

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: March 25, 2024	
Original Report Issue Date: March 19, 2024	
Inspection Number: 2024-1472-0001 (A1)	
Inspection Type: Complaint Critical Incident	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Timmins, Timmins	
Amended By Justin McAuliffe (000698)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This licensee inspection report has been amended to correct an error in the Inspection Summary section of the report.

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Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Timmins, Timmins	
Lead Inspector Justin McAuliffe (000698)	Additional Inspector(s) Chad Camps (609)
Amended By Justin McAuliffe (000698)	Inspector who Amended Digital Signature

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 22-26, 2024

The following intake(s) were inspected:

- One intake related to the fall of a resident resulting in injury.
- One intake related to the improper care of a resident resulting in injury.
- One intake related to a missing narcotic.
- One complaint related to Registered Nurse Staffing.
- One intake related to an enteric outbreak.

The following **Inspection Protocols** were used during this inspection:

Medication Management
Infection Prevention and Control
Staffing, Training and Care Standards
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the floor tiles in the home were maintained in a safe condition and in a good state of repair.

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Rationale and Summary

The Inspector observed numerous broken and depressed tiles in the home.

A Personal Support Worker (PSW) described how residents were known to get stuck in the broken tiles.

The Support Services Manager (SSM) verified that they were aware of the broken tiles.

The home's failure to maintain the floor tiles in a good state of repair presented risk to residents who were known to get stuck in the broken tiles.

Sources: The home's policy titled "Care of the Resident Home Area" last reviewed January 2022; Inspector observations; Maintenance logs effective January 24, 2024; Interviews with staff. [609]

WRITTEN NOTIFICATION: Binding on licensees

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

Directives by Minister

s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to ensure that every operational or policy directive that applied to the home was carried out.

Rationale and Summary

Pursuant to the Minister's Directive: "COVID-19 response measures for long-term care homes" effective August 30, 2022, the home was required to follow the

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masking requirements as set out in the “COVID-19 Guidance Document for Long-Term Care Homes in Ontario”.

Pursuant to the “COVID-19 guidance document for long-term care homes in Ontario” amended November 7, 2023, staff required masks be worn indoors in all resident areas.

A PSW provided care to a resident without wearing a mask.

The home's Infection Prevention and Control (IPAC) Lead verified that the PSW should have worn a mask as per the home's policy but had forgotten to apply one.

The home's failure to ensure that the policy directive was carried out when a PSW did not wear a mask while they provided care to a resident presented low risk of transmission of pathogens.

Sources: Inspector's observations; The home's policy titled “Universal PPE Strategy #IC-02-01-18” January 2024; Interview with the IPAC Lead. [609]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to IPAC was implemented; specifically, the licensee has failed

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to ensure that residents were provided hand hygiene before meals. According to 10.2 of the IPAC Standard for Long Term Care (LTC) Homes, revised September 2023, the licensee was required to ensure that their hand hygiene program provided hand hygiene to residents before meals.

Rationale and Summary

The homes Hand Hygiene program section 7, b, indicates to encourage and/or offer assistance to residents to properly wash or sanitize their hands (based on their preference) for all resident activities, including before and after meals or snacks.

During observations of a lunch service, none of the residents were offered hand hygiene in the dining room prior to serving lunch.

In an interview with a PSW and Registered Practical Nurse (RPN), they both indicated that the homes policy is to provide hand hygiene to residents prior to meals. The RPN also acknowledged that the residents did not receive hand hygiene prior to lunch, and that residents should have been offered/provided hand hygiene prior to serving lunch. The IPAC Lead confirmed that the expectation for staff is to provide residents hand hygiene in the dining room prior to serving their meal.

Sources: Review of the homes "Hand Hygiene Program" last revised January 2024; Inspector Observations; Interviews with staff. [000698]

WRITTEN NOTIFICATION: Medication management system

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-

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based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that the home's written policies and protocols for the medication management system were implemented.

Rationale and Summary

The home's internal investigations of two incidents where a resident's medication that was a controlled substance went missing, found that despite the home's policy, no medication incident reports were completed by registered staff.

The Director of Care (DOC) verified to the Inspector that registered staff should have completed a medication incident report for each of the two incidents.

The home's failure to ensure that registered staff completed medication incident reports for missing narcotic or controlled substances, presented no risk to the resident as the home did complete Critical Incident (CI) reports for each incident.

Sources: Internal investigations and CI reports; The home's policy titled "Management of Insulin, Narcotics, and Controlled Drugs #RC-16-01-13" last reviewed March 2023; Interview with the DOC. [609]

COMPLIANCE ORDER CO #001 Home to be safe, secure environment

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

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**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- a) Develop and implement a process to ensure that when the fire alarm is activated and a staff member is tasked with monitoring a unit's emergency exit door as well as the safety/comfort of the unit's residents, that it includes strategies for staff to be able to manage these competing priorities;
- b) Develop and implement a process to ensure that when the fire alarm is activated for an extended timeframe of 30 minutes or longer, that staff are able to verify the safety and well-being of a unit's residents;
- c) Maintain a written record of the training provided to staff on each of the two required processes, including the names of those receiving and providing the training; and
- d) Make the records available to the Inspectors upon request.

Grounds

The licensee has failed to ensure that the home was a safe and secure environment for its residents.

Rationale and Summary

There was an incident in the home where the home's fire alarm activated unexpectedly for a sustained period of time.

A resident was able to exit the home through a door that was not being monitored by a staff member.

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The staff member acknowledged that they should have been monitoring the door when a resident left the home.

The Assistant Director of Care (ADOC) described how the staff member should have been monitoring the door and that the emergency door was the priority because it was unlocked and accessible to anyone.

The home's plan did not provide direction to staff on how to manage competing priorities when a fire alarm is activated for a prolonged period of time, which resulted in risk and impact to the residents in the home.

Sources: The home's "Fire Safety Plan" last reviewed January 4 2024; CI report; Interviews with residents and staff. [609]

This order must be complied with by April 29, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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