



**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**

**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 29, 2015	2015_248214_0016	H-000243-14;H-001152 -14	Complaint

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 HAMILTON
90 CHEDMAC DRIVE HAMILTON ON L9C 7S6

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

CATHY FEDIASH (214)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 18, 19, 22, 2015.

During the course of the inspection, the inspector(s) spoke with the Administrator; Acting Director of Care(DOC-A)and registered staff. The inspector also reviewed clinical records; relevant policies and procedures and the home's complaint log.

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Falls Prevention
Nutrition and Hydration
Skin and Wound Care**

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

**4 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



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. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home. O. Reg. 79/10, s. 49 (3).

Findings/Faits saillants :



1. The licensee failed to ensure that the equipment, supplies, devices and assistive aids for the falls prevention and management program were readily available at the home.

A review of resident #100's progress notes indicated that on an identified date in 2014, the resident had no hip protectors on in the morning as the hip protectors were still wet and would be put on as soon as they were dry. A review of the resident's written plan of care that was current during this time period indicated under the Falls focus that the resident was a high risk for falls and that they were to wear hip protectors at all times. A review of the resident's Kardex report also indicated to ensure that hip protectors were on as the resident was prone to episodes of dizziness. An interview with the DOC-A confirmed that the resident was to have their hip protectors on at all times and that they were to have two pairs of hip protectors available to interchange and that following this incident, a second pair was provided to the resident. The DOC-A confirmed that extra hip protectors were available at the home; however, at the time of this incident, they were not readily available to the staff as they were stored in an office that was not accessible. [s. 49. (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 equipment, supplies, devices and assistive aids for the falls prevention and management program are readily available at the home, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. The licensee failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration were implemented.

A) A review of resident #400's clinical record indicated that on the day following the resident's admission, an assessment titled, "EO-Head to Toe Assessment" was completed on an identified date in 2012. The assessment indicated that the resident was admitted with skin alteration's to identified areas on their body. A review of the resident's clinical record indicated that a referral to the Registered Dietitian (RD) had not been completed. An interview with the DOC-A confirmed that nursing staff completed referrals to the RD electronically through the Point Click Care system using a referral form titled, "EO Nutrition-Communication Referral Form". The DOC-A confirmed that a referral had not been completed and the resident was not assessed by the dietitian for these identified areas of skin breakdown.

B) A review of resident #400's clinical record indicated that on an identified date in the summer of 2013, an open area was noted on their lower limb. A review of the resident's clinical record indicated that a referral to the RD had not been completed. An interview with the DOC-A confirmed that nursing staff completed referrals to the RD electronically through the Point Click Care system using a referral form titled, "EO Nutrition-Communication Referral Form". The DOC-A confirmed that a referral had not been completed and the resident was not assessed by the dietitian for this identified area of skin breakdown.

C) A review of resident #400's clinical record indicated that on an identified date later in the summer of 2013, following a dressing change to the resident's lower limb; a new secondary skin alteration was present that was distal to an existing wound. A review of the resident's clinical record indicated that a referral to the RD had not been completed. An interview with the DOC-A confirmed that nursing staff completed referrals to the RD electronically through the Point Click Care system using a referral form titled, "EO Nutrition-Communication Referral Form". The DOC-A confirmed that a referral had not been completed and the resident was not assessed by the dietitian for this identified area of skin breakdown. [s. 50. (2) (b) (iii)]



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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, to be implemented voluntarily.

WN #3: 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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :



1. The licensee failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

A review of resident #400's clinical record indicated that on the day following the resident's admission, an assessment titled, "EO-Head to Toe Assessment" was completed on an identified date in 2012. The assessment indicated that the resident was admitted with skin alteration's to identified areas on their body. A review of the resident's admission Nutrition-Priority Screen that was completed on an identified date in 2012, indicated that the resident only had a skin alteration to their lower left limb. A review of the admission Nutrition-Dietitian Assessment under section H. Skin Conditions that was completed on an identified date in 2012, was observed to be blank and contained no responses as to whether the resident's skin was intact or impaired. An interview with the DOC-A confirmed that the resident did have skin alterations and that staff had not collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent and complemented each other. [s. 6. (4) (a)]

WN #4: 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. The licensee failed to ensure that any plan, policy protocol, procedure, strategy or system was complied with.

1. A review of the home's policy titled, "Falls Prevention and Management Program" (RESI-10-02-01 and dated April 2013) indicated the following:

i) When a resident falls, registered staff will notify the SDM/POA, if applicable.

A review of resident #100's clinical record indicated that they sustained an unwitnessed fall on an identified date in 2014 during the evening hour. A review of the resident's progress notes indicated that the POA was not notified of this fall until the next day just before the lunch hour. An interview with the DOC-A indicated that along with the requirements in the home's policy regarding falls, the expectations of the home were to also notify the Substitute Decision Maker (SDM)/Power of Attorney (POA) of a fall if the fall occurred before midnight. The DOC-A confirmed that the resident fell before midnight; that the POA was not notified until the next day and that the home had not complied with their policy.

2. A review of the home's policy titled, "Complaints" (09-04-06 and dated June 2010) indicated the following under Documentation:

i) Complaint Log- used to record all complaints for tracking and trending purposes.

An interview with the Administrator indicated that the family of resident #400 had placed complaints to the home regarding the care of resident #400 on an approximate date in the fall of 2013. The Administrator who was in the role of Director of Care at the time, confirmed that the home's complaint log was not updated with the complaint's and that the home had not complied with their policy. [s. 8. (1) (b)]



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Issued on this 23rd day of July, 2015

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

Original report signed by the inspector.