Ontario

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

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

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Public Report

Report Issue Date: November 26, 2024

Inspection Number: 2024-1355-0004

Inspection Type:
Critical Incident
Follow up

Licensee: Axium Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axium Extendicare LTC II GP Inc.

Long Term Care Home and City: West Oak Village, Oakville

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: October 29-30, November 1, 4-8, and 12, 2024.
The inspection occurred offsite on the following date: November 1, 2024.

The following intake(s) were inspected:

- Intake #00113629 - Critical Incident (CI) #2870-000017-24 related to continence care.
- Intake #00116654 - CI #2870-000026-24 related to continence care and residents' rights.
- Intake #00119487 - CI #2870-000031-24 related to neglect.
- Intake #00119601 - CI #2870-000032-24 related to abuse.
- Intake #00120006 - CI #2870-000033-24 related to abuse.
- Intake #00121988 - CI #2870-000037-24 related to neglect.
- Intake #00123762 - CI #2870-000041-24 related to injury of unknown origin.
- Intake #00123800 - CI #2870-000040-24 related to neglect.
- Intake #00123802 - CI #2870-000042-24 related to neglect.
- Intake #00125173 - CI #2870-000046-24 related to abuse.
- Intake #00126602 - CI #2870-000053-24 related to skin and wound care.

- Intake #00127221 - CI #2870-000055-24 related to neglect.
- Intake #00127705 - CI #2870-000057-24 related to falls and safe and secure home.
- Intake #00118673 - Follow-up - Ontario Regulation (O. Reg.) 246/22 - s. 102 (11) (b), 2024-1355-0002, Compliance Due Date (CDD): September 10, 2024.
- Intake #00118674 - Follow-up - Fixing Long-Term Care Act (FLTCA), 2021 - s. 24 (1), 2024-1355-0002, CDD: August 18, 2024.
- Intake #00118675 - Follow-up - O. Reg. 246/22 - s. 261 (1), 2024-1355-0002, CDD: July 25, 2024.
- Intake #00118676 - Follow-up - O. Reg. 246/22 - s. 252 (3), 2024-1355-0002, CDD: July 26, 2024.
- Intake #00118677 - Follow-up - O. Reg. 246/22 - s. 40, 2024-1355-0002, CDD: July 25, 2024.
- Intake #00118678 - Follow-up - O. Reg. 246/22 - s. 52 (1) (b), 2024-1355-0002, CDD: July 31, 2024.

The following intake(s) were completed:

- Intake #00127497 - CI #2870-000056-24 related to falls.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1355-0002 related to O. Reg. 246/22, s. 252 (3)
Order #002 from Inspection #2024-1355-0002 related to FLTCA, 2021, s. 24 (1)
Order #003 from Inspection #2024-1355-0002 related to O. Reg. 246/22, s. 40
Order #004 from Inspection #2024-1355-0002 related to O. Reg. 246/22, s. 52 (1) (b)
Order #005 from Inspection #2024-1355-0002 related to O. Reg. 246/22, s. 102 (11) (b)
Order #006 from Inspection #2024-1355-0002 related to O. Reg. 246/22, s. 261 (1)

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

Resident Care and Support Services

Continence Care
Skin and Wound Prevention and Management
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 16.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

The licensee has failed to respect and promote a resident's right to proper care and services consistent with their needs.

Rationale and Summary
An incident occurred where a staff failed to provide a resident with proper care and assistance for their continence.

The incident negatively impacted the resident.

Sources: A resident's health record, interviews with staff and others, investigation

notes.

WRITTEN NOTIFICATION: Home to be safe, secure environment

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 5
Home to be safe, secure environment
s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure that the home was a safe and secure environment.

Rationale and Summary
A resident was left unattended in area of the home that had wet flooring.

Placing the resident in an unsafe environment contributed to an incident resulting in injury.

Sources: A resident's health record, interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care was

provided to a resident as specified in the plan.

Rationale and Summary
A resident's plan of care included an intervention to ensure that they were safe in their surroundings. The resident was at risk of falls.

An incident occurred when staff did not follow the resident's care plan to ensure they were safe in their surroundings.

Not providing the intervention posed a risk of injury.

Sources: A resident's care plan, investigation notes, interviews with staff.

