Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Report under the
Fixing Long-Term Care Act, 2021

Central East Service Area Office
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Original Public Report

Report Issue Date August 10, 2022
Inspection Number 2022_1152_0001
Inspection Type
☒ Critical Incident System ☒ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Extendicare Canada Inc.

Long-Term Care Home and City
Extendicare Haliburton
167 Park Street,
Haliburton, Ontario
Lead Inspector
Chantal Lafreniere #194

Chantal D Lafreniere

Choose an item.
Digitally signed by Chantal D Lafreniere
Date: 2022.08.23 13:21:10 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 11, 12, 13, 14, 15, 18 and 19, 2022.

The following intake(s) were inspected:
- Log related to neglect of care
- Four Logs related to a fall
- Log complaint, related to abuse
- Log related to abuse

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Recreational and Social Activities
- Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: 23(1)(A)(II), IMMEDIATE INVESTIGATION

NC #001Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: LTCHA, 2007, 23(1)(a)(ii)

The licensee has failed to ensure that, (a) every alleged, suspected or witnessed incident of neglect hat the licensee knows of, or that is reported to the licensee, is immediately investigated.

Rationale and Summary

The Program Manager (PM) confirmed they were the on-call Manager when a PSW alleged neglect of a resident. The PM directed that the PSW to write out the account of the incident and send it to them. Review of the homes internal investigation notes and Critical Incident Report (CIR) confirmed the Administrator had not been notified of the incident until the PM returned to work three days later, when the investigation was initiated.

Sources: CIR, abuse investigation notes and interview with staff. [194]

WRITTEN NOTIFICATION: 28(1)1, IMMEDIATE REPORTING

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, *28(1)1*

The licensee has failed to ensure anyone who has reasonable grounds to suspect that abuse has occurred, shall immediately report the suspicion and the information upon which it is based to the Director.

Rationale and Summary

A PSW reported to an RN that a resident had felt uncomfortable during care and the resident was upset. The following day the PSW reported the information to another RN. The RN went to assess the resident and documented in the progress notes. The following day the PSW reported the information to the Administrator, who immediately reported the abuse. One RN confirmed that the PSW reported the allegation of abuse, and they did not report it. The Administrator confirmed that both RNs did not immediately report an allegation of abuse.

Sources: CIR, review of abuse investigation and interview with staff. [194]

WRITTEN NOTIFICATION: 261(1)1 FALLS TRAINING

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

Non-compliance with: O. Reg. 246/22, *261(1)1*

The licensee has failed to ensure that falls training was provided to two RNs and an RPN who provide direct care to residents.

Rationale and Summary

The Administrator confirmed that an RPN had not completed their annual falls education for 2021 and an RN and not completed any falls education. Review of the fall's education records in Surge learning confirmed that the RPN did not complete their annual falls education for 2021. The RN did not complete any falls education and another RN completed their falls education three months after being hired at the home.

Sources: Review of the fall's education records and interview with staff. [194]

WRITTEN NOTIFICATION: 6(1)(A) PLAN OF CARE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 , *6(1)(a)*

The licensee has failed to ensure that there is a written plan of care for each resident that sets out, the planned care for the resident infectious disease.

Rationale and Summary

Two residents were observed to have additional precaution signage outside of their bedroom doors. A PSW confirmed that one resident was under additional precaution for a specific diagnosis. An RN verified that the other resident was under additional precaution for a specific diagnosis. The residents plan of care did not identify any planned care for the identified diagnosis.

Sources: Observation of resident rooms, review of plan of care and interview with staff. [194]

WRITTEN NOTIFICATION: 23(7) COOLING REQUIREMENTS

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 , *23(7)*

The licensee has failed to ensure that, on or before June 22, 2022, all resident bedrooms are served by air conditioning.

Rationale and Summary

During the tour of the home, it was observed that no air conditioning was available in resident rooms. The Administrator confirmed that the resident rooms were not equipped with air conditioning units. The air conditioning units had been purchased and were at the home, but not installed. The home was waiting for proper materials to vent the units out of the windows.

