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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: February 19, 2025

Inspection Number: 2025-1072-0001

Inspection Type:
Critical Incident
Follow up

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Bayview, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 10-14, 18-19, 2025.
The inspection occurred offsite on the following date(s): February 13, 2025.

The following Critical Incident (CI) intake(s) were inspected:

- Intake #00134516-CI #2460-000019-24 was related to resident care and services and pain management.
- Intake #00138035-CI #2460-000004-25 was related to prevention of abuse and neglect.

The following Follow-up intake was completed in this inspection:

- Intake #00134293 was related to fall prevention and management.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1072-0004 related to O. Reg. 246/22, s. 40

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a person who had reasonable grounds to suspect that improper or incompetent treatment or care that resulted in a risk of harm to a resident immediately reported to the Director.

A Personal Support Worker transferred the resident onto the toilet using the wrong transferring equipment and left them unattended. The suspected improper or incompetent treatment or care was reported to the Director 18 days later.

Sources: Critical incident report, Home's investigation notes, interview with PSW and other staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #002 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 staff used safe transferring and positioning devices or techniques when assisting a resident.

The resident required two staff assistance for transferring, using a specific transferring equipment. On a specified date, a PSW transferred the resident alone from their wheelchair to the toilet, using the incorrect transferring equipment.

Sources: Home's investigation notes, resident clinical records, interview with PSW and other staff.

WRITTEN NOTIFICATION: Required programs

NC #003 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.

The licensee failed to comply with the home's Pain Identification and Management Policy when they did not report a resident's pain prior to and during ambulation on a specific date. The resident was later found to have had an injury.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Pain Management program are complied with. Specifically, the home's Pain Identification and Management policy directed that all interdisciplinary team members to report any suspected pain to the nurse.

Sources: Resident clinical records, Pain Identification and Management Policy and Interview with Registered Nurse (RN) and other staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (8)
Infection prevention and control program
s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program. Specifically, staff were observed not wearing a surgical mask in a resident home area (RHA) during an outbreak as required by the home's IPAC program.

Sources: Observations, interview with IPAC Lead, Outbreak Management Checklist.

COMPLIANCE ORDER CO #001 Plan of care

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee must:

1)Conduct, at minimum, 24 audits of two-person transfers with hoyer lifts performed by PSWs with residents on the West Center and North West corridors over the eight-week period following the service of this order.
2) Maintain a record of the audits in step one, to include but not limited to, the dates, full name of those who conducted the audits, full name of staff and residents audited, sign-off that documentation was completed in Point of Care (POC), results of the audits and actions taken in response to the audit findings, if applicable.
3) Re-educate a specified PSW on how to access the plan of care and any other care instructions for residents on the West unit.
4) Maintain a record of the education provided in step three, including the educator, the topics and contents covered, dates and times of the education.
5) Conduct, at minimum, three random audits over a four-week period on West unit of residents requiring two person transfer and toileting routine and assess if the specified PSW is completing care according to the resident's plan of care.
6) Maintain a record of the audits conducted in step five, including the auditor, dates and times of the audits, the results, and any actions taken to address the audit findings.
7) All written records must be available on request.

Grounds

The licensee failed to ensure that the care set out in two residents' plan of care was provided as specified.

i) A PSW independently transferred and toileted a resident during their shift on a specific date, despite the resident's plan of care instructing that two persons extensive assistance are required for transferring and toileting.

The RN stated that staff are required to review the residents' plan of care at the beginning of each shift.

Sources: Resident clinical records, interview with PSW and other staff.

ii) A PSW transferred and toileted a second resident on their own on a specified date while using transferring equipment. However, they were aware that the resident could not physically use the toilet and that they needed two-persons assistance with a specific transferring equipment.

Failure to provide care to both residents as per their plans of care placed them at risk for falls and injury.

Sources: Home's investigation notes, resident clinical records, interview with PSW and other staff.

This order must be complied with by April 28, 2025.

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

CO #001 issued under the FLTCA, 2021, for inspection #2024-1072-0002, issued on 2024-08-06.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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

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.