 stated that if staff had noticed the substance on the ceiling in the dining room on the Riverside Unit it should have been reported to housekeeping.

On August 11, 2020, a tour of the facility was conducted with Housekeeping Manager HM #103. HM #102 acknowledged that there were soiled and stained loveseats and chairs in the lounge behind the nurses station, a dried substance splashed on the wall outside of a specific room on the Old Castle Unit, a wander guard outside of a specific room soiled with a dried brown material, a dried substance splashed on the wall outside of a specific room, a soiled lampshade in the lounge, a soiled and stained loveseat in the lounge on the Livingstone Unit and a dried substance splashed on the ceiling in the dining room on the Riverside Unit. HM #103 also acknowledged that there were large amounts of cobwebs covering most windows in the home. HM #103 stated that it was the expectation that these areas should have been kept clean. HM #103 shared that they had only been in the position for less than two months and was revamping the housekeeping program at the home and was aware that there were still areas that required improvement. Stated they had no documentation that a deep clean had been done in the home but was in the process of putting out a revamped deep cleaning schedule.

Review of the homes weekly audits was conducted. The home provided audits dated April 18, 25, May 1, 4, 16, 24, 30, June 7, August 1 and 8, 2020. The inspections were signed by the Maintenance Supervisor except for the May 4, 2020, August 1 and 8, 2020, audits that were unsigned. The Audits did not include the serveries.

Review of the weekly audits showed the following identified deficiencies;
-May 4, 2020, audit stated Riverside Unit patio doors/windows dirty, Old Castle Unit walls common areas dining needs better cleaning, Livingstone Unit patio doors/windows dirty and spa rooms walls dusty tiles and walls.
-May 24, 2020, audit stated Riverside Unit walls common areas cob webs at mantle in

dining room.
The reviewed audits did not include any corrective actions or dates of corrective actions.

An interview was conducted on August 13, 2020, with Acting Maintenance Supervisor (AMS) #108. AMS #108 stated that they had been in the position since mid-June of 2020 and were unaware until the beginning of August that maintenance had been doing the weekly audits. AMS #108 stated that if they found a deficiency while completing the audit that they would document it on the audit and give the audit to the Executive Director (ED) #100.

On August 13, 2020, the previous order was reviewed with ED #100. ED #100 acknowledged that the weekly audits were not always completed, did not include the serveries, did not include corrective actions, did not include the dates of corrective actions, and were not being completed by the persons stipulated in the order. Photos taken by the inspector were reviewed and ED #100 shared that they believed there had been significant improvement in the cleanliness of the home.

The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary. [s. 15. (2) (a)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 26th day of August, 2020

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	DEBRA CHURCHER (670)
Inspection No. / No de l'inspection :	2020_563670_0026
Log No. / No de registre :	023960-19, 015905-20
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Aug 26, 2020
Licensee / Titulaire de permis :	Extendicare (Canada) Inc. 3000 Steeles Avenue East, Suite 103, MARKHAM, ON, L3R-4T9
LTC Home / Foyer de SLD :	Extendicare Tecumseh 2475 St. Alphonse Street, TECUMSEH, ON, N8N-2X2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Tom Wilson

To Extendicare (Canada) Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2019_563670_0046, CO #001;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee must be compliant with O. Reg. s. 15. (2) (a)
Specifically;
A) The licensee shall schedule a deep clean of the home that includes but is not limited to wall surfaces, ceiling surfaces, furnishings, serveries, wander guards, windows and doors.
B) The licensee shall conduct weekly audits of the cleanliness of the home. The audits will include all resident rooms, common areas and serveries.
The weekly audits shall be conducted by the Manager of Housekeeping Services, the Director of Care or the Administrator.
C) The licensee shall keep written records of the weekly audits that includes the date of the audit, any identified areas of concern, what corrective actions were implemented and the date of the corrective actions.

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

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The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of this issue was widespread during the course of this inspection. The home has a history of non-compliance related to the same subsection related to compliance order #001 issued December 20, 2019, Inspection # 2019_563670_0046.
(670)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2020

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 26th day of August, 2020

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Debra Churcher

Service Area Office /
Bureau régional de services : London Service Area Office