Ontario

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

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: October 26, 2023
Original Report Issue Date: September 28, 2023
Inspection Number: 2023-1377-0005 (A1)
Inspection Type: Complaint Critical Incident
Licensee: Extendicare (Canada) Inc.
Long Term Care Home and City: Extendicare Halton Hills, Georgetown ON

Amended By	**Inspector who Amended Digital Signature**
Janet Groux (606)	Janet Groux Digitally signed by Janet Groux Date: 2023.10.26 07:55:56 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to: To extend the Compliance Due Date (CDD) date for CO #001 FLTCA, 2021, s. 19(2)(a) to November 3, 2023.

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Long Term Care Home and City: Extendicare Halton Hills, Georgetown	
Lead Inspector Janet Groux (606)	**Additional Inspector(s)**
Amended By Janet Groux (606)	**Inspector who Amended Digital Signature**

AMENDED INSPECTION SUMMARY

This report has been amended to: Extend the Compliance Due Date (CDD) date for CO #001 FLTCA, 2021, s. 19(2)(a) to November 3, 2023.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 21-25, 28-31, 2023 and September 1, 2023

The following intakes were inspected in this Complaint inspection:

- Intake #00090700 regarding the home's maintenance, laundry, housekeeping program and services.
- Intake #00090802 regarding an allegation of resident abuse and neglect.

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intakes #00093989-CI #2892-000031-23 and #00094045-CI #2892-000033-23 regarding concerns with a resident's injuries of unknown cause.
- Intake #00086184-CI #2892-000017-23 regarding the home's falls prevention and management program.

- Intake #00093180-CI #2892-000028-23 regarding an allegation of resident neglect.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)

The licensee has failed to ensure that a resident and their substitute decision maker (SDM), were given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Rationale and Summary
A complaint was submitted to the home regarding concerns about a resident's skin and wound care.

The resident's skin and wound assessments identified that the resident altered skin integrity had worsened. A Registered Practical Nurse (RPN) and the ADOC acknowledged that the resident's SDM were not notified.

Failure to notify the resident's SDM that their altered skin integrity had worsened prevented the SDM from having an opportunity to participate in the resident's skin and wound management.

Sources

A resident's care plan, progress notes, skin and wound assessments, and interviews with staff. [606]

WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

The licensee has failed to ensure that when a resident was resistive to an identified care, the strategies to respond to their responsive behaviour were implemented.

Rationale and Summary

A resident's plan of care said that when they were not able to provide a particular care due to the resident's responsive behaviour, staff were to inform the Registered staff.

A PSW acknowledged that they were not able to provide a specific care due to the resident's responsive behaviour and did not inform the Registered Staff.

As a result of the PSW not following the interventions for responsive behaviors and notifying the nurse, the nurse was not aware that the resident did not receive the identified care properly and could not follow up.

Sources

A resident care plan and interviews with staff. [606]

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan.

Rationale and Summary

A resident was observed in their wheelchair without a specified falls intervention device.

The resident's care plan said a specific falls intervention device should be on their wheelchair and in working condition. A PSW and a Charge Nurse acknowledged this.

Failure to ensure that a resident's fall intervention devices were working put the resident at risk that staff would not be aware if the resident fell or stood up from their wheelchair.

Sources
A resident's care plan, and interviews with staff. [606]

COMPLIANCE ORDER CO #001 Accommodations Services
NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (a) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to:
1. Outlining processes and procedures to address:
i) how the home will clean the following spaces in the RHAs: dining rooms, lounges, corridors, and resident bedroom and bathroom in identified resident rooms.
ii) dust/debris, food and drink spillage, dead insects, marks, stains and grime in the identified areas, and
iii) how the cleaning will be maintained on an ongoing basis for the future
2. The plan should also include the dates that tasks will be done and the completion of these task will be documented.
3. Ensure that the leadership team participates in creating the plan, including the Administrator, Director of Care (DOC), Environmental Service Manager (ESM), and Maintenance lead.

Please submit the written plan for achieving compliance for inspection #2023-1377-0005 to Janet Groux (606), LTC Homes Inspector, MLTC, by email to centralwestdistrict.mltc@ontario.ca by October 25, 2023.
Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds
Observations of the common resident areas in identified RHAs noted dirty floors, carpet, walls,

and furniture in the dining rooms, resident lounges, resident bedrooms including the walls, floors and washrooms.

Interviews with two housekeeping staff said they were responsible to clean two RHAs and do their best to clean the required areas. A third housekeeping staff said they clean the common areas in all the RHAs including the dining rooms and corridors on a daily basis.

The Environmental Services Manager (ESM) said that the home was old and there were areas in the homes that would require more time to clean as dirt was embedded in the floors. They said that the housekeeping staff could use more time to clean the RHAs and acknowledged that their department did not have the housekeeping hours to provide their staff at the time.

Failure to ensure that the home was kept clean and sanitary may increase the potential for risks associated with infectious diseases and pest infestations.

Sources
Observations, the Housekeeping Staff Schedules, Shift Routines of Specific Housekeeping Staff, and interviews with staff. [606]

This order must be complied with by November 3, 2023.

COMPLIANCE ORDER CO #002 Accommodation Services
NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (c) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to:
1. Completing an audit of all the RHAs to identify areas of disrepair.
2. Complete a checklist of the work to be done which includes where, how, who would be responsible for completing the work, when the work will be started and when it will be completed.
3. Ensure that the leadership team participates in creating the plan, including the Administrator, Director of Care (DOC), Environmental Service Manager (ESM), and Maintenance

lead.

Please submit the written plan for achieving compliance for inspection #2023-1377-0005 to Janet Groux (606), LTC Homes Inspector, MLTC, by email to centralwestdistrict.mltc@ontario.ca Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds
The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

Rationale and Summary
During observations of specific areas in resident home areas (RHAs), there were areas identified that were not in a good state of repair and included, walls, baseboards, and hand railings in the corridors.

There were areas of disrepair to handrailing in the RHAs that had the potential to cause injury to a person due to their damage.

The Maintenance Supervisor acknowledged that they were aware of the disrepair in the RHAs and was working on fixing the damaged areas but did not have time to complete all at once.

Sources
observations, and interview with the Maintenance Supervisor. [606]

This order must be complied with by November 8, 2023

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;
(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
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) 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:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) 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
e-mail: 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.