

## Original Public Report

|   |  |   |   |
|---|--|---|---|
| <b>Report Issue Date</b>  | June 20, 2022                          |   |   |
| <b>Inspection Number</b>  | 2022_1327_0002                         |   |   |
| <b>Inspection Type</b>  |  |   |   |
| <input checked="" type="checkbox"/> Critical Incident System                | <input type="checkbox"/> Complaint     | <input checked="" type="checkbox"/> Follow-Up | <input type="checkbox"/> Director Order Follow-up |
| <input type="checkbox"/> Proactive Inspection                               | <input type="checkbox"/> SAO Initiated | <input type="checkbox"/> Post-occupancy       |   |
| <input type="checkbox"/> Other  |  |   |   |
| <b>Licensee</b>   |  |   |   |
| Extendicare (Canada) Inc.   |  |   |   |
| <b>Long-Term Care Home and City</b>   |  |   |   |
| Extendicare Southwood Lakes Windsor   |  |   |   |
| <b>Lead Inspector</b>   |  |   | Choose an item.                                   |
| Debra Churcher #670   |  |   |   |
| <b>Additional Inspector(s)</b>  |  |   |   |
| Cassandra Taylor #725   |  |   |   |
| Inspector #740915 (Jennifer Bertolin) was also present for this inspection. |  |   |   |

## INSPECTION SUMMARY

The inspection occurred on the following date(s): Onsite May 20, 24, 25, 26, 31, June 1, 2, and 7, 2022. Offsite May 19, June 3 and 6, 2022.

The following intake(s) were inspected:

- Log# 003982-22 CIS# 2842-000008-22 related to a fall with injury.
- Log# 004292-22 CIS# 2842-000009-22 related to a fall with injury and improper transfer.
- Log# 006672-22 Follow up for order #004 from Inspection # 2022\_988522\_0003 related to hand hygiene and doffing and donning PPE.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

| Legislative Reference     | Inspection #     | Order # | Inspector (ID) who complied the order |
|---------------------------|------------------|---------|---------------------------------------|
| O. Reg. 79/10 s. 229. (4) | 2022_988522_0003 | 004     | #670                                  |

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL SIGNAGE

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

Non-compliance with: O. Reg 246/22 s.102. (2) (b).

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control.

The Infection Prevention and Control (IPAC) Standard (the “Standard”) for Long-Term Care Homes was issued by the Director pursuant to section 102(2)(b) of the Regulation under the Fixing Long-Term Care Act, 2021 (the “Act”).

Section 9.1 e) of the IPAC Standard states “The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program.

At minimum, Additional Precautions shall include: Point-of-care signage indicating that enhanced IPAC control measures are in place.

#### Rationale and Summary

During a tour of the home in May 2022, Inspector #670 noted that there were no residents that had signage to denote additional precautions were required. Post tour it was confirmed with the IPAC Lead #108 that the home did have residents that required additional precautions but that the home had never utilized signs for contact precautions for these residents.

During a tour of the home in June 2022, signage stating “Universal precautions. Check with the nurse for specific instructions” was posted on resident eleven resident room doors.

In June 2022, IPAC Lead #108 stated that the home had decided to put the signage up and confirmed that eleven residents had active infections that required additional precautions.

The homes policy titled Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection IC-05-01-03, last reviewed January 2022, stated “Implement contact precautions and ensure the required PPE is available for staff providing care.” “Apply room signage at the resident’s doorway indicating the need for contact precautions.”

During an interview with PSW #113 in June 2022, they stated that they were not always aware if a resident required additional precautions and that they had recently noticed multiple signs on residents’ doors that they had not been previously aware required additional precautions.

During an interview with the IPAC Lead #108 in June 2022, they stated that they had been in contact with their corporate IPAC and that they would be implementing contact precaution signage for all residents with active infections requiring additional precautions.

Sources:

Observations, interview with IPAC Lead #108 and PSW #113, the homes policy titled Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection IC-05-01-03 and record review for eleven residents.

[#670]

## WRITTEN NOTIFICATION: SAFE TRANSFER

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

Non-compliance with: O. Reg. 79/10 s. 36.

The licensee failed to ensure that Personal Support Worker (PSW) #107 used safe transferring techniques when assisting a resident.

#### Rationale and Summary

On a specific date PSW #107 provided an intervention for a resident alone, without the required equipment, despite the resident being identified as requiring two staff and specific equipment to perform the intervention. The resident subsequently experienced an incident that caused injury.

The home's policy titled "Safe Lifting with Care Program: LP-01-01-01: Last Updated: August 2017, stated in part, When the resident assessment indicates that a Mechanical Lift is required, staff will follow the established procedure and use approved Mechanical lifting equipment... Two trained staff are required at all times when performing a Mechanical Lift.". The Administrator indicated the expectation would be for all staff to be aware of the resident's care plan and to follow the homes policy relating to safe lifts and transfers.

Sources: CIS Report #2842-000009-22, a resident's records, home's policy titled "Safe Lifting with Care Program and Interview with the Administrator.

[#725]

## WRITTEN NOTIFICATION: CAREPLAN REVISION WITH A CHANGE IN CARE NEEDS

### NC# 003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 6. (10) (b)

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when, the resident's care needs changed and care set out in the plan was no longer necessary.

**Rationale and Summary**

Review of the resident's care plan, current at the time of inspection stated that the resident was to have specific equipment in place.

Observation of the resident on two separate occasions showed the resident did not have the equipment in place as per the plan of care.

