

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

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

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 1, 2020	2020_822613_0025	020413-20, 020932- 20, 021191-20	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

Extendicare Maple View of Sault Ste. Marie
650 Northern Avenue Sault Ste. Marie ON P6B 6G3

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

LISA MOORE (613), JENNIFER LAURICELLA (542)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 16 - 20 and 23 - 25, 2020.

The following complaints were inspected during this inspection:

One Compliant that was submitted to the Director regarding the Infection Prevention and Control program, staff education/training and the provision of care;

One Compliant that was submitted to the Director regarding pain medication administration and pain management;

One Compliant that was submitted to the Director regarding bowel management and the provision of care.

A concurrent Critical Incident System Inspection #2020_822613_0026 was also conducted during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator (ADM), Assistant Director of Care (ADOC), Dietary Manager, Physiotherapist, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Scheduling staff, Dietary Aides (DAs), Resident Assistant staff and residents.

The Inspectors also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed health care records, internal investigation files and policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Infection Prevention and Control

Pain

Personal Support Services

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
- (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any system, the system was complied with.

In accordance with O. Reg. 79/10, s. 114. (1), the licensee was required to ensure that the medication management system provided safe medication management and optimized effective drug therapy outcomes for a resident.

Specifically, staff did not comply with the licensee's Medication Management policy.

The licensee's Medication Management policy required registered staff to administer scheduled medications according to standard medication administration times. The nurse was also required to follow the eight rights of medication administration which included the right time.

A resident was ordered two different pain medications to be administered at different specific time frames for their pain management. On two different dates, two nurses were late administering the resident's pain medication at the specific scheduled time.

The ADOC stated that both nurses administered the pain medication late to the resident and that some nurses were administering the two different pain medications at the same time and not administering the medications according to their ordered times. Another nurse confirmed that this practice of administering both pain analgesics at the same time was occurring by some nurses.

There was increased risk that a resident was not receiving effective pain management as a result of the registered staff's actions of not administering the medications according to their ordered times.

Sources: Complainant, Medication Administration Audit Report, Compliant Investigation Form, Counselling/Coaching Note, Medication Management policy, interviews with staff, ADOC and ADM, and review of a resident's electronic and paper chart. [s. 8. (1) (a), s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the licensee's medication management system was complied with, specifically that all analgesics are administered as ordered and administered at scheduled times to ensure effective pain management for residents, to be implemented voluntarily.

Issued on this 2nd day of December, 2020

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

Original report signed by the inspector.