



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance

Division Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 14, 17, 22, 24, 2012; 2012_128138_0030; Complaint

Licensee/Titulaire de permis

NEW ORCHARD LODGE LIMITED - Extendicare (Canada) Inc
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE WEST END VILLA
2179 ELMIRA DRIVE, OTTAWA, ON, K2C-3S1

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

PAULA MACDONALD (138)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, registered practical nurses, registered nurses, personal support workers, students, and residents.
The inspection occurred on-site September 14, 17 and 22, 2012

During the course of the inspection, the inspector(s) reviewed the home's process for responding to complaints, reviewed the home's 2012 complaint file, reviewed resident health records, observed a lunch meal service and supper meal service over the weekend.

The following Inspection Protocols were used during this inspection:

Dining Observation

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints
Specifically failed to comply with the following subsections:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. A response shall be made to the person who made the complaint, indicating,
 i. what the licensee has done to resolve the complaint, or
 ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The home failed to comply with O. Reg. 79/10 s. 101. (1) 1. in that written complaints made to the home concerning the care of a resident and operation of the home was not responded to in 10 business days.

A review of the home's files on written complaints received by the home demonstrated two complaints from two different individuals both dated in July 2012 and both regarding concerns with the organization of a unit floor meal service, specifically timing and adequate assistance with feeding and supervision of residents during the meal service. The written responses provided by the home demonstrated actions taken by the home to rectify the complaints however the written responses were dated August 23, 2012 and August 16, 2012 respectively and not within 10 business days of receipt of the complaint.

2. The home failed to comply with O. Reg 79/10 s. 101. (2) in that the home does not maintain a documented record of written complaints.

The home's administrator reported that written complaints for 2012 have not been logged due to a system conversion issue. Complaints have not been maintained in a record that includes the the type of action taken to resolve the complaint (date of the action, time frames for actions taken and any follow up action required), the final resolution, every date of which response was provided to the complainant, and any response made by the complainant.

A review of the home's complaint record demonstrated that the complaints received by the home were maintained only until December 2011.

Issued on this 24th day of September, 2012

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

Paula MacDonald, RD