Ontario

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 4, 2017	2017_449619_0015	000928-17	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 BRAMPTON
7891 Mclaughlin Road BRAMPTON ON L6Y 5H8

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

SAMANTHA DIPIERO (619)

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): June 15, 16, and 19, 2017.

The following complaint inspection was completed:

log #000928-17 - related to plan of care

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Infection Prevention and Control lead (ICP), Clinical Nurse Leads, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Resident Assessment Instrument Coordinator (RAI), resident's and families.

During the course of this inspection the inspector interviewed staff, reviewed clinical health records, and reviewed relevant records including auditing documents, policies and procedures, and training records.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Hospitalization and Change in Condition
Nutrition and Hydration

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

On admission to the home in April 2015, resident #001 was prescribed a medication as needed once daily. Interview with the Substitute Decision Maker (SDM) indicated that the resident took this medication for a number of years prior to admission to the home. The SDM stated that on return from hospital in June 2016, they became aware that resident #001's medication was discontinued without their knowledge or consent. A review of the Medication Administration Record (MAR) indicated that on an identified date in May 2016, the home's physician ordered the medication to be discontinued, and that the medication was not re-ordered. A review of the progress and clinical record did not indicate that the SDM was informed or consented to this change to the resident's plan of care. Interview with RPN #104 indicated that when changes to the resident's plan of care are made, that staff must speak to the resident's designate for approval and involvement in the plan of care. Interview with RN #102 indicated that no member of the registered staff sought involvement from the SDM in relation to changes to the resident's medication. Interview with the Director of Care (DOC) confirmed that the SDM was not given an opportunity to participate fully in the resident's plan of care. [s. 6. (5)]

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 with s.6(5) where the licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).
(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that symptoms indicating the presence of an infection in a resident were monitored and documented in accordance with evidence-based practices and prevailing practices.

On an identified date in November 2016, the SDM for resident #001 notified the registered staff of a suspected medical concern for the resident. Registered staff #106 obtained an order from the home's physician for further assessment. A review of the clinical record indicated that the results of the assessments determined that the resident required treatment for their medical issue and on a second identified date in November 2016, the SDM requested the resident be transferred to hospital for treatment. A review of the hospital reports confirmed that resident #001 was treated for two medical issues.

A review of the clinical record did not indicate that any clinical assessments or vital signs assessments were completed by registered staff between two identified dates in November 2016, a period of five days between when the symptoms were first identified and when the resident was transferred to hospital. A review of the home's policy titled, "Reporting Infections – Required Documentation", policy #IC-03-01-05, last revised September 2016, stated that registered staff "assess the resident and notify the IPC/designate upon observing a resident that is displaying symptoms that are suggestive of an infection", and, "document the assessment in the resident's progress notes".

Interview with the Infection Prevention Control (IPC) lead indicated that when there is the suspicion of an infection registered staff were required to complete an assessment and document the assessment in the progress notes for ongoing monitoring. The IPC further indicated that the assessment for the infection should include monitoring of the resident's vital signs and other complimentary infection assessments. Interview with RN #102 indicated that an infection assessment was not completed and that no concurrent signs and symptoms were documented. Interview with the DOC confirmed that the home's registered staff did not effectively monitor and document the resident's symptoms. [s. 229. (5)]

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 with r. 229(5) where the licensee shall ensure that on every shift, (a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and (b) the symptoms are recorded and that immediate action is taken as required., to be implemented voluntarily.

Issued on this 4th day of July, 2017

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

Original report signed by the inspector.