

# Inspection Report Under the Fixing Long-Term Care Act, 2021

### **Ministry of Long-Term Care**

Long-Term Care Operations Division Long-Term Care Inspections Branch

### **Ottawa District**

347 Preston Street, Suite 410 Ottawa, ON, K1S 3J4 Telephone: (877) 779-5559

## **Public Report**

Report Issue Date: April 10, 2025

**Inspection Number:** 2025-1063-0003

**Inspection Type:** 

Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare New Orchard Lodge, Ottawa

### **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): April 2-4, 7-10, 2025

The following intake(s) were inspected:

Intake: #00143848 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management

Resident Care and Support Services

Residents' and Family Councils

Food, Nutrition and Hydration

Medication Management

Safe and Secure Home

Infection Prevention and Control

Prevention of Abuse and Neglect

Staffing, Training and Care Standards

Quality Improvement

Residents' Rights and Choices

Pain Management



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## **INSPECTION RESULTS**

### WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure the provision of care, as set out in a residents plan of care, was documented. Specifically, a resident's interventions for skin impairment prevention, as specified in their care plan, was not being documented. According to a Personal Support Worker (PSW), staff do not document the resident's skin integrity intervention.

#### Resources:

A resident's electronic chart and care plan;

Interviews with a PSW, a Registered Practical Nurse (RPN), and the Director of Care (DOC).

### **WRITTEN NOTIFICATION: Infection Prevention and Control**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team,



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including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that all staff participate in the home's Infection Prevention and Control (IPAC) program. Specifically, the licensee has failed to ensure that a staff member was wearing a mask in resident common areas while the home area was in a declared outbreak.

### Sources:

Observation of a staff member during the inspection; Interview with the Assistant Director of Care.