

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: July 10, 2023	
Original Report Issue Date: July 4, 2023	
Inspection Number: 2023-1104-0005 (A1)	
Inspection Type: District Initiated Complaint Critical Incident System	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Falconbridge, Sudbury	
Amended By Shelley Murphy (684)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:
Correct an error related to the issuance of non-compliance associated with s. 184 (3).

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Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Falconbridge, Sudbury	
Lead Inspector Shelley Murphy (684)	Additional Inspector(s) Barbara Humenjuk (000741)
Amended By Shelley Murphy (684)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:
Correct an error related to the issuance of non-compliance associated with s. 184 (3).

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 5-9, 2023.

The following intake(s) were completed in this inspection:

- One intake related to falls prevention and resident care concerns;
- One intake related to Improper/incompetent care of a resident;
- Two intakes related to falls prevention; and,
- One intake related to Air Conditioning Requirements.

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Falls Prevention and Management

AMENDED INSPECTION RESULTS

Non-Compliance Remedied

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that a resident's plan of care was updated to reflect recent changes.

Rationale and Summary

A resident's care plan was reviewed and there were specific interventions that were to be in place for falls prevention. The resident was observed on three separate occasions to be without the fall prevention interventions in place.

Upon review of the interdisciplinary meeting notes, the Director of Care (DOC) stated that both of the interventions were discontinued for this resident and the care plan should have been updated to reflect those changes. The DOC revised the care plan to reflect the appropriate changes for the resident.

Although the care plan was not updated, there was low risk to the resident.

Sources

Inspector observations; Resident's Plan of Care; Licensee Policy (RC-15-01-01) entitled: Falls Prevention and Management Program last reviewed March 2023; Interviews with the DOC and other staff.
[000741]

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Date Remedy Implemented: June 8, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 23.2 (3)

The licensee has failed to ensure the plan of care for a resident had specific interventions and strategies that staff were to implement to prevent or mitigate the identified risk factors that may lead to heat related illness.

Rationale and Summary

While conducting a review of air conditioning (A/C) units in the facility, it was noted that a resident's room was not equipped with an A/C unit. Upon review of the resident's care plan, there was no focus or interventions noted for heat related illness due to the A/C unit being uninstalled.

The care plan for the resident was updated, with heat related illness focus, goals and interventions.

The risk to the resident was low as it was their request not to have A/C in their room.

Sources

A/C audit; Resident's care plan; and interviews with the resident, and management.
[684]

Date Remedy Implemented: June 7, 2023

WRITTEN NOTIFICATION: Administration, Miscellaneous

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that every operational or policy directive that applies to the long-term care home are carried out.

Rationale and Summary

a) Upon completion of the Infection Prevention and Control (IPAC) checklist, it was noted that the COVID-19 self assessment audits were not completed for two months. The Administrator acknowledged that the audits were missing.

The Minister's Directive "Minister's Directive: COVID-19 response measures for long-term care homes"

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effective August 30, 2022 states that homes must conduct regular IPAC audits in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario.

The risk to the residents related to incomplete COVID-19 self assessments audits were low.

Sources

The completed COVID-19 Self Assessment Audit tools; management interviews; and the Minister's Directives for COVID-19 Self Assessment tools for Long Term Care Homes.

Rationale and Summary

b) While conducting walk throughs on two separate occasions it was noted that a staff member was not wearing appropriate personal protective equipment (PPE). When interviewed they stated that management was aware and there was rationale as to why they were not wearing the PPE.

Management was asked if they were aware that the staff member was not wearing PPE, they stated they were made aware of this but could not find the supporting documentation to verify the rationale for not wearing the PPE, and they would be speaking to this staff member.

The risk to the residents was low as there were no residents in close proximity to the staff member when they were not wearing the proper PPE.

Sources: Observations while conducting unit walk through; Interviews with staff and management.

[684]



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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