WRITTEN NOTIFICATION: Plan of Care: when reassessment, revision is required

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

A) The licensee has failed to ensure that a resident was reassessed and their plan of care was reviewed and revised when they experienced pain and had an injury.

Rationale and Summary
On a specified date, a resident expressed having pain and showed a sign of injury. Pain and head to toe assessments were not completed for the resident for a period of days when the pain and injury were first identified.

Failing to assess the resident when they had a change in condition increased the risk for further deterioration of their health.

Sources: Investigation notes, a resident's health records and other records, interviews with staff.

B) The licensee has failed to ensure that when a resident was reassessed, their plan of care was revised when their care needs changed related to their level of assistance needed for bathing.

Rationale and Summary
The quarterly Minimum Data Set (MDS) assessment indicated the level of assistance a resident required for bathing had changed from the previous quarterly assessment.

The care plan was not revised with the new level of assistance for a several months after it was known that they had a change in care needs. Staff confirmed the care plan should have been revised at the time the resident's care needs changed.

There was an increased risk to the resident when the care plan was not revised with the level of assistance they required.

Sources: A resident's health records, interview with registered staff.

WRITTEN NOTIFICATION: Duty to protect

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse

by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from abuse from staff.

Ontario Regulation 246/22 outlines the definitions for the different types of abuse.

Rationale and Summary
On an identified date, an incident occurred where staff were physically, verbally and emotionally abusive toward a resident. This was confirmed by staff.

Sources: Investigation files, interview with staff.

WRITTEN NOTIFICATION: Communication and response system

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 20 (a)
Communication and response system
s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure that the resident-staff communication and response system was easily accessible for a resident.

Rationale and Summary
A resident's plan of care indicated that a call bell was to be within reach at all times.

During the inspection, the resident was in their room and their call bell was not within reach, as required.

The resident was placed at an increased risk when the call bell was not within reach.

Sources: Observation, a resident's health record, interview with staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that a resident was safely transferred.

Rationale and Summary
A resident required assistance with transferring using a specific device.

The home confirmed multiple instances had occurred over a period of time where a resident was transferred improperly by staff.

Inappropriate transferring methods caused the resident to sustain multiple injuries.

Sources: A resident's health record, investigation records, interviews with staff.

WRITTEN NOTIFICATION: Required programs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

A) The licensee has failed to ensure that the pain management program was implemented in the home to identify and manage a resident's pain related to their area of altered skin integrity.

Rationale and Summary
The home's Pain Assessment procedure stated that a resident will be screened for pain using a Pain Screening tool when a change in condition is identified.

A resident was found to have an area of altered skin integrity, which was reported to registered nursing staff.

A pain screening tool was not completed for the resident until a period of days after the area was first identified. Staff acknowledged that pain screening and monitoring should have been initiated following the identification of the new area of altered skin integrity.

Failing to use a pain screening tool to identify a resident's pain can decrease the ability to measure the impact of pain and facilitate timely interventions.

Sources: A resident's health record, investigation records, Revera Pain Assessment procedure, interviews with staff.

B) The licensee has failed to ensure that the pain management program to identify and manage pain for a resident was implemented.

Rationale and Summary
The home's Pain Assessment policy indicated when new pain was identified, a nurse would initiate a 72-hour monitoring and complete a comprehensive pain assessment.

A resident sustained an injury and had pain. Personal support worker (PSW) staff were aware of the resident's pain and reported it to registered nursing staff.

Registered nursing staff confirmed a 72-hour monitoring and pain assessment was not completed when the resident initially expressed having pain.

Sources: Investigation notes, a resident's health record, the home's Pain Assessment policy, interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A) The licensee has failed to ensure that an assessment of a resident's area of altered skin integrity was conducted using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessments.

Rationale and Summary

A resident had an area of altered skin integrity, which was identified by PSW staff and reported to registered nursing staff. A skin care progress note indicated a wound assessment was completed and treatment was provided for the area of altered skin; however, no further details were documented regarding the skin and wound assessment in the progress note.

The home's New Skin Impairment/New Wound Assessment procedure stated that once a skin impairment is identified, an initial assessment is completed using the Point Click Care (PCC) Skin and Wound care app by the nurse; however, this was not completed.

The skin care progress note did not include an image, measurements, and description of the wound, which was indicated in the skin and wound care app.

