



**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**

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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
Feb 28, 2014	2014_049143_0008	O-000103- 14	Resident Quality Inspection

Licensee/Titulaire de permis

EXTENDICARE ~~CENTRAL ONTARIO INC~~ CANADA INC
82 Park Road North, OSHAWA, ON, L1J-4L1

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

PAUL MILLER (143), DARLENE MURPHY (103), JESSICA PATTISON (197)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): February 18th-21st and February 24th-27th, 2014.

An on-site inquiry related to Log #O-000930-13 was completed at the same time as the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Nurses (RN) , Registered Practical Nurses (RPN), Personal Support Workers (PSW), a Nursing Clerk, a Laundry Aide, the Support Services Manager, Maintenance staff, a Registered Dietitian (RD), the Nutrition Manager, a Housekeeping Aide, the Program Manager, the Office Manager, a Physiotherapy Aide, the Family Council President, Resident Council President, residents and family members.

During the course of the inspection, the inspector(s) completed tours of all resident home areas, observed resident dining, reviewed resident health care records, reviewed Extencicare policies and procedures, preventative maintenance schedules, observed medication administration and medication storage areas, observed residents attending activities, reviewed cleaning schedules for resident equipment, observed infection control practices and observed resident care and services.

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 - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Hospitalization and Death
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 comply with the Long Term Care Homes Act s. 15.(2)(a)**



**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**

by not ensuring that the home is kept clean and sanitary.

Room #105-track that bathroom door moves along has dirt/debris present; dirt evident on floor going into bathroom and there are rust stains in the toilet bowl.

Room #104-toilet has rust in bowl; debris in track of bathroom door.

Room #106-debris in track of bathroom door and the floor at base of toilet is discoloured.

Room #119-black marks are present on the floor tile and rust located at base of toilet and in toilet bowl.

Room #114-rust/dirt at base of toilet; rust and dirt on baseboard heater in bathroom; dirt evident at edges of baseboards in bathroom and dirt in track of bathroom doorway.

Room #118-rust/dirt evident in tiles at toilet; baseboard behind toilet is pushed inward exposing rough dirty unfinished area; rust in base of toilet bowl, dirt in track of bathroom door and black marks/gouges across the wall.

Room #109-wall at end of bed scarred with black marks; in resident bathroom, rust/dirt at base of toilet and the track for door has visible dirt in it.

Room #113-dirt in track into bathroom. (#103)

Room #227-floors were visibly dirty around baseboards, in the corners and around the toilet. (#197) [s. 15. (2) (a)]

2. The licensee has failed to comply with the Long Term Care Homes Act s. 15.(2)(c) by not ensuring that the home, furnishings and equipment is in a good state of repair.

Room #104-window screen was observed to be improperly affixed to the frame and could be pushed outwards. As such, the screen does not serve as a barrier to insects or to small animals.

Room #123-holes in wall behind toilet and the baseboard was pulled away from wall; scarring/gouges in plaster/paint on the wall at end of the bed.



**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**

Room #105-baseboards missing at corners going into bathroom and pulling away from walls; sharp edges; numerous scrapes in paint on bedroom door and some on wall entering room

Room #104-baseboard in bathroom is detached from wall in places and scarring in paint at door into the room.

Room #106-pieces of plaster missing at doorway to bathroom-sharp edges;

Room #119-floor by bed has scrapes/gouges in floor tile and panelling on back of toilet is pulling away from wall leaving rough edges.

Room #114-rust on baseboard heater in bathroom.

Room #118-bathroom-rust evident in tiles at toilet; baseboard behind toilet is pushed inward exposing rough dirty unfinished area; rust in base of toilet bowl, panel on wall behind toilet is pulled away from wall- screw is just hanging there; black marks/gouges across wall at end of resident bed with rough corners.

Room #113-plaster scarred and missing at end of bed, numerous gouges in wall; 2 flooring tiles at side of resident bed have drilled holes.

Room #215-walls marked, bathroom floor has chips in flooring and extension cord is not secured and as such is a potential tripping hazard.

Room #216-wall trim tearing away from the wall and the floor is marked.

Room #218-wall trim is broken and plaster walls are not repaired.

Room #200-patch placed on the floor tile and repair not completed. (#143)

Room #237-damage to wall behind residents bed. Large indents/holes in wall with pieces of loose drywall/plaster. Other minor scrapes and scuffs on walls.

Room #224-damage to wall behind resident's bed.

Room #236-piece of baseboard missing off the corner in hallway just outside



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

bathroom exposing rusty metal corner bead.

Room #212-wall behind bed has a hole patched with drywall and job not completed. (#143)

Room #223-large crack along seam of linoleum floor in bathroom, plaster missing on wall/corner just outside bathroom and scuffs and scrapes on wall. (#197)

Room #209-large hole in wall behind bed and night stand. (#143)

Room #204-floor tiles chipped and broken and wall behind bed plastered. (#143)

Room #208-bathroom trim chipped and paint peeling. (#143)

Room #235-floor cracked around toilet. (#197)

Room #111-telephone face plate is not adhered to wall leaving wires exposed. (#103)
[s. 15. (2) (c)]

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 home, furnishings and equipment are kept clean and sanitary, maintained in a safe condition and is in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :



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

1. The Licensee has failed to comply with O. Reg. 79/10, s.16 by not ensuring all windows in the home are equipped with a screen and not be able to be opened greater than 15 centimetres.

On February 25th, 2014 inspector #143 observed that room #222 on the North Unit had a window without a screen and was able to be opened by the inspector approximately 62 centimetres.

