



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 12, 2016	2016_320612_0003	000887-16	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE YORK
333 YORK STREET SUDBURY ON P3E 5J3

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

SARAH CHARETTE (612), SYLVIE BYRNES (627), TIFFANY BOUCHER (543)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 25-29 and February 1, 2016.

This Complaint Inspection is related to four complaints received by the Ministry, two related to the care of residents in the home, one related to insufficient staffing and one related to lost items.

During the course of the inspection, the inspector(s) spoke with the Senior Administrator, the Administrator, the Director of Care (DOC), the Assistant Directors of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Registered Dietitian (RD), Environmental Services Manager, Admissions Coordinator, Residents and their family members.

The inspectors conducted a daily walk through of common areas, observed the provision of care to residents, observed staff to resident interactions, reviewed various policies and procedures, reviewed complaint records, and reviewed residents' clinical records.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Sufficient Staffing**

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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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



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Specifically failed to comply with the following:

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; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(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; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

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

Findings/Faits saillants :



1. The licensee has failed to ensure that a documented record was kept in the home which included; the nature of the verbal complaint, the date the complaint was received, type of action taken to resolve the complaint, including the date of the actions taken and follow up action required, the final resolution if any, every date on which any response was provided to the complainant and a description of the response, and any response made by the complainant.

A complaint was received by the Ministry in October, 2015. The family member of resident #011 reported that they had brought in an item for the resident on September 22, 2015 and that it had gone missing. Inspector #627 interviewed the family member, who stated that they left the item at the front desk, to be labelled and checked by the maintenance department. On September 30, 2015, resident #011 informed their family member that they did not have the item. The family member informed a Manager of the missing item. On October 5, 2015, the family reported that the Manager spoke with the Administrator and the family member was told that the home did not know what happened to the item and that they would not provide any reimbursement for it. On October 10, 2015, the item was found by a PSW in another resident's bedside table.

A review of the home's policy titled, Complaints and Customer Service, policy number RC-11-01-04, revealed that when a resolution cannot be obtained within 24 hours, a written complaint would be filled with as much detail as possible, an investigation would commence and the progress of the investigation would be documented on the form. The family would be updated within 10 days with the results of the investigation.

Inspector #627 interviewed the Administrator on January 26, 2015, and they confirmed the process outlined in the policy. The Administrator stated that the completed forms are kept in a binder and reviewed annually.

Inspector #627 and the Administrator reviewed the lost articles binder and found no written complaint related to the missing item. On January 28, 2016, the Administrator confirmed that they were unable to find any documentation related to the missing item.
[s. 101. (2)]



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Issued on this 12th day of February, 2016

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

Original report signed by the inspector.