

**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**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 6, 2022	2021_902622_0010	019839-21	Proactive Compliance Inspection

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**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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**Long-Term Care Home/Foyer de soins de longue durée**

Extendicare West End Villa  
2179 Elmira Drive Ottawa ON K2C 3S1

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

HEATH HEFFERNAN (622), MEGAN MACPHAIL (551)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Proactive Compliance Inspection.**

**This inspection was conducted on the following date(s): December 16, 17, 20, 21, 22, 23, 24, 2021**

**A Proactive Compliance Inspection was conducted.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Recreation Manager (RC), Food Services Supervisor (FSS), Registered Dietitian (RD), Support Services Manager, Registered Nurses (RNs), Registered Practical Nurses (RPNs), the Wound Care Nurse, Personal Support Workers (PSWs), Dietary Aides, housekeepers, the Family Council Chair, Representatives of the Residents' Council and the residents.**

**Also during the course of the inspection, the inspector reviewed resident health care records, the licensee's policies related to; Zero Tolerance of Resident Abuse and Neglect #RC-02-01-01 - dated June 2021, Zero Tolerance of Resident Abuse and Neglect - Response and Reporting dated June 2021, Skin and Wound, Pain Identification and Management, Falls Prevention and Management, selected education records, Residents' Council and Family Council meeting minutes, other meeting minutes; and observed resident care, staff to resident interactions, meal service, housekeeping services, Infection Prevention and Control and medication administration practices.**

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

**Accommodation Services - Housekeeping  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Quality Improvement  
Residents' Council  
Safe and Secure Home  
Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**

**Specifically failed to comply with the following:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**

**i. kept closed and locked,**

**ii. equipped with a door access control system that is kept on at all times, and**

**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system, or**

**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**

**O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that a door leading to the outside of the home was kept locked.

The exit door in the north corridor on the main level of the home was found to be unlocked on several occasions, including on December 16, 2021 at 1500 hours and December 23, 2021 at 1220 hours.

The Director of Care (DOC) stated that the door was unlocked as an IPAC measure to control the flow of movement as day shift staff exited through the north corridor door, and evening staff entered through the main door.

The Manager of Support Services (MSS) stated that the door was used to access the garbage dumpster and that a keypad had been ordered and would be installed, keeping the door locked when closed.

Sources: Interviews with the DOC and MSS and observations of the inspector. [s. 9. (1) 1.]

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**Issued on this 17th day of January, 2022**

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

**Original report signed by the inspector.**