

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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report	
Report Issue Date: October 31, 2023	
Inspection Number: 2023-1471-0005	
Inspection Type: Complaint Critical Incident	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Maple View of Sault Ste. Marie, Sault Ste. Marie	
Lead Inspector Jennifer Lauricella (542)	Inspector Digital Signature
Additional Inspector(s) Eva Namysl (000696)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): August 21-25 and August 28-30, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • One intake related to alleged physical abuse of a resident, • One intake related to a complaint regarding care related concerns, • One intake related to alleged resident to resident abuse and • One intake related to resident to resident emotional abuse.

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours

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INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Minimizing of Restraining

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 33 (1) (b)

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

- 1) Re-train all registered staff caring for the resident on the home's policy related to Chemical Restraints,
- 2) Complete a documented review of the resident's plan of care related to responsive behaviours to ensure that it provides clear direction to staff regarding the implementation of both pharmacological and non-pharmacological interventions
- 3) Develop and implement an auditing process to ensure that registered staff use the least restrictive restraint and that chemical restraints are implemented after alternatives have been trialed, evaluated, and resident outcomes documented. Audits must be completed weekly for a minimum of four weeks. Documentation of the audits, and any corrective action that was taken to address deficiencies must be maintained.

Grounds

A review of the home's Chemical Restraint policy indicated the following:

1. "A chemical restraint shall be administered only after all other alternative means of managing a resident's responsive behavior (s) had been trialed, evaluated and the resident outcomes documented."
2. "When a chemical restraint was required the least restrictive type will be implemented."
3. "Complete a Restraint Assessment prior to the initiation of a chemical restraint. Documentation in the assessment the outcome of the alternatives trialed prior to the implementation of a restraint."

A review of a residents' health care record was conducted. It was documented on the Electronic Medication Record (EMAR) that the resident received a chemical restraint on four days in July and six days in August 2023. The progress notes on those specified days did not contain any

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documented interventions that were trialed to decrease the resident's responsive behaviours prior to the use of the chemical restraint. According to the EMAR, there were as needed medications (PRNs) that were least restrictive for the registered staff to utilize prior to the injectable chemical restraint. Additionally, on the above specified dates the Restraint Assessments had not been completed.

During an interview with a RPN, they indicated that they administered the chemical restraint to the resident at the beginning of their shift as a preventative measure.

The Administrator and the Director of Care (DOC) both agreed that the staff were to utilize a chemical restraint as a last resort, crisis intervention and for immediate need for safety of the resident or other residents. The staff were to attempt non-pharmacological interventions prior to the use of any PRNs and the chemical restraint was to be used as a last resort. Furthermore, the registered staff were to utilize the less sedating PRN medications prior to the use of the injectable chemical restraint. The Administrator also stated that there was a checklist/tool within the Chemical Restraint policy that the Registered staff were to complete and to ensure that the family was made aware.

An interview with one of the home's physicians and the Administrator concluded that they were not aware that some of the registered staff were using the injectable chemical restraint first instead of other interventions to decrease agitation for care related activities. They further indicated that the chemical restraint was to be used a last resort. The Administrator stated that the staff were to be using other interventions prior to the chemical restraint and this was to be documented in the progress notes.

Failing to ensure that non-pharmacological interventions were trialed and the use of the least restrictive chemical restraint prior to the administration of the chemical restraint placed the resident at a high risk of being over-sedated and experiencing unwanted side effects of the medication.

Sources: a Residents' health care records; home's policy "Chemical Restraints (RC-16-01-29), dated, March 2023" and interviews with a RPN, the Administrator, a DOC and a physician.

[542]

This order must be complied with by December 27, 2023.

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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

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

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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
Toronto, ON, M5S 1S4

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

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.