

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: March 12, 2024	
Inspection Number: 2024-1119-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Van Daele, Sault Ste. Marie	
Lead Inspector Jennifer Lauricella (542)	Inspector Digital Signature
Additional Inspector(s) Eva Namysl (000696)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): January 29, 30, 31, 2024 and February 1, 2, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake #0107216 - Proactive Compliance Inspection (PCI).

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration

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Residents' and Family Councils
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure the home's policy, "Extendicare Temperatures of Food at Point of Service", regarding food temperatures was complied with.

Summary and Rationale

Pursuant to Ontario Regulation (O. Reg.) 246/22 s. 11 (1) b, the licensee was required to develop and comply with policies and procedures relating to nutritional care,

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dietary services and hydration.

Inspector reviewed the temperature logs for food at point of service for the month of January 2024. There were eight missing temperature recordings noted in January 2024. An interview with a Dietary Aide (DA) confirmed, food temperatures were to be conducted by a dietary aide and recorded prior to each meal service, as per the home's Extendicare Temperatures of Food at Point of Service policy. The home's Administrator confirmed the temperatures should have been.

There was low risk to residents as a result of the home's lack of logging food temperatures.

Sources: Policy: Extendicare Temperatures of Food at Point of Service; Review of temperature logs at point of service; Interviews with a dietary aide and Administrator. [000696]

WRITTEN NOTIFICATION: Infection Prevention and Control Lead

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

Non-compliance with: FLTCA, 2021, s. 23 (4)

Infection prevention and control program

s. 23 (4) Except as provided for in the regulations, every licensee of a long-term care home shall ensure that the home has an infection prevention and control lead whose primary responsibility is the home's infection prevention and control program.

The licensee has failed to ensure that the home had an infection prevention and control lead whose primary responsibility was the home's infection prevention and control program.

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Rationale and Summary:

The home's Administrator indicated that the home was without an Infection Prevention and Control lead (IPAC).

There was no impact and minimal risk to the residents at the time of non-compliance as the home was completing the roles and responsibilities of the program.

Sources: Interviews with the Administrator and the Assistant Director of Care. [542]

WRITTEN NOTIFICATION: Licensee obligations if no Family Council

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

Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure that when there was no Family Council (FC) in place at the home, the home convened semi-annual meetings.

Rationale and Summary

The home was unable to provide documentation demonstrating that semi-annual meetings with families were held in place of a Family Council.

The Resident's Program Manager and the Administrator stated that at the time of the inspection, the home did not have a Family Council and had not been holding

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semi-annual meetings.

There was low risk to residents as a result of the home's lack of semi-annual meetings with families.

Sources: Interviews with the Resident Program Manager and Administrator.
[000696]

WRITTEN NOTIFICATION: Dressing

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

Non-compliance with: O. Reg. 246/22, s. 44

Dress

s. 44. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing and in appropriate clean footwear.

The licensee has failed to ensure that a resident was assisted with getting dressed as required, and was dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing and in appropriate clean footwear.

Rationale and Summary:

On two separate occasions, a resident was observed to be inappropriately dressed in a public area of the home.

A RPN and the Assistant Director of Care verified that the resident was not dressed

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appropriately for the time of day.

There was minimal risk to the resident at the time of the non-compliance.

Sources: Observations, a resident's plan of care and interviews with the staff. [542]

WRITTEN NOTIFICATION: Nutrition Manager

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 81 (1)

Nutrition manager

s. 81 (1) Every licensee of a long-term care home shall ensure that there is at least one nutrition manager for the home, one of whom shall lead the nutritional care and dietary services program for the home. O. Reg. 246/22, s. 81 (1).

The licensee failed to ensure that there was at least one nutrition manager for the home, who led the nutritional care and dietary services program for the home.

Summary and Rationale

There was no nutrition manager currently working in the home as identified through interviews with the Administrator and with the Registered Dietitian.

There was minimal risk of harm to the residents as a result of the home not having a nutrition manager.

Sources: Interviews with Administrator and with Registered Dietitian. [000696]

WRITTEN NOTIFICATION: Continuous quality improvement

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committee

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2)

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.
9. One member of the home's Residents' Council.
10. One member of the home's Family Council, if any.

The licensee has failed to ensure the continuous quality improvement (CQI) committee shall be composed of specific members, at minimum.

Summary and Rationale

The home's CQI committee meeting minutes from a specific month in 2023, indicated that the following members were in attendance: Operations Manager/Environmental; Administrator/Acting Dietary Manager; Assistant Director of Care/Infection Prevention and Control; Residents' Program Manager; and Director

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of Care.

The home was unable to provide documentation demonstrating the CQI committee is comprised of all the necessary members.

Sources: The home's CQI Meeting Minutes and an interview with Administrator.
[000696]