



**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**

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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>
Nov 28, 2013	2013_303563_0004	L-000951-13	Critical Incident System

**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**

MELANIE NORTHEY (563)

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

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 25, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident, Personal Support Workers, and Registered Practical Nurses.

During the course of the inspection, the inspector(s) made observations, reviewed health records, policies and other relevant documentation.

The following Inspection Protocols were used during this inspection:



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**Falls Prevention**

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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. 6. Plan of care**



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**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).**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**  
**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**  
**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**  
**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**



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1. The Licensee failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other in the development and implementation of the plan of care:

a) Resident Assessment Instrument- Minimum Data Set (RAI-MDS)

- section G1b (Transfer) coded as extensive assistance, one staff

- section G6d (Modes of Transfer) does not indicate the use of a mechanical lift

- section G8a Activities of Daily Living (ADLs) Functional Potential) does not reference resident's belief that she is capable of increased independence in at least some (ADLs)

- section G9 (Change in ADL Function)- no change indicated in status compared to 90 days ago or since last MDS if less than 90 days

b) Most recent resident Transfer/Lift Assessment completed on admission indicated resident is able to weight bear, follow instructions and demonstrates cooperation with one staff assist for transfer in and out of bed and off and on the toilet. No reassessment completed since this date to identify change in transfer status.

c) Most recent "Physiotherapy Note" did not include the use of the sit-to-stand mechanical lift in the morning.

d) Personal Support Worker (PSW) flow-sheets showed documentation as being an extensive level of physical assistance for transfers across all shifts. No indication that the resident is independent or limited assistance for transfers as indicated in the care plan, and the PSWs were actually using a mechanical lift for morning transfer with two staff.

e) Two registered practical nurses (RPNs) interviewed were not aware that the resident was transferred by sit-to-stand mechanical lift in the morning.

f) At the time of this inspection the care plan was updated to read, "extensive assistance: 1 staff to provide physical assistance. Staff to complete set-up of walker and wheelchair. Needs constant reminders to use call bell." RPN staff confirmed they did not collaborate with PSW staff or Physiotherapy staff before making that change. Resident's care plan still did not include the use of the sit-to-stand mechanical lift. [s. 6. (4) (b)]

2. The Licensee failed to ensure the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary as evidenced by:

a) Resident's care plan indicates transfers are "limited to extensive assistance with one staff to provide some physical assistance as needed; resident performs most of



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the transfer independently. Needs constant reminders to use call bell."

b) Resident's most recent Transfer/Lift Assessment indicated resident is able to weight bear, follow instructions and demonstrates cooperation with one staff assist for transfer in and out of bed and off and on the toilet.

c) Personal Support Worker (PSW) indicated this resident required a sit-to-stand mechanical lift in the morning to transfer from bed to chair.

d) Observation of resident's room revealed the mechanical lift logo was missing from the inside of the resident's closet door where RPN staff confirmed it should be for all residents who use a mechanical lift.

e) The plan of care was not reviewed and revised to include the mechanical lift transfer in the care plan or the mechanical lift logo in the resident's room. [s. 6. (10) (b)]

***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 the resident is reassessed and the plan of care reviewed and revised when the resident's care needs change and ensure the staff and others involved in the different aspects of care of the resident collaborate with each other in the development and implementation of the plan of care, to be implemented voluntarily.***

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**WN #2: 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).**

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**Findings/Faits saillants :**



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1. The home failed to ensure where the Act requires the Licensee to have, institute or otherwise put in place any policy; the Licensee is required to ensure that the policy is complied with.

Policy review of "Mobility and Fitness" policy states that when any form of mechanical device is used: at least two staff members should perform lifts and transfers from a lifting device, assess resident for type of device required and document on care plan, ensure second staff member is present to support and stabilize resident, and through interdisciplinary process identifies types of lifts to be used in facility.

a) review of the resident record revealed no Physiotherapy or nursing assessment for the type of device required and,

b) no documentation on the care plan that the resident used a sit-to-stand mechanical lift.

Two RPNs confirmed staff should be following the policy. [s. 8. (1)]

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**Issued on this 28th day of November, 2013**

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

*Melanie Northey*