



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 2, 2016	2016_347197_0009	008254-16	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 KINGSTON
309 QUEEN MARY ROAD KINGSTON ON K7M 6P4

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

JESSICA PATTISON (197), DARLENE MURPHY (103), SUSAN DONNAN (531)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): April 25-29, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a RAI Coordinator, Services Manager, Registered Nurses, Registered Practical Nurses, Health Care Aides, a Dietary Aide, residents and resident family members.

The following Inspection Protocols were used during this inspection:



**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**

**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Reporting and Complaints
Residents' Council
Skin and Wound Care**

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

2 WN(s)

0 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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**



Findings/Faits saillants :

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

The following observations were made by inspectors from April 25 to 29, 2016:

Rm 123 - scarring of paint on wall inside bathroom; floor track for bathroom door has debris evident.

Rm 116 - some scraping of paint on wall inside bedroom.

Rm 105 - bathroom wall paint is chipping beside sink; track for pocket bathroom door has ++ debris in it; baseboards have dirt build up at tops and bottom.

Rm 202 - scuff marks on floor and on radiator underneath window; overbed table - bottom metal pieces have paint chipped off and rust present; finish coming off grab bar across from toilet in shared bathroom.

Rm 240 - lower corners of outer bathroom entrance door the drywall is scarred and gouged; left wall in the bathroom has noticeable black marks along the length of the wall; on lower section of the wall the drywall is chipped and scarred.

Rm 118 - evidence of black marks on wall at foot of bed.

Rm 106 - scarring, chipped paint center right wall area.

Rm 242 - sink outlet drain was corroded and rusted.

Rm 226 - sink outlet drain corroded and rusted.

Non-intact and unfinished surfaces cannot be thoroughly cleaned, placing residents at increased risk for spread of infection.

On April 28, 2016 during an interview with the Administrator and tour of the identified areas of disrepair, she confirmed that the disrepair had been identified and that the identified areas will be prioritized with the renovations currently in progress. [s. 15. (2) (c)]



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 68(2)(e)(ii) in that resident heights are not completed annually.

During stage one of the inspection, April 25-26, 2016, Inspectors # 103, 531 and 197 all noted that resident heights were completed at admission, but not annually thereafter.

The Director of Care was interviewed on April 29, 2016 and indicated that heights are to be done annually for each resident and provided the home's policy # RESI-05-02-07 Weight Change Program, dated November 2013. This policy states that care staff are to take resident heights on admission and at least annually thereafter and record on facility specific height worksheet (if applicable), either paper or electronically.

The Director of Care looked into the matter and confirmed for inspectors that resident heights are not currently being done annually. She further indicated the home would begin taking annual heights for all residents in 2016. [s. 68. (2) (e) (ii)]

Issued on this 2nd day of May, 2016

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

Original report signed by the inspector.