



**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  
performance et de la conformité**

London Service Area Office  
130 Dufferin Avenue, 4th floor  
LONDON, ON, N6A-5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin, 4ème étage  
LONDON, ON, N6A-5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

### **Public Copy/Copie du public**

<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>
Nov 10, 2014	2014_261522_0027	005523-14	Complaint

#### **Licensee/Titulaire de permis**

EXTENDICARE TORONTO INC  
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE LONDON  
860 WATERLOO STREET, LONDON, ON, N6A-3W6

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

JULIE LAMPMAN (522)

#### **Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): October 16 and 17, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, the Support Services Manager, two Registered Nurses, two Registered Practical Nurses, a Social Worker and a Family member.**

**During the course of the inspection, the inspector(s) reviewed the complaint, resident's clinical record and policies and procedures related to the inspection.**

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



Dignity, Choice and Privacy
Medication
Pain
Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains detailed descriptions of non-compliance with LTCHA requirements and their French equivalents.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: 10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).



---

**Findings/Faits saillants :**

1. The licensee failed to ensure that a plan of care is based on, at a minimum, an interdisciplinary assessment of resident health conditions, including pain.

Review of a specified resident's clinical record revealed that the resident was ordered pain medication as needed.

Review of the resident's MDS Assessment revealed the resident has pain symptoms less than daily and the resident has times when the intensity of the pain is horrible or excruciating.

Review of the resident's plan of care revealed the absence of goals and interventions related to pain.

Interview with the Acting Director of Care (ADOC) confirmed the absence of pain related goals and interventions in the resident's plan of care.

Review of the home's Pain Management policy #RESI-10-03-01 revealed the following:

- Each resident, regardless of cognition, must be assessed for pain on admission and readmission.
- Residents who are identified as experiencing pain will have an interdisciplinary plan for pain management including pharmacological and non-pharmacological approaches.
- The effectiveness of pain control strategies will be assessed pre and post intervention and documented.

Review of the resident's clinical record revealed the absence of documentation related to a pain assessment when the resident was admitted to the home and when the resident was readmitted from hospital.

Review of the resident's progress notes revealed the absence of pain assessments pre and post administration of pain medication.

Interview with the Acting Director of Care confirmed the absence of pain assessments on admission and readmission and the absence of documentation related to assessments of pain pre and post administration of pain medication.



The ADOC confirmed that residents should be assessed for pain pre-medication administration including the location or pain and the rating of pain and then assessed post medication administration for the effectiveness of the intervention.

The ADOC confirmed the expectation that the resident's plan of care is based on an interdisciplinary assessment of the resident's pain. [s. 26. (3) 10.]

***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 plan of care is based on, at a minimum, an interdisciplinary assessment of resident health conditions, including pain., to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131.  
Administration of drugs**

**Specifically failed to comply with the following:**

**s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).**

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

---

**Findings/Faits saillants :**



1. The licensee has failed to ensure that that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

Review of a specified resident's clinical record revealed the resident had been readmitted from hospital. The home did not receive orders from the physician until the following day.

Review of the home's Admissions, Readmissions and On-hold Medications policy #11-01 revealed the following:

- Upon readmission of a resident from hospital registered staff will obtain new orders for all required medications.
- All previous medication orders will be discontinued.

Review of the resident's Electronic Medication Administration Record (EMAR) revealed the resident received specified medications prior to receiving a physician's order.

Interview with the Acting Director of Care confirmed the medications were given without a physician's order.

The ADOC confirmed that drugs should not be administered to a resident unless the drug has been prescribed for the resident. [s. 131. (1)]

2. The licensee has failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

Review of a specified resident's clinical record revealed the resident received a larger dosage of a specified medication than what was prescribed by the physician.

Interview with the Acting Director of Care (ADOC) confirmed that the resident received more of the specified medication than what was prescribed by the physician.

The ADOC and Administrator confirmed that all drugs are to be administered to residents in accordance with the directions for use specified by the physician. [s. 131. (2)]



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 that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident and that drugs are administered to residents in accordance with the directions for use specified by the prescriber., to be implemented voluntarily.***

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**

---

**Findings/Faits saillants :**



1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is investigated, resolved where possible, and a response provided within 10 business days of receipt of the complaint.

Review of the resident's clinical record revealed that on three separate occasions the resident's family made complaints to staff and asked to speak with management.

Interview with the Support Services Manager (SSM) confirmed that the SSM did receive a call from the registered staff while on call regarding the family's concerns.

Interview with the Registered Nurse revealed that she had documented the complaint and submitted the documentation to the Acting Director of Care.

The Administrator confirmed that there was no record of documentation, investigation or follow up with the family regarding the complaints and that he was not aware of the complaints.

Review of the home's Complaints Policy 09-04-06 revealed when a verbal complaint is received, the following will occur:

- Where possible an investigation will be initiated immediately;
- If the investigation cannot be initiated immediately and/or a resolution cannot be obtained within 24hours the Department Manager will initiate an investigation into the complaint, including a written record of the investigation and the outcome.

The Administrator confirmed the expectation that all complaints made to a staff member concerning the care of a resident or operation of the home be investigated, resolved where possible, and response provided within 10 business days of receipt of the complaint. [s. 101. (1) 1.]

---



**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**

**Issued on this 10th day of November, 2014**

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