



**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**

**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

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 26, 2016	2016_328571_0026	026725-16	Complaint

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**Licensee/Titulaire de permis**

EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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**Long-Term Care Home/Foyer de soins de longue durée**

EXTENDICARE LAKEFIELD  
19 FRASER STREET P. O. BOX 910 LAKEFIELD ON K0L 2H0

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

PATRICIA MATA (571)

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**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): September 6, 7, 8, 9, 12, 13 and 14, 2016**

**This complaint log was inspected concurrently with RQI Log #013462-16.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, Registered Nurses and a family member.**

**The following was reviewed: clinical records, administrative records, and the licensee's Infection and Surveillance and Control Policy. Observations were also made throughout the inspection.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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. 229. Infection prevention and control program**
**Specifically failed to comply with the following:**

**s. 229. (5) The licensee shall ensure that on every shift,**  
**(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that on every shift, symptoms indicating the



presence of infection in residents are monitored in accordance with evidence-based practices.

Re: Complaint Log #026725-16:

Resident #024 had a specified diagnosis.

Record review of the progress notes for resident #024 during a specified month over a four day period identified that the resident was exhibiting respiratory symptoms on various shifts. Review of resident #024's progress notes for day one and day two identified that resident #024 was exhibiting respiratory symptoms and there was documentation on every shift. Review of resident #024's progress notes for day three and four identified that resident #024 was exhibiting respiratory symptoms on one shift and there was no evidence of documentation regarding respiratory infection on two shifts. It was identified, that respiratory symptoms were not monitored on four identified shifts during the four day period or beyond.

A review of the licensee's Infection Surveillance and Control Policy (IC-03-01-01) indicated that staff are to record on the "Daily 24-hour Symptom Surveillance" form any symptoms that may determine an infection and or the possible presence of communicable disease outbreak. This form is used to track symptoms on a daily basis to ensure regular follow-up and also help identify a potential outbreak. The form also instructs staff to isolate any resident with a temperature greater than or equal to 37.5 and one other symptom. The infection control nurse is to review the form and review the resident's chart for appropriate documentation, determine appropriate diagnostics have been ordered and any required precautions implemented.

The "24 Hour Symptom Surveillance" forms were reviewed for two specified months. The respiratory symptoms for resident #024 that were initially documented on a specified date were not recorded on any date in that month's surveillance forms.

In an interview, the Director of Care indicated that the Registered Nurses complete the form daily. The Infection Control Lead, or the Director of Care monitor the form and ensure action is taken. The Charge RN monitors the forms on the weekend. The Director of Care confirmed that resident #024 was not on the form and was not monitored as per the licensee's policy.

Therefore, the licensee failed to ensure that on every shift staff monitored symptoms



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indicating the presence of infection for resident #024 in accordance with evidence-based practices. [s. 229. (5) (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 with ensuring that on every shift, symptoms indicating the presence of infection in residents are monitored in accordance with evidence-base practices and that staff follow the licensee's Infection and Surveillance and Control Policy, to be implemented voluntarily.***

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Issued on this 27th day of October, 2016

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

**Original report signed by the inspector.**