



**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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 25, 2016	2016_327570_0024	013456-16	Resident Quality Inspection

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 HALIBURTON
167 PARK STREET P.O. BOX 780 HALIBURTON ON K0M 1S0

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

SAMI JAROUR (570), BAIYE OROCK (624)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 24-28, 2016.

Resident Quality Inspection (RQI) Intake #013456-16. There were three additional intakes assigned to the RQI and such were inspected concurrently with this inspection; the intakes assigned included: # 017043-16, 022225-16 and 023938-16.

Summary of Intakes:

- 1) 017043-16 – Follow Up to compliance order #001 issued under inspection #2016_178624_0008, specific to LTCHA, 2007, s.8.(3), with compliance date of September 30, 2016;**
- 2) 022225-16 – Critical Incident Report, specific to alleged resident to resident abuse;**
- 3) 023938-16 – Complaint, specific to Dignity, Choice and Privacy of an identified resident.**

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), Dietary Manager, Maintenance Supervisor, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Program Manager, Registered Dietitian (RD), Office Manager, Family Council Chair, Residents' Council President, Residents and Families.

Also during the course of this inspection, the inspector(s), toured the home, observed medication administration, staff to resident interactions, and resident to resident interactions, reviewed clinical health records, minutes of both the Family and Resident Councils, bed system evaluation records, training records specific to prevention of Abuse and Neglect, and reviewed policies specific to Weight Change Program.

The following Inspection Protocols were used during this inspection:



- Contenance Care and Bowel Management
- Dignity, Choice and Privacy
- Family Council
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Prevention of Abuse, Neglect and Retaliation
- Residents' Council
- Responsive Behaviours
- Skin and Wound Care
- Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

- 1 WN(s)
- 0 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #001	2016_178624_0008		624

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 O.Reg 79/10, s. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :

1. The Licensee has failed to comply with O. Reg. 79/10, s. 69 (1) by not ensuring that resident #006 with a change of 5 percent of body weight, or more, over one month was assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated.

Review of clinical records for resident #006 indicated the resident was admitted to the home on an identified date in 2015 with multiple diagnoses including cognitive decline.

Review of the current plan of care for resident #006 indicated the resident was considered a high nutritional risk.

Review of clinical records for resident #006 indicated a significant weight change in body weight exceeding 5 percent, in an identified month in 2016.

Review of the licensee's policy #RESI-05-02-07 titled Weight Change Program indicated: Page 1 of the policy, under Procedures stated that registered nursing staff:

1. Compare to previous month's weight; and any weight with a 2.5 kg difference from the previous month requires a re-weigh. Registered staff is to direct care staff to re-weigh the resident.

3. Review weights and determine whether weight change is significant:

a) a change of 5% or more over one month.

Interview with PSW #104 and RPN #100 both indicated to the inspector that the Registered Nurse (RN) reviews the weights and decides if a re-weigh is required.

During interviews with RN #101 and RN #106, both indicated to the inspector that they do not review weight alerts on PCC (Point Click Care) and both were unaware of the policy requirement that a re-weigh to be completed if a resident loses or gains 2.5 kg and were unaware who was responsible of reviewing the weight alerts.

During an interview, the home's Registered Dietitian (RD) indicated to the inspector that she was not aware of resident #006's significant weight change of an identified month and did not receive a referral for that. The RD indicated that the resident should have been reweighed. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]



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Issued on this 21st day of December, 2016

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

Original report signed by the inspector.