Sources: Observation of the resident rooms and interview with staff. [194]

WRITTEN NOTIFICATION: 24(2)1, AIR TEMPERATURES

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, *24(2)1*

The licensee has failed to ensure the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

Rationale and Summary

The Administrator identified two designated resident bedrooms that were being measured by the “Humie” which is an electronic sensor for air temperatures.

Review of the electronic air temperature logs for the designated resident rooms over a specific period, confirmed that the air temperatures were not measured and documented.

Sources: Review of the air temperature logs and interview with staff. [194]

WRITTEN NOTIFICATION: 24(3) AIR TEMPERATURES

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, *24(3)*

The licensee has failed to ensure that the temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

The Administrator confirmed that the batteries for the sensors (Humies) in one designated cooling area, had died and had not been replaced during the reviewed period, therefore no air temperature was measured or recorded for the area.

The Administrator stated that the Rodger's cellular outage had affected the home's electronic sensors for the measuring and recording of air temperatures for the designated areas and resident rooms. The air temperature records confirmed that on air temperatures were not measured or documented in the designated cooling areas and resident rooms, during the reviewed period.

Sources: Review of the air temperature logs and interview with staff. [194]

WRITTEN NOTIFICATION: 24(4) AIR TEMPERATURES

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, *24(4)*

The licensee has failed to ensure that in addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom that is not served by air conditioning, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

Rationale and Summary

The Inspector observed that the resident rooms did not have air conditioning available.

The Administrator has confirmed that the air conditioning units for the resident rooms were ordered and received but have not been installed. The home was waiting for equipment to enable appropriate venting for the air conditioners.

Review of the air temperature logs at the home indicated that the two designated resident rooms, which did not have air conditioning units, did not have air temperature measured and documented, between 12 p.m. and 5 p.m., on several dates during the reviewed period.

Sources: Observation of the unit, review of the air temperature logs and interview with staff. [194]

WRITTEN NOTIFICATION: 24(2)3 AIR TEMPERATURES

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, 24(2)3

The licensee has failed to ensure that the air temperature is measured and documented in writing, at a minimum in the following areas of the home:

3. Every designated cooling area, if there are any in the home.

Rationale and Summary

The Administrator confirmed that the designated areas at the home included the dining room, activity room front lounge, lounge 3 and nursing area. The Administrator confirmed that the batteries in the sensor in the front lounge area had died and had not been replaced.

Review of the electronic air temperature records for the designated areas for a specific period, indicated that the air temperatures were not measured and documented for the front lounge.

Sources: Air temperature logs and interview with staff. [194]

WRITTEN NOTIFICATION: 24(1) AIR TEMPERATURES

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, 24(1)

The licensee has failed to ensure the home is maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary

A resident stated that in the mornings the home can be cool but warms up by lunch time. The Administrator stated that at times the air temperature in the mornings was cool.

A Housekeeper stated that at times the residents complained that the dining room was cool. The Housekeeper stated that the air temperature would be reported to the managers if it exceeded 26 degrees but was not aware of a low range to report.

Review of the air temperature logs in the home confirmed that for the reviewed period there were multiple readings below 22 degrees Celsius.

Sources: Air temperature logs and interview with resident and staff [194]

COMPLIANCE ORDER CO #001: IMMEDIATE INVESTIGATION

NC #011 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: FLTCA, 2021 , *s, 27(1)(a)(i)*

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with FLTCA, 2021, s. 27(1)(a)(i)

The Licensee has failed ensure that, (a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) abuse of a resident by anyone.

The Licensee shall:

1. Re-educate RN #118 and RN #120 on the homes zero tolerance of abuse policy, specifically their responsibilities for immediate investigation of any alleged, suspected, or witnessed resident abuse.

2. Keep a documented record of the education, dates provided and staff member who provided the education.

Grounds

Non-compliance with s. 27(1)(a)(i) under the FLTCA

A PSW reported to an RN that a resident had felt uncomfortable during care and the resident was upset. The following day the PSW report the information to another RN. The RN went to assess the resident and documented in the progress notes. The following day the PSW reported the information to the Administrator, who immediately reported the abuse. One RN confirmed that the PSW reported the allegation of abuse, and they did not report it. The Administrator confirmed that both RNs did not immediately report an allegation of abuse.

