



**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**

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

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 17, 2017	2017_508137_0025	014231-17	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**

MARIAN MACDONALD (137), ALI NASSER (523)

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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.**

**This inspection was conducted on the following date(s): November 6 - 9, 2017**

**The following intake was completed within the RQI:**

**Log # 012271-15 / CIS 2669-000011-15 related to falls prevention.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Office Manager, Program Manager, Food Service Manager, Pharmacist, Resident Assessment Instrument (RAI) Coordinator, Maintenance Worker, three Registered Practical Nurses, two Personal Support Workers, residents, family members, representatives from Family and Residents' Councils.**

**The inspectors also toured the home, observed care provision, resident to staff interactions, medication administration, medication storage areas, reviewed residents' clinical records, relevant meeting minutes, internal investigative notes, medication incident reports, relevant policies and procedures, general maintenance and cleanliness of the home.**

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

**Falls Prevention**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Prevention of Abuse, Neglect and Retaliation**

**Residents' Council**

**Skin and Wound Care**

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

**3 WN(s)**

**3 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.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

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

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.  
O. Reg. 79/10, s. 49 (2).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that when a resident had fallen, the resident was assessed and that where the condition or circumstances of the resident require, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

A review of the progress notes showed an identified resident had sustained an unwitnessed fall and documentation by the Registered Staff on duty, at the time of the fall, showed no noted injury when checked head to toe.

On the following shift, the identified resident complained of not feeling well and the Registered Staff observed the resident to have injuries, as well as not responding normally.

A review of the Falls Prevention and Management Program, Policy # RC-06-04-01, updated May 2016, showed that if a resident hits their head or was suspected of hitting their head, such as an unwitnessed fall, a Clinical Monitoring Record (which included Head Injury Routine) was to be completed.

A review of the identified resident's clinical records showed there was no documented evidence that a head to toe assessment and a Head Injury Routine had been completed by the Registered Staff on duty, at the time of the fall.

A review of the home's internal investigative notes showed that a head to toe assessment was not completed on resident after the fall, a head injury routine was not implemented as it was an unwitnessed fall, the care plan was not updated and the incident report was not put in the Doctor's book for later communication to the physician.

During an interview, the Administrator said the Registered Staff failed to follow the home's policies and procedures related to assessing the resident by not completing a head to toe assessment and Head Injury Routine for a resident who had an unwitnessed fall.

The licensee has failed to ensure that when the resident had fallen, the resident had been assessed that where the condition or circumstances of the resident require, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

This area of non-compliance was determined to have a severity of actual harm/risk (level



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three), the scope was isolated (level one) and the compliance history was a level two, no previously related area of non-compliance issued in the past three years. [s. 49. (2)]

***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 when a resident had fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a Registered Dietitian who was a member of the staff of the home, met annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

In interviews with the Pharmacist and DOC, they said that an annual evaluation of the medication management system with the interdisciplinary team was not completed. They said that there was an online evaluation form that was completed by the previous DOC in February 2017 but there was no annual evaluation meeting that was held with an interdisciplinary team, that included the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a Registered Dietitian to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

The licensee has failed to ensure that the medication management system was evaluated annually by an interdisciplinary team, that included the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a Registered Dietitian to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

This area of non-compliance was determined to have a severity of minimal harm or potential for actual harm (level two), the scope was a pattern (level two) and the compliance history was a level two, no previously related area of non-compliance issued in the past three years. [s. 116.]



***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 an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a Registered Dietitian who was a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every medication incident involving a resident and every adverse drug reaction was:
  - (a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and
  - (b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.
2. In addition, the licensee has failed to ensure that,
  - (a) all medication incidents and adverse drug reactions were documented, reviewed and analyzed;
  - (b) corrective action was taken as necessary; and
  - (c) a written record was kept of everything.
3. The licensee has failed to ensure that,
  - (a) a quarterly review was undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions;
  - (b) any changes and improvements identified in the review were implemented; and
  - (c) a written record was kept of everything.



The medication incidents for the period of July, August and September 2017, were reviewed. There were a total of 13 medication incidents documented. A review of three selected Medication Incident Reports showed there was no record of review, analysis or actions taken related to these medication incidents and there was no record that the physician, resident or Substitute Decision Maker (SDM) were notified.

In interviews with the Pharmacist and DOC, they reviewed the above medication incidents with the Inspector and acknowledged that for the medication incidents noted above, there was no record of actions taken to assess and maintain the residents' health, there was no record of review, analysis and actions taken, there was no record that the physician, resident or SDM were notified.

The Pharmacist said that it was the expectation that the medication incident form would be completed with a record of actions taken to assess and maintain resident's health, a review, analysis and actions taken, and notification of the physician, resident or SDM.

The Pharmacist and DOC said that there was no record of a quarterly review of all the medication incidents and adverse drug reactions that have occurred in the home in order to reduce and prevent medication incidents and adverse drug reactions.

This area of non-compliance was determined to have a severity of minimal harm or potential for actual harm (level two), the scope was a pattern (level two) and the compliance history was a level two, no previously related area of non-compliance issued in the past three years. [s. 135.]



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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 every medication incident involving a resident and every adverse drug reaction is documented, together with a record of the immediate actions taken to assess and maintain the resident's health, and reported to the resident, the resident's SDM, the resident's attending physician, and that all medication incidents are reviewed and analyzed, and corrective action taken as necessary, and a quarterly review is undertaken of all medication incidents that occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions, to be implemented voluntarily.***

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Issued on this 20th day of November, 2017

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

**Original report signed by the inspector.**