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
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Original Public Report

Report Issue Date: September 28, 2023
Inspection Number: 2023-1119-0004
Inspection Type: Complaint Critical Incident
Licensee: Extendicare (Canada) Inc.
Long Term Care Home and City: Extendicare Van Daele, Sault Ste. Marie

Lead Inspector	**Inspector Digital Signature**
Lisa Moore (613)	Lisa K Moore Digitally signed by Lisa K Moore Date: 2023.10.04 13:11:22 -04'00'

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 12-15, 2023.

The following intake(s) were inspected:

- Intake related to communication concerns.
- Intake related to an allegation of abuse.

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

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

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (1) (a)

The licensee has failed to ensure that there was a written plan of care for a resident that set out the planned care for the resident.

Rationale and Summary: Following an incident, staff reported a specific intervention to prevent recurrence; however, the specific intervention was not indicated in the resident's care plan.

The Acting Director of Care (Acting DOC) verified this intervention should have been in the resident's care plan as all staff were aware of the specific intervention.

Sources: Critical Incident System (CIS) report; a resident's health care record including the progress notes and care plan; and an interview with the Acting DOC. [613]

Date Remedy Implemented: September 13, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (10) (c)

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the care set out in the plan had not been effective.

Rationale and Summary: A review of a resident's progress notes indicated that on a specific date a new intervention had been implemented; however, their care plan identified a different intervention.

A RPN verified that a resident's care plan had not been updated to reflect the current intervention.

Sources: Resident's health care record including the progress notes and care plan; and an interview with a RPN. [613]

Date Remedy Implemented: September 13, 2023

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee has failed to ensure that the abuse of a resident by anyone that resulted in harm was reported immediately to the Director.

Rationale and Summary: Two residents were found in a resident home area together and one resident sustained an injury as a result of an interaction.

The incident was reported to the Director three days after it had occurred.

Sources: CIS report; Zero Tolerance of Resident Abuse and Neglect Program policy; and interview with the Acting DOC. [613]

WRITTEN NOTIFICATION: GENERAL REQUIREMENTS

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

The licensee has failed to ensure that the Zero Tolerance of Resident Abuse and Neglect Program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Rationale and Summary: A review of the licensee's policy titled, "Zero Tolerance of Resident Abuse and Neglect Program" indicated that the program policy was last reviewed and updated in January 2022.

The Administrator (ADM) verified this was the home's most current policy and required updating.

Sources: Zero Tolerance of Resident Abuse and Neglect Program policy; and an interview with the ADM. [613].

WRITTEN NOTIFICATION: NOTIFICATION RE: INCIDENTS

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (1) (a)

The licensee has failed to ensure that a resident's substitute decision-maker was notified immediately upon the licensee becoming aware of an alleged incident of abuse that resulted in a physical injury or pain to the resident.

Rationale and Summary: A resident's progress notes did not include notification to their substitute decision-maker (SDM) of an incident resulting in a physical injury or pain to the resident.

The Acting DOC verified that registered staff should have immediately notified the resident's SDM.

Sources: CIS report**;** a resident's health care record including the progress notes and care plan; and an interview with the Acting DOC. [613]