

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

Public Report

Report Issue Date: December 10, 2024

Inspection Number: 2024-1207-0006

Inspection Type:
Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare West End Villa, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 20, 21, 22, 25, 26, 27, 28, 2024 and December 2, 3, 5, 6, 2024

The following intake(s) were inspected:

- Intake: #00132445 - PCI

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

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Pain Management

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)

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee has failed to ensure that a resident was provided course by course service of meals when it was not otherwise indicated by the resident or by the resident's assessed needs, on two separate days in November, 2024 when the resident was not offered soup during the lunch meal. The Personal Support Worker stated the soup had not been provided because the resident did not normally consume soup..

In a review of progress notes, documentation was noted of a reassessment of the residents' intake of soup and discussion for the staff to include soup at the lunch meal.

On a day in December, 2024, a staff explained that during a reassessment by the Registered Dietitian (RD), the soup had been consumed by the resident. As a result

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of the reassessment the care plan was reviewed but no updates were required. Discussion was had with the staff to resume offering the resident soup at the lunch meal.

Sources: Inspector's observation, resident's health record and interviews with staff.
[000731]

Date Remedy Implemented: December 3, 2024

WRITTEN NOTIFICATION: Advice

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to ensure that the advice of the Residents' Council and the Family Council, was sought in carrying out the 2024 Resident and Family/Caregiver Experience Survey, as confirmed by a staff member.

Sources: Interviews with the family council and a staff member. [000731]

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

Doors in a home

s. 12 (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

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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,

The licensee has failed to ensure that 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 kept closed and locked. Specifically, on a day in November, 2024, the licensee failed to ensure six doors throughout the home were closed and locked. During interviews with staff, they confirmed that the doors are required to be closed and locked.

Sources: Observations and interviews with staff. [000728]

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius on multiple days in November 2024 when the

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temperature decreased below 22 degrees as confirmed by the home's temperature report and the Support Service Manager.

Sources: Homes temperature report for November 2024 and interviews with staff.
[000731]

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (2) (a)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,
(a) is reviewed by the Residents' Council for the home;

The licensee has failed to ensure that, prior to the Fall/Winter 2024/2025 menu cycle being in effect, the menu cycle was reviewed by the Residents' Council for the home as confirmed by a staff member.

Sources: Resident Council meeting minutes for 2024 and an interview with a staff member. [000731]

COMPLIANCE ORDER CO #001 Cooling requirements

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NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 23 (4) (b)

Cooling requirements

s. 23 (4) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,

(b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 24 (2), (3) and (4) reaches 26 degrees Celsius or above, for the remainder of the day and the following day. O. Reg. 246/22, s. 23 (4).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A) Review the home's illness prevention and management plan with the home's nursing staff to ensure they are aware of what it is and when it is required to be implemented.

B) Implement the heat related illness prevention and management plan for the home at anytime that the temperature, in an area in the home measured by the licensee, reaches 26 degrees Celsius or above, for the remainder of the day and the following day.

C) Keep written records of everything required under step A and B. Records must be kept until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.,

Grounds

The licensee has failed to ensure that the heat related illness prevention and management plan for the home was implemented when the temperature in areas in

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the home, measured by the licensee, reached 26 degrees Celsius or above on multiple consecutive days in November, 2024.

Specifically, temperatures of 26 degrees and above were recorded in a room, on a specific day in November, 2024. In another room, in an activity room, two rooms on a separate unit, in addition to a dining room had temperatures above 26 degrees on several days in November, 2024.

In a review of the home's Heat related illness prevention and management plan algorithm it stated that in the event the indoor temperature measured in any area of the home reads 26 degrees or above the home is required to implement the heat related illness prevention and management plan.

In an interview with a staff member, they confirmed that the expectation was for the homes Heat related illness prevention and management plan to be implemented during periods when the temperature exceeded the required temperature of 26 degrees Celsius.

Another staff stated that they had not implemented the heat related illness prevention and management plan during the month of November.

Sources: Temperature Record review, Home's Heat related illness prevention and management plan algorithm, Interviews with staff [000731]

This order must be complied with by January 6, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor



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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.