Failure to use a clinically appropriate assessment instrument specifically designed for skin and wound assessments increased risk for worsening of the resident's skin condition.

Sources: A resident's health records, New Skin Impairment/New Wound Assessment policy, investigation records, interviews with staff.

B) The licensee has failed to ensure that a resident received a skin assessment on an area of altered skin integrity, using a clinically appropriate instrument.

Rationale and Summary
A resident sustained multiple areas of altered skin integrity as a result of improper care from staff.

Staff reported that the resident's skin was assessed when the home was notified of the incident of improper care.

The resident's skin assessments were reviewed and one of the areas of altered skin was not assessed using the Skin and Wound assessment.

There was an increased risk for deterioration of the resident's skin condition when the initial assessment was not completed.

Sources: A resident's health records, interview with staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee has failed to ensure that two residents who were unable to toilet independently some or all of the time received assistance from staff to manage continence.

Rationale and Summary
Two residents required assistance from staff for toileting.

One incident occurred where a resident requested assistance from staff to toilet; however, staff failed to respond to the request.

Another incident occurred where a second resident was not toileted as per their toileting schedule. Staff did not assist the resident, citing they were busy.

Both residents were negatively impacted as a result of the failure to provide assistance to toilet in accordance with their needs.

Sources: Investigation notes, resident health records, interviews with staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (e)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

The licensee has failed to ensure that continence care products were not used as an alternative to providing assistance to a resident to toilet.

Rationale and Summary
On a specified date, a staff directed a resident to use a continence product instead of providing them assistance to toilet.

Failure to provide the resident with assistance to toilet resulted in harm.

Sources: Interview with staff, a resident's health record.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee has failed to ensure that a resident who required continence care products had sufficient changes to remain clean, dry and comfortable.

Rationale and Summary
An incident occurred where a resident did not receive continence care for a specified period after it was initially requested.

Failure to change the resident resulted in harm.

Sources: Investigation notes, a resident's health record.

WRITTEN NOTIFICATION: Responsive behaviours

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that a resident's strategies were implemented to respond to their behaviours.

Rationale and Summary

A resident's plan of care identified they had responsive behaviours with known behavioural triggers. The plan of care included interventions to manage their behaviours.

An incident occurred where care was not provided to the resident in accordance with their needs for behaviours.

Staff verified that the resident's strategies to respond to their behaviours were not implemented.

Not receiving care according to their needs may have increased risk of harm or injury to the resident.

Sources: A resident's care plan, the home's investigation notes, interview with staff.

WRITTEN NOTIFICATION: Dealing with complaints

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (2) (e)
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(e) every date on which any response was provided to the complainant and a description of the response; and

The licensee has failed to ensure that a documented record was kept in the home that included each date a response was provided to a complainant related to their verbal complaint and a description of the response.

Rationale and Summary
A verbal complaint was made to the home regarding the care of a resident. There

was no documented record of a response provided to the complainant.

Sources: A resident's progress notes, investigation notes, interview with staff.

WRITTEN NOTIFICATION: Medication management system

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the medication management system to ensure accurate administration of medication for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is a medication management system for accurate administration of medications and must be complied with.

Specifically, the home failed to comply with their PRN Medications – Administration and Documentation policy.

Rationale and Summary
The home's policy, "LTC-PRN Medications – Administration and Documentation" stated that the nurse administering the as needed (PRN) medication will document on the electronic medication administration record (eMAR) date and time of administration, signature and the effectiveness of the medication.

An incident occurred where staff administered a resident a PRN medication;

however, there was no signature on the eMAR that the PRN medication was given and there was no effectiveness documented.

The Director of Care confirmed the registered staff should have signed the eMAR once the medication was administered.

Failing to sign for administration of medications increases the risk for medication administration errors.

Sources: A resident's health records, the home's policy, "LTC-PRN Medications – Administration and Documentation", interview with staff.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

The licensee has failed to ensure that drugs were stored in a medication cart that was secure and locked.

Rationale and Summary
A medication cart was unlocked outside a dining room of a resident home area. During the time it was unattended, a resident passed by the cart.

Registered nursing staff confirmed they had not been in the immediate area of the cart and it should have been locked when it was unattended.

Failure to keep a medication cart locked when unsupervised increases risk for unauthorized access to medications.

Sources: An observation, interview with staff.