During an interview with Registered Nurse (RN) #108 they stated that the resident had previously had the equipment in place but a registered staff member had re-assessed the resident and had determined that the equipment was no longer required. The registered staff member discontinued the use of the equipment however did not update the care plan to reflect that it was discontinued. RN #108 was unsure when the equipment was discontinued.

**Sources:**

A resident's clinical record, observations of a resident and interview with RN #108.

[#670]

**WRITTEN NOTIFICATION: MAINTAINING TEMPERATURES AT A MINIMUM OF 22 DEGREES CELSIUS IN THE HOME.**

**NC# 004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

Non-compliance with: O. Reg. 246/22 s. 24. (1)

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

**Rationale and Summary:**

Review of the Registered Nurse (RN) temperature log showed one, untimed, entry for May 22, 2022, for a temperature of 22.9 degrees Celsius in room 2139. No other air temperatures could be located.

Review of the Maintenance Supervisor #105 temperature log was reviewed for a total of 17 days from May 14, 2022, through May 31, 2022, and showed the temperatures were taken in the mornings each day and there were a total of 116 temperatures that were recorded below 22 degrees Celsius.

During an interview with resident #001 they stated that since the air conditioning had been turned on they found the home to be cold with it being worse during the evening and night.

During an interview with Maintenance Supervisor #105 they acknowledged that they took the temperatures in the mornings only and not at any other times during the day and that there were times when the temperature was below 22 degrees Celsius in the home.

Sources:

Temperature logs, interview with resident #001 and interview with Maintenance Supervisor #105.

[#670]

**WRITTEN NOTIFICATION: TEMPERATURES AT REQUIRED TIMES IN AT LEAST TWO RESIDENT BEDROOMS.**

**NC# 005 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

Non-compliance with: O. Reg. 246.22 s. 24. (2) 1. (3).

The licensee has failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home. The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

Review of the homes temperature logs showed that temperatures were being documented in two resident bedrooms in different parts of the home daily in the morning. This Inspector was unable to locate any additional temperature documentation related to resident bedrooms.

During an interview with the Maintenance Supervisor #105 they stated that they monitored the temperatures in the home daily in the mornings.

Review of the homes policy titled "Preventing Heat-Related Illnesses RC-08-01-04" last updated Jun 18, 2021, stated:

"1. Monitoring of temperatures must, at minimum be completed in the following areas of the home:

a. At least two resident bedrooms in different parts of the home."

"2. Measure and document the temperature required in each of the areas at least:

a. Once every morning;

b. Once every afternoon between 12p.m. and 5p.m.; and

c. Once every evening or night"

Sources:

The home's temperature logs, interview with Maintenance Supervisor #105 and the homes policy titled Preventing Heat Related Illnesses RC-08-01-04.

[#670]

**WRITTEN NOTIFICATION: TEMPERATURES AT REQUIRED TIMES IN ONE RESIDENT COMMON AREA ON EVERY FLOOR.**

**NC#006 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

Non-compliance with O. Reg. 246/22 s. 24. (2) 2. (3).

The licensee has failed to ensure that the temperature was measured and documented in writing, in one resident common area on every floor of the home, which may include a lounge, dining area or corridor. The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

**Rationale and Summary**

Review of the homes' temperature logs showed that temperatures were being documented in resident common area on every floor of the home daily in the morning. This Inspector was unable to locate any additional temperature documentation related to resident common areas.

During an interview with the Maintenance Supervisor #105 they stated that they monitored the temperatures in the home daily in the mornings.

Review of the homes policy titled "Preventing Heat-Related Illnesses RC-08-01-04" last updated Jun 18, 2021, stated:

"1. Monitoring of temperatures must, at minimum be completed in the following areas of the home:

- b. One resident common area on every floor of the home, which may include a lounge, dining area or corridor."

"2. Measure and document the temperature required in each of the areas at least:

- a. Once every morning;
- b. Once every afternoon between 12p.m. and 5p.m.; and
- c. Once every evening or night"

**Sources:** The home's temperature logs, interview with Maintenance Supervisor #105 and the homes policy titled Preventing Heat Related Illnesses RC-08-01-04.

[#670]

**WRITTEN NOTIFICATION: TEMPERATURES AT REQUIRED TIMES IN EVERY DESIGNATED COOLING AREA IN THE HOME.**

**NC#007 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

Non-compliance with O. Reg. 246/22 s. 24. (2) 3. (3).

The licensee has failed to ensure that the temperature was measured and documented in writing, in every designated cooling area in the home. The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

**Rationale and Summary:**

Review of the homes temperature logs showed that temperatures were being documented in every designated cooling area in the home, daily in the morning. This Inspector was unable to locate any additional temperature documentation related to designated cooling areas in the home.

During an interview with the Maintenance Supervisor #105 they stated that they monitored the temperatures in the home daily in the mornings.

Review of the homes policy titled "Preventing Heat-Related Illnesses RC-08-01-04" last updated Jun 18, 2021, stated:

"1. Monitoring of temperatures must, at minimum be completed in the following areas of the home:

c. Every designated cooling area, if there are any in the home."

"2. Measure and document the temperature required in each of the areas at least:

a. Once every morning;

b. Once every afternoon between 12p.m. and 5p.m.; and

c. Once every evening or night"

Sources: The home's temperature logs, interview with Maintenance Supervisor #105 and the homes policy titled Preventing Heat Related Illnesses RC-08-01-04.

[#670]