Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Original Public Report

Report Issue Date: October 21, 2024
Inspection Number: 2024-1125-0003
Inspection Type: Complaint Critical Incident
Licensee: Extendicare (Canada) Inc.
Long Term Care Home and City: Extendicare Tri-Town, Haileybury

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 16-19, 2024.

The following intake(s) were inspected:

- One Intake was related to allegations of abuse of a resident by staff.
- One Intake was a complaint related to care concerns of a resident.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Substitute Decision Maker Involvement

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

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a resident's substitute decision-maker (SDM) was promptly notified when a resident sustained a fall.

Rationale and Summary

The Substitute Decision Maker (SDM) of a resident was not immediately notified of resident's fall.

The Administrator/DOC acknowledged that the SDM was not notified immediately and should have been.

Failure to notify the resident's SDM as required, may have resulted in the SDM not being made aware of the situation and taking actions if necessary.

Sources: A Resident's progress notes, including specified assessments; the home's investigation notes; home's policy titled "Falls prevention and Management program", dated March 2023; and an interview with the Administrator/DOC.

WRITTEN NOTIFICATION: Reporting to the Director

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to ensure that they immediately forwarded to the Director any written complaint it received concerning the care of a resident.

Rationale and Summary:

During the pre-inspection interview with the complainant they indicated that they submitted an email complaint to the home regarding their concerns about the care of a resident.

In an interview with the Administrator/DOC they acknowledged they did receive an email complaint regarding care concerns of a resident and did not submit to the Director as required.

The risk to the resident was low by not submitting the complaint as the home investigated the care concerns.

Sources:

Complaint Intake; The home's investigation notes; An interview with the Complainant

and the Administrator/DOC; Home's policy titled "Complaints, and Customer Service; last reviewed November, 2023.

WRITTEN NOTIFICATION: Prevention of Abuse

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that allegations of abuse and neglect towards a resident were immediately reported to the Director.

Rationale and Summary
On an identified date, a staff member was made aware of allegations of abuse and neglect towards a resident. There was no Critical Incident System (CIS) report to the Director made until one day later regarding the allegations.

Failure to immediately report the allegations of neglect to the Director did not place the resident at risk of harm as it did not delay in the investigation into the allegations.

Sources: A Resident's progress notes; the homes investigation notes; the home's policy titled, "Zero Tolerance of Abuse and Neglect: Response and Reporting", dated February 2024; and interviews with the Administrator/DOC, and other staff.

WRITTEN NOTIFICATION: Fall Prevention

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the falls program to provide a falls risk assessment for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the falls prevention and management program must, at a minimum, provide strategies to reduce or mitigate falls, including the monitoring of residents.

Specifically, staff did not comply with the home's Falls Prevention policy that stated that staff were to ensure that a fall risk assessment was to be done as triggered by the resident assessment instrument-minimum data set (RAI-MDS) resident assessment protocol on a quarterly basis.

Rationale and Summary

A Resident sustained an unwitnessed fall, which resulted in an injury. The resident's health care records identified that the last fall risk assessment had been completed years prior.

The Administrator/DOC indicated that the falls risk assessment had not been completed as per the home's policy and should have been.

Sources: The home's policies titled "Falls prevention & Management Program", last revised March 2023; a resident's health record including last fall risk assessment done on a specified date; and Interviews with the Administrator/DOC, and other staff.

WRITTEN NOTIFICATION: Critical Incident Reporting

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (5) 2. i.
Reports re critical incidents
s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
2. A description of the individuals involved in the incident, including,
i. names of any residents involved in the incident,

The licensee has failed to ensure that when required to inform the Director in writing of an incident, in as much detail as is possible in the circumstances, of the incident, including a description of the individuals involved including the names of staff who was involved in the incident by the requested amendment dates.

Rationale and Summary:
An amendment was requested by the Director to an identified CI (Critical Incident) by specified date. However, amendments were not received until weeks later, and

did not include the requested Identifying information.

The Administrator/DOC confirmed that for Critical Incident report had not been amended as requested.

There was low impact and low risk as a result of not providing the amendments by the specified dates.

Sources: CI report; Critical Incident policy Titled "Critical Incident reporting (ON)", last reviewed February, 2024; Interview with the Administrator/DOC.

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