



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 27, 2015	2015_380593_0009	S-000688-15	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 FALCONBRIDGE
281 FALCONBRIDGE ROAD SUDBURY ON P3A 5K4

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

GILLIAN CHAMBERLIN (593)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 30 - 31, April 1, 2015.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nursing Staff, Activity Staff, Personal Support Workers (PSW), residents and family members.

The Inspector observed the provision of care and services to residents, observed staff to resident interactions, observed resident to resident interactions, observed resident's environment, reviewed resident health care records, reviewed staff training records and reviewed home policies.

**The following Inspection Protocols were used during this inspection:
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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care for resident #005 sets out clear direction to staff and others who provide direct care to the resident.

During an interview with Inspector #593 April 1, 2015, resident #005 advised that they required assistance by staff to be toileted and often they have had to wait for assistance. Resident #005 advised that they have a specific toileting routine that they like to follow which suits their needs.

During an interview with Inspector #593 April 2, 2015, #s-104 advised that resident #005 does not have a toileting routine or schedule, the resident is aware of when they need to void and will use their call bell to call for assistance when required.

During an interview with Inspector #593 April 1, 2015, #s-105 advised that resident #005 is on a toileting schedule. During other times, the resident is also able to use their call bell to ring for assistance with toileting.

During an interview with Inspector #593 April 1, 2015, #s-106 advised that resident #005 is on a toileting schedule, and in addition the resident will call for assistance when they need assistance with toileting.

A review of resident #005's current plan of care found no mention of a toileting schedule or routine for this resident, it is documented however that they can ring their call bell for assistance with toileting when required.

During an interview with Inspector #593, April 1, 2015, the ADOC #s-107 confirmed that resident #005's toileting schedule should be included in the resident's plan of care. Shortly after the interview, the ADOC #s-107 advised that the resident's plan of care had been updated to include the toileting schedule. A review of the updated plan of care found that the toileting schedule had been added.

The resident's toileting schedule was not documented in the resident's plan of care at the time of the inspection; in addition several different responses were given by direct care staff in regards to the resident's toileting routine confirming a lack of clear direction to staff regarding the toileting needs of resident #005. [s. 6. (1) (c)]



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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 ensuring that the plan of care (POC) for resident #005 provides clear directions to staff who provide direct care regarding the residents toileting requirements, to be implemented voluntarily.

Issued on this 30th day of April, 2015

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

Original report signed by the inspector.