



**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**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 18, 2013	2013_138151_0025	S-001328-12	Follow up

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): ^{July} ~~June~~ **8,9,10,11,12, 2013**

This is Follow-up Inspection has reference log: S-001328-12

*UB
Ansp. 151*

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Manager of Environmental Services, Food Service Supervisor, Registered Staff, Personal Support Workers (PSW), residents, and, families.

During the course of the inspection, the inspector(s)

- directly observed the care and service delivery to residents**
- reviewed residents' health care records**
- reviewed staff education initiatives in the last 12 months in regards to abuse policy, falls management, care planning, resident assessment**
- reviewed the home's policies, procedures, protocols and programs in regards to falls prevention management**
- reviewed the home's policies, protocols and procedures in relation to responsive behaviours**
- reviewed the home's remedial plan to previously issued compliance orders**

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Findings of Non-Compliance were found during this inspection.



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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

1. Inspector observed Staff # 004 to be transporting a resident from the tub room to the resident's room. While being transported down the hallway, Inspector observed that the resident was seated on a bath chair/commode and that the resident was covered by a poncho-like bath sheet on the resident's left side only. Resident was naked under the towel: the right side exposed from waist to toes. The licensee did not ensure that every resident was treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. [s. 3. (1) 1.]

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 to ensure every resident is treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity, to be implemented voluntarily.

WN #2: 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. (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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. Inspector observed that on 3 of 5 days of the inspection, resident #003 was not shaven. Inspector interviewed the resident who confirmed staff only shaved the resident 3 times per week because they did not have any time to do it more often. Inspector interviewed Staff #005 assigned to the resident. Staff #005 confirmed the following: the resident was totally dependent on staff for all care, the resident never resisted care and staff shaved the resident as often as they could and this meant about 90% of the time. Inspector reviewed the resident's health care records, most recent plan of care and task flow sheets. Inspector noted the following:

- the resident is cognitively aware and can direct own care
- the resident is not known to have responsive behaviours such as resisting care
- the plan of care identifies the resident is to have 2 showers per week
- the plan of care identifies the resident is to have personal care in the morning and at bedtime. The tasks identified in personal care are "pericare, brush teeth, shave and comb hair".
- review of the resident's Kardex indicates that the task of personal care is to be carried out on all shifts.

The care set out in the plan of care was not provided to the resident as specified in the plan. [s. 6. (7)]

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 to ensure that the plan of care for resident #003 is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**
-

Findings/Faits saillants :

1. In reference to a resident fall as the result of mechanical lift failure, Inspector reviewed the home's policies, procedures and protocols in regards to the provision of safe resident lifts and transfers. Inspector noted that the staff education document titled PRE-TRANSFER REVIEW PACKAGE(reference: 01-06) directs staff to do a pre-inspection of all lift equipment prior to attempting each resident's lift for that shift. The reference directs staff to sign the accountability report that they had done this check: reference document titled: CEILING LIFT PRE START-UP EQUIPMENT CHECK. Staff are to check the integrity of belts, clips, slings and battery strengths and, following this, sign the form provided.

Inspector audited the month of June 2013 for staff compliance in signing the CEILING LIFT PRESTART-UP EQUIPMENT CHECK and noted the following:

- 1.) 2E Evening shift identified that 6 residents were in need of full mechanical lifts; 120 of 180 accountability signatures were not found. (67%)
- 2.) 2W Day shift identified that 10 residents were in need of full mechanical lifts; 108 of 300 signatures not found. (36%)

The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with. [s. 8. (1)]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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 to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with., to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87.

Housekeeping

Specifically failed to comply with the following:

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :

1. On each of the Inspection days July 8,9,10,11,2013, Inspector entered the same resident room to observe care and service delivery to residents. Inspector found that, upon entering the room on each of these days, there was a persistent odor of urine. The home did not address the issue of lingering offensive odors. [s. 87. (2) (d)]

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 to insure the home addresses issues of lingering offensive odors, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care



Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).

(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).

(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. On 3 of 4 days of observation, Inspector 151 observed resident #003 to have need for oral and dental care; build up of film on teeth, tongue and lips, some food debris. Inspector interviewed the resident who stated that the staff brushed the resident's teeth only once a day at bedtime. Inspector interviewed staff #005 who confirmed the resident was completely dependent on staff for oral and dental care, the resident never resisted care and the resident had a "horrible mouth" requiring frequent care. Inspector reviewed the resident's plan of care and noted that the plan informs staff the resident has natural teeth and goes on to direct staff to provide oral care and to monitor for oral and dental problems. In addition, the plan of care states to "provide care on a regular basis throughout the day".

The resident did not receive oral care to maintain the integrity of the oral tissue, including mouth care in the morning and evening. [s. 34. (1) (a)]

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE
BEEN COMPLIED WITH/**

**LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES
SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT/OU LES ORDRES**



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 36.	CO #002	2012_140158_0017	151
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2012_140158_0010	151
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2012_140158_0017	151

Issued on this 18th day of July, 2013

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

Monique G. Berger (151)