



**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 prévue  
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**

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**Public Copy/Copie du public**

<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>
Mar 27, 2019	2019_533115_0009	004252-19, 006108-19	Complaint

**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare Southwood Lakes  
1255 North Talbot Road WINDSOR ON N9G 3A4

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

TERRI DALY (115)

**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): March 19 & 20, 2019**

**A Follow Up inspection was completed concurrently with this Complaint  
Inspection:**

**Compliance Order #001 from inspection #2019\_674610\_0010 related to discharging  
a resident.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,  
the Director of Nursing (DON), the Social Worker, the Behavioural Supports Ontario  
(BSO) internal lead, the Patient Services Manager LHIN and a family member.**

**During the course of the inspection the inspector(s) reviewed application records  
and a relevant policy and procedure related to resident discharge from the home.**

**The following Inspection Protocols were used during this inspection:  
Admission and Discharge**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the  
time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de  
cette inspection:**



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 148. (2)	CO #001	2019_674610_0010	115

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

Legend	Légende
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 LTCHA, 2007 S.O. 2007, c.8, s. 44.  
Authorization for admission to a home**

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

**s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**

**(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**

**(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**

**(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home approved the applicant's admission to the home unless, (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval.

A complaint was received by the Ministry of Health and Long-Term Care (MOHLTC) related to a resident being refused admission to Extendicare Southwood Lakes on three dates.

A review of the homes admission refusals for the past three months was conducted, the records showed that three resident's had been refused admission. Two residents were refused admission based on their behaviours.

The bed refusal letters for both resident's were reviewed and indicated a decline in admission on specific dates.

Application documentation was reviewed during the inspection including both residents Behavioural Assessment Tools, Behaviour Supports Ontario (BSO) Assessments and Follow-up forms, and Hotel Dieu Grace Mental Health Out Patient Clinic notes. Both residents are currently residing at another long-term care home in the area.



During an interview with BSO team member #104 they reviewed the assessments for both residents and acknowledged that the home could handle these types of behaviours. They went on to say that the home had a good handle on behaviours, that they felt management was open to suggestions, they work well with the BSO team and the social worker was great, and available if needed, even on weekends.

When BSO team member #104 was asked about education and training for staff to deal with behaviours the BSO team member said that the home offers Gentle Persuasive Approach (GPA) training, and they indicated that they were a GPA coach. They stated that the home had provided learning opportunities through U-first, and Montessori based practices related to behaviours. They provided information about the external BSO referrals noting that the home has quick access to these resources, and the external BSO team conducts site visits fairly quick if asked.

The BSO team member also referenced resources through the local Geriatric Mental Health Outreach Team (GMHOT) that provides consultation, assessment and follow up to the resident's in the long term care home.

An interview with Social Worker #102 they acknowledged that the residents had been refused admission to Extendicare Southwood Lake based on their behaviours. They had also stated that the home provided training for staff annually related to behaviours, that the home had an internal BSO team that they work closely with and had access to the external BSO team and GMHOT as needed. The said about one of the residents that in consultation with the Administrator and Director of Care the application was refused recently because they already had four resident's with behaviours accessing 1:1 care and did not feel they could handle any more.

The licensee has failed to ensure that the home approved both resident's application for admission unless the home lacked the physical facilities necessary to meet the applicant's care requirements; the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or circumstances existed which are provided for in the regulations as being a ground for withholding approval. [s. 44. (7)]



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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 home provides approval of the applicant's admission to the home unless, (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval, to be implemented voluntarily.***

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Issued on this 28th day of March, 2019

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

**Original report signed by the inspector.**