



**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 prévue
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 # / No de registre	Type of Inspection / Genre d'inspection
Jun 21, 2019	2019_770178_0011	030088-18, 000791- 19, 000792-19, 000793-19, 000794-19	Critical Incident System

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

SUSAN LUI (178), CATHI KERR (641), MARK MCGILL (733)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): Jun 10, 11, 12, 13, 14, 2019.

During the course of the inspection, the inspector(s) spoke with residents, family members of residents, the Administrator, the Director of Care (Acting), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Resident Assessment Instrument Minimum Data Set (RAI MDS) Coordinator, Quality Improvement/RAI Coordinator.

During the course of the inspection, the inspectors also observed residents and resident care areas, reviewed resident health records, and reviewed home policies and assessment tools related to management of responsive behaviours, pain, continence and falls.

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Falls Prevention
Pain
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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)

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:



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 54.	CO #003	2018_643111_0017		641
LTCHA, 2007 S.O. 2007, c.8 s. 6. (11)	CO #004	2018_643111_0017		733
LTCHA, 2007 S.O. 2007, c.8 s. 6. (5)	CO #001	2018_643111_0017		733
O.Reg 79/10 s. 8. (1)	CO #002	2018_643111_0017		178

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>Légende</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. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every license that the licensee shall comply with every order made under this Act.

On December 5, 2018, the following compliance order (CO #002) from inspection number 2018_643111_0017 was made under O. Reg. 79/10, s. 8(1) (a) (b):

The licensee shall be compliant with O.Reg. 79/10, s. 8(1) (a)(b).

Specifically, the licensee shall:

1. Retrain all registered nursing staff and keep records of the re-training on the home's pain management policy to ensure:

a) staff are aware and completing the appropriate pain assessments as per the licensee's policy when any resident develops new pain, has ongoing pain that is not relieved with initial interventions, or when a new pain medication is ordered by the physician or NP,

b) staff notify the physician or NP is notified when the resident develops new pain, has pain not relieved with initial interventions.

c) staff to update the resident's care plan to reflect pain management strategies.

d) keep documentation of the educational content of the training and staff trained.

2. Retrain all registered nursing staff on the home's continence and bowel management policy to ensure:

a) staff are aware and completing the appropriate continence and bowel assessments as per the licensee's policy when any resident has a change in continence,

b) staff to update the resident's care plan to reflect current continence and bowel management strategies.

c) keep documentation of the educational content of the training and staff trained.

The compliance date was March 15, 2019.

The licensee completed steps 1 (a), (b), (c), (d), and 2 (a), and (c) in CO#002. The licensee failed to complete step 2 (b): staff to update the resident's care plan to reflect current continence and bowel management strategies. Staff interviews and review of residents' health records indicated that the licensee failed to update the care plan for resident #011 and resident #012 to reflect each resident's current continence and bowel management strategies. The DOC indicated to Inspector #178 that resident #012's



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bladder and bowel incontinence strategies, and resident #011's bowel incontinence strategies should have been present in each respective resident's written care plan. The care plans for resident #011 and resident #012 were subsequently updated to reflect each resident's current continence and bowel management strategies before the end of the inspection period. [s. 101. (3)]

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 licensee shall comply with every order made under this Act, to be implemented voluntarily.

Issued on this 21st day of June, 2019

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

Original report signed by the inspector.