

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: Oct 10, 2023	
Original Report Issue Date: August 29, 2023	
Inspection Number: 2023-1207-0004 (A1)	
Inspection Type: Complaint Critical Incident	
Licensee: Extencicare (Canada) Inc.	
Long Term Care Home and City: Extencicare West End Villa, Ottawa	
Amended By Jessica Nguyen (000729)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This licensee inspection report has been revised to state that Written Notification #002 has been issued under FLTCA, 2021, s. 28 1 (2) instead of FLTCA, 2021, s. 25 (1).

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Inspection Type: Complaint Critical Incident	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare West End Villa, Ottawa	
Lead Inspector Severn Brown (740785)	Additional Inspector(s) Jessica Nguyen (000729)
Amended By Jessica Nguyen (000729)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 4, 8-10, 14, 2023

The following intake(s) were inspected:

- Intake: #00015431 complaint related to resident care and placement in the home.
- Intake: #00091454/ CI# 2709-000007-23 related to a missing resident. Also refer to intake# 00091554

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- Intake: #00091554 complaint related to a missing resident.
- Intake: #00091910/ CI# 2709-000008-23 related to an injury of unknown cause.
- Intake: #00092541 related to concerns about an incident of alleged resident to resident abuse and professionalism of administration.
- Intake: #00092806/ CI# 2709-000009-23 related to a fall resulting in injury and a significant change in condition.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management
Resident Charges and Trust Accounts

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

The licensee has failed to ensure that the skin and wound care policy was complied with for a resident. In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to have a skin and wound program to prevent and identify issues of skin integrity, and it must be complied with.

Summary and rationale

A resident who required emergency assessment returned from hospital to the home and was received by a Registered Practical Nurse (RPN). The RPN documented that they received the resident. Upon record review with ADOC, no head-to-toe assessment was found to be documented on the resident on the day they returned from hospital. Policy RC-23-01-01 Appendix 2 Head to Toe Assessment, as part of the home's skin and wound management program, indicates that a head-to-toe assessment must be

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completed upon any resident's return from hospital if it is a visit for admission or emergency services.

The RPN stated they assessed the resident's skin on return from hospital but did not document the assessment. The ADOC stated that a head-to-toe assessment must be completed and documented in the home's electronic charting system as part of the skin and wound management program when a resident returns from an emergency room visit.

Not ensuring a skin assessment was documented upon a resident's return from hospital risks poor continuity of care to ensure that the skin integrity status of a resident is effectively communicated.

Sources

Interviews with an RPN and the ADOC;
The resident's electronic chart;
Policy RC-23-01-01 Appendix 2 Head to Toe Assessment.

[740785]

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 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 Director was informed of an incident of alleged resident to resident physical abuse.

Summary and Rationale

The home's Director of Care (DOC) was made aware of an incident of alleged physical abuse towards a resident by another resident. The DOC documented that an internal investigation was conducted regarding the incident and interventions were implemented.

Upon record review, no Critical Incident Report (CIR) was submitted to the Director regarding the incident of alleged physical abuse.

During an interview, the DOC confirmed no CIR was submitted to the Director related to the alleged physical abuse.

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By not ensuring that the Director was informed, the resident was placed at risk of having an alleged incident of abuse towards them go unreported.

Sources:

Interview with the DOC
The resident's electronic chart
Critical Incident System (CIS)

[000729]



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

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