



**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  
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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 23, 2016	2016_263524_0005	003603-16	Resident Quality Inspection

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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 PORT STANLEY  
4551 EAST ROAD PORT STANLEY ON N5L 1J6

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

INA REYNOLDS (524), CHRISTINE MCCARTHY (588), DONNA TIERNEY (569),  
NANCY JOHNSON (538)

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## Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): February 9, 10, 11, 12, 16, 17, 18, 2016.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident Assessment Instrument Coordinator, the Dietary Manager, the Program Manager, a Registered Nurse, 2 Registered Practical Nurses, 5 Personal Support Workers, 1 Physiotherapy Assistant, 1 Maintenance Staff, 1 Housekeeping Aide, the Resident Council President, the Family Council Representative, forty residents and 3 family members.**

**The inspector(s) also conducted a tour of the home, observed care and activities provided to residents, meal and snack service, medication administration, medication storage area, resident/staff interactions, infection prevention and control practices, reviewed clinical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleaning and condition of the home.**

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

**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Personal Support Services  
Residents' Council  
Safe and Secure Home**



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

4 WN(s)

4 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Record review of the current plan of care for an identified resident revealed the resident was to complete specific exercises as tolerated under close supervision and to be provided with counseling education regarding precaution strategies.

Record review on February 12, 2016, at 1140 hours of the Physiotherapy Daily Attendance sheet for a specified time frame, revealed there was no documentation regarding specific exercises and training being provided for the resident as directed in the care plan.

Staff interview with a Physiotherapist Assistant (PTA) revealed that the PTA had not provided the specific exercises under close supervision. Further discussion revealed that in addition to the specific exercises the PTA had not provided training and counseling and education regarding precaution strategies as specified in the resident's care plan.

Staff interview on February 12, 2016, with the Resident Assessment Instrument Coordinator confirmed that the care set out in the plan of care was not provided to the resident. The Administrator on February 12, 2016, shared that it was the home's expectation that staff follow the care plan to ensure that each resident was provided with



the care as set out in the resident's plan of care. [s. 6. (7)]

2. The licensee has failed to ensure that the resident's plan of care was reviewed and revised when the resident's care needs changed.

Record review of the most current plan of care on February 16, 2016, revealed that an identified resident was usually continent. Record review of the most recent Resident Assessment Instrument-Minimum Data Set (RAI-MDS) assessment, revealed that the resident had a decline in continence status.

Record review of the home's Continence Management Program Policy # RESI-10-14-01 dated November 2013, revealed that "the care plan will be reviewed every three months and as the resident's condition changes."

Staff interview on February 16, 2016, with the Resident Assessment Instrument Coordinator revealed that the RAI-MDS assessment revealed a decline in continence status and that the care plan goals and interventions were not updated to reflect the resident's change in condition. The Director of Care on February 16, 2016, confirmed that it was the home's expectation that the plan of care was updated when the resident's care needs changed. [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 that the care set out in the plan of care is provided to the resident as specified in the plan and to ensure that the resident's plan of care is reviewed and revised when the resident's care needs change, to be implemented voluntarily.***

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**WN #2: 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:**

**4. Vision. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a plan of care was based on, at a minimum, an interdisciplinary assessment of the resident's vision.

Record review of the most recent Minimum Data Set (MDS) assessment and Resident Assessment Protocol (RAP) summary under the visual section for an identified resident indicated the resident had impaired vision problems. The Resident Assessment Protocol (RAP) notes indicated the vision problems would be addressed in the care plan.

Record review of the most recent plan of care for the resident revealed there was no focus statement, goals or interventions with respect to the resident's vision needs and safety based on the assessment.

Interview with the Resident Assessment Instrument (RAI) Coordinator on January 16, 2016, confirmed the absence of goals and interventions related to the resident's vision needs in the plan of care and that it was the home's expectation that there should be. [s. 26. (3) 4.]

***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 the resident's vision, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**



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

**s. 85. (4) The licensee shall ensure that,**

**(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).**

**(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).**

**(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).**

**(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the results of the satisfaction survey were documented and made available to the Residents' Council in order to seek the advice of the Council about the survey.

Review of the Residents' Council meeting minutes from January 2015 to January 2016, revealed there was no documented evidence that the home sought any advice from the residents about the results of the homes annual satisfaction survey.

The Administrator revealed on February 18, 2016, that the results were available online from the corporate office of the licensee in February 2015, and a Satisfaction Survey action plan was developed by the management team for 2015. The Administrator and Program Manager confirmed the absence of documentation with respect to discussions held about the results of the survey and seeking advice from the Residents' Council about the annual survey results. [s. 85. (4) (a)]



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***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 results of the satisfaction survey is documented and made available to the Residents' Council in order to seek the advice of the Council about the survey, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that as part of the organized program of maintenance services there were schedules and procedures in place for routine, preventive and remedial maintenance.

Observation of resident rooms and bathrooms on February 9 to 11, 2016, revealed multiple areas of disrepair and damage to walls, baseboards and trim, toilet caulking, radiators, floor tiles and door frames.

Record review of the Resident Council meeting minutes for January 26, 2016, revealed residents and family members had expressed a vocal concern that the "bases of the toilets have brown residue around them".

Observations on February 17, 2016, by the Administrator, Maintenance staff and Inspector revealed multiple areas of disrepair and damage.

Interview with the Administrator on February 17, 2016, revealed that the home does not have a maintenance plan in place. The Administrator confirmed that the expectation of the home was to have schedules and procedures in place to address the areas of disrepair and damage. [s. 90. (1) (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 that as part of the organized program of maintenance services there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.***

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**Issued on this 24th day of February, 2016**

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

**Original report signed by the inspector.**