On February 25th, 2014 inspector #197 observed that resident room #228 on the North Unit had a window that was able to be opened greater than 15 centimetres to an approximate opening of 62 centimetres.

Inspectors completed room audits of 10 additional rooms and observed that windows were not able to be opened more than 15 centimetres. [s. 16.]

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 all windows have screens in place and that windows cannot be opened more than 15 centimetres, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 69 in that the specified weight changes were not assessed.

During an interview with the Director of Care on February 26, 2014 she indicated that registered staff are to review the weight exception report each month and refer all significant weight changes to the Registered Dietitian.

Resident #3223 was identified on the weight exception report for the following weight changes:

- in October 2013, 7.5% weight loss over 3 months
- in November 2013, 7.5% weight loss over 3 months and 10% weight loss over 6 months
- in December 2013, 7.5% weight loss over 3 months and 10% weight loss over 6 months
- in January 2014, 10% weight loss over 6 months

Nutritional assessments were completed for resident #3223 on October 24, 2013 and January 23, 2014. Neither of these assessments indicated that the resident had a significant weight change. There were no nutritional assessments related to resident #3223's weight loss in November or December 2013.

Resident #3237 was identified on the weight exception report for the following weight changes:

- October 2013, 5% weight loss over 3 months and 10% weight loss over 6 months
- November 2013, 10% weight loss over 6 months
- December 2013, 10% weight loss over 6 months
- January 2014, 10% weight loss over 6 months

There were no nutritional assessments related to resident #3237's weight loss in November or December 2013.

During an interview with the Registered Dietitian on February 25, 2014 she indicated that she had not received a referral and had not assessed residents #3223 and #3237 regarding significant weight change in November or December 2013. [s. 69.]



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

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 residents with significant weight changes are assessed using an interdisciplinary approach, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :



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

1. The licensee has failed to comply with O. Reg. 79/10, s. 129 (1) (a) whereby drugs were not secured in an area or a medication cart that is secured and locked.

On February 25, 2014 on or about 1350 hours, bottles of Lactulose, liquid Colace and Metamucil were observed on a shelf beside the medication cart of the north wing. There were no staff in the immediate area. S#118 was asked why the medications were there and stated they should not be stored there, but kept in the locked medication cart. The DOC was interviewed and stated the medications were not to be stored in this area.

On February 26, 2014 during the observation of a medication pass on the south wing, four Spiriva inhalers labelled with resident names were noted on a shelf next to the medication cart. S#119 advised the inspector that the inhalers had been prepared and were ready for resident use. Throughout the observation, the medication nurse left the inhalers unattended to administer medications to residents in the dining area. Residents were observed to be in the area. [s. 129. (1) (a)]

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 all drugs are stored in an area or a medication cart that is secured and locked when not being administered, to be implemented voluntarily.

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 87.
Housekeeping**

Specifically failed to comply with the following:

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :



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

1. The licensee has failed to comply with O. Reg. 79/10, s. 87 (2)d whereby procedures have not been developed and implemented to address incidents of lingering offensive odours in the home.

On February 18th, 2014 during the initial tour of the home, odours were identified.

On February 19th, 23rd-26th, an odour was noted in an identified room and bathroom. Housekeeping staff were observed to clean this room each day and the odour would resolve immediately after the area was cleaned, but would become apparent within two to three hours of the cleaning.

S#107 (PSW) was interviewed and advised another identified room has had ongoing issues related to odours. The odours would resolve after the area was cleaned, but return a short time later.

Housekeeping staff S#120 was interviewed and stated the odours are an ongoing problem in several rooms. The staff member stated a solution normally used for the curtains is being used to remove the odours and that he/she often returns to the problem rooms for additional cleaning in an attempt to remove the odours.

The Manager of Housekeeping was interviewed and stated when an odour is identified, staff attempt to determine the source of the odour, remove the source and clean the area. Policy #HKLD-05-03-08 outlines the process to be taken to address unacceptable lingering odours in the home. There is no evidence to support that the home has implemented this policy to address the lingering odours. [s. 87. (2) (d)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service



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

Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(a) procedures are developed and implemented to ensure that,
(i) residents' linens are changed at least once a week and more often as needed,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The Licensee has failed to comply with O.Reg. 79/10, s. 89.(1)a by failing to implement their procedures related to reporting and locating lost clothing.

On February 20th, 2014 resident #3238 reported to Inspector #143 that he/she was missing a pair of pants. On February 21st, 2014 resident #3253 reported to Inspector #197 that he/she was missing a belt for the past 3 weeks. On February 20th resident #3257 reported to Inspector #103 that he/she was missing a pair of blue jeans for the past month.

On February 25th, 2014 Inspector #143 met with the Support Services Manager and the Administrator and reviewed Extendicare's Missing Clothing Policy #HKLD-06-03-12. This policy includes an appendix 1 (missing clothing search form). A request was made by the inspector to review these forms and was advised by the Administrator and the Support Services Manager that the forms had not been completed. [s. 89. (1) (a)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



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

Specifically failed to comply with the following:

s. 229. (12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 229 (12) by not ensuring pets visiting as part of a pet visitation program have up to date immunizations.

The Program Manager was asked to provide the immunizations records for all pets currently attending the home as part of a pet visitation program. Seven of the pets did not have records to indicate their current immunization status. [s. 229. (12)]

Issued on this 28th day of February, 2014

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

A handwritten signature in blue ink that reads "P Miller". The signature is written in a cursive style and is contained within a rectangular box.