

Original Public Report

Report Issue Date August 12, 2022
Inspection Number 2022_1336_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
Extendicare (Canada) Inc.

Long-Term Care Home and City
Extendicare Cobourg, Cobourg

Lead Inspector Choose an item.
Karyn Wood (601)

Additional Inspector(s)
Nicole Lemieux (721709)

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 12, 13, 14, 15, 19, 20, and 21, 2022.

The following intake(s) were inspected:

Follow-up log to CO#001 from inspection #2021_946111_0003 regarding LTCHA, 2007, s. 15. (2), with a compliance due date (CDD) of Dec 31, 2021.

Follow-up log to CO#002 from inspection #2021_946111_0003 regarding O. Reg. 79/10, s. 90. (1), of CDD Dec 31, 2021.

A log related to a fall that resulted in a significant change of condition.

Previously Issued Compliance Order(s)

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

Legislative Reference	Inspection #	Order #	Inspector (ID) who complied the order
LTCHA, 2007 s. 15. (2)	2021_946111_0003	001	Karyn Wood (601)
O. Reg. 79/10 s. 90. (1)	2021_946111_0003	002	Karyn Wood (601)

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

- Falls Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Pain Management
- Safe and Secure Home
- Skin and Wound Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION REQUIRED PROGRAMS

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with O. Reg. 79/10, s. 48 (1) 4.

The licensee has failed to ensure that the pain management program to identify pain in residents and manage pain was implemented when a pain assessment was not completed for a resident upon readmission from the hospital.

Specifically, the staff did not comply with the licensee's Pain Identification and Management policy, which was part of the licensee's pain management program, that required all residents to have a comprehensive pain assessment completed upon readmission to the home from the hospital.

Rationale and Summary:

The resident was readmitted to the home following a hospital admission and a comprehensive pain assessment was not completed, as outlined in the licensee's Pain Identification and Management policy. Staff interviews identified the resident experienced chronic pain and that a pain assessment was required to be completed upon readmission to the home. The Director of Care/Quality confirmed that a pain assessment was not completed for the resident upon readmission to the home.

The pain assessment tool was required to evaluate the effectiveness of interventions in place to manage the resident's pain. The resident was at risk for discomfort when the resident was not assessed upon return from hospital using the clinically appropriate pain assessment tool.

Sources: A resident's progress notes and pain assessments, Pain Identification and Management policy, interviews with a PSW, an RN, and Director of Care/Quality. [721709]

WRITTEN NOTIFICATION ACCOMMODATION SERVICES SPECIFIC DUTIES

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with FLTCA, 2021, s. 19 (2)(c).

The licensee has failed to ensure that the floor tiles in the home's spa room were maintained in a safe condition and good state of repair.

Rationale and Summary

The spa room floor tiles were observed to be torn with a space between the tiles that were lifting. Record review and staff interviews identified the unsafe condition of the floor was reported during a monthly workplace safety inspection. Staff acknowledged the torn floor tiles placed the residents at risk and that immediate action to ensure the residents safety should have been implemented.

The residents using the spa room were at risk of injury when the floor tiles were not immediately repaired or replaced.

Sources: Observation of a spa room, record review of the Nursing department Monthly Workplace Inspection Checklist, and interviews with a PSW, Maintenance Supervisor, Compass District Manager, and the Administrator. [601]

WRITTEN NOTIFICATION CMOH AND MOH

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with O. Reg. 246/22, s.272.

The licensee has failed to ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health, or a Medical Officer of Health appointed under the Health Protection and Promotion Act were followed in the home.

Specifically, all residents were required to be assessed at least once daily for signs and symptoms of COVID-19, including temperature checks as outlined in the COVID-19 guidance document for long-term care homes in Ontario.

Rationale and Summary:

A resident required isolation precautions. Record review identified that there were several days when the resident was not assessed daily utilizing the licensee's COVID-19 screening tool. Staff acknowledged screening should be completed daily and documented in the resident's COVID-19 screening assessments. Registered staff and the Director of Care/Quality confirmed that a COVID-19 screening assessment was not completed and documented daily for the resident.

The resident was at risk as they were on isolation precautions, and they were not being assessed and monitored for symptoms daily.

Sources: Observations of a resident, a resident's progress notes and daily screening assessments (IPAC - Acute Respiratory Illness - COVID-19 Screen), interviews with registered staff and IPAC Lead (Director of Care/Quality). [721709]



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

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

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