Sources: CIR, review of abuse investigation and interview with staff. [194]

This order must be complied with by September 14, 2022

COMPLIANCE ORDER CO#002: PLAN OF CARE

NC #012 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: FLTCA, 2021, 6(4)(a)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

The licensee has failed to comply with FLTCA, 6(4) (a)

The Licensee has failed to ensure that when there was a significant change in a residents condition, that the RN failed to collaborate with the physician.

The Licensee shall:

1. Review with all registered staff, the definition of significant change in condition.
2. Re-educate all registered staff on responsibilities when residents experience a significant change in condition.
3. Keep a documented record of the education, dates provided and staff member who provided the education.

Grounds

Non-compliance with: FLTCA, 6(4) (a)

An RN documented that a resident's condition deteriorated. The Nurse Practitioner confirmed that they were notified of the resident's condition four hours later but should have been notified at the time of the change in condition. The Administrator stated that the resident should have been transferred to hospital when the residents condition changed.

Sources: Residents progress notes, clinical monitoring assessments and interview with staff [194]

This order must be complied with by September 30, 2022

COMPLIANCE ORDER CO #003: FALLS PREVENTION AND MANAGEMENT

NC #013 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 246/22, s.54(1)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The licensee has failed to comply with O. Reg. 246/22, s. 54(1)

The Licensee has failed to comply with **11.** (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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,

(a) is complied with.

The Licensee shall:

1. Re-educate all Registered Staff on the homes Falls Prevention and Management Program, specifically the “Head Injury Routine”.

2. Keep a documented record of the education, dates provided and staff member who provided the education.

Grounds

Non-compliance with s. 54(1) under O. Reg 246/22

Non-compliance with: O. Reg. 246/22, *54(1)*

The licensee has failed to comply with the strategy to monitor a resident after their fall.

In accordance with O. Reg 246/22 s.11. (1) (b), the licensee is required to ensure the falls prevention and management program, at a minimum, provides for strategies to monitor residents, and must be complied with.

Rationale and Summary:

Specifically, staff did not comply with home's Head Injury Routine (HIR) which was captured in the licensee's policy "Fall's prevention and Management program, dated January 2022."

An RN did not complete a resident's assessment on the "Head Injury Routine", and when the residents condition changed, the physician was not called.

Non-compliance with s. 49(1) under O. Reg 79/10

The licensee has failed to comply with the strategy to monitor a resident after their fall.

In accordance with O. Reg 79/10, s.8(1) (b), the licensee is required to ensure the falls prevention and management program, at a minimum, provides for strategies to monitor residents, and must be complied with.

Rationale and Summary:

Specifically, staff did not comply with home's Head Injury Routine (HIR) which was captured in the licensee's policy "Fall's prevention and Management program, dated January 2022."

An RN completed a resident's head injury confirming a change in condition. The physician was not called, and resident was not transferred to hospital.

Sources: Progress notes, Falls Prevention and Management Program, Neurological Signs/Head Injury Routine, and staff interview. [194]

This order must be complied with by September 30, 2022

COMPLIANCE ORDER CO #004: TRAINING

NC #014 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: FLTCA, 2021, *82(2)3*

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The licensee failed to comply with FLTCA, 2021, s. 82(2)3

The Licensee has failed to ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

The Licensee shall:

1. Re-educate RN #110, RPN #107, RN #120 and PSW #119 on the homes "Zero Tolerance of Abuse and Neglect" policy.

2. Develop a policy and process that ensures, all staff (including agency staff) have completed education on the home's abuse policy.

3. Keep a documented record of the education, dates provided and staff member who provided the education.

Grounds

Non-compliance with: FLTCA, 2021, s. 82(2)3

An RN and RPN confirmed that they had not completed their education on Zero Tolerance of Resident Abuse and neglect. The RN stated that if an incident of abuse was reported to them, they would immediately contact the on-call manager.

Administrator confirmed that a number or Agency staff hired at the home had not completed their zero tolerance of resident and neglect education in surge learning.

Review of the surge learning records for the abuse education at the home confirmed that the identified staff including two RNs, an RPN and a PSW had not completed their abuse education.

Sources: CIR, review of the staff abuse educational records and interview with staff. [194]

This order must be complied with by September 30, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE
The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

(a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West,9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.