

## Amended Public Report (A1)

**Report Issue Date** November 23, 2022

**Inspection Number** 2022\_1327\_0003

**Inspection Type**

- ☐ Critical Incident System
 ☐ Complaint
 ☒ Follow-Up
 ☐ Director Order Follow-up  
☐ Proactive Inspection
 ☐ SAO Initiated
 ☐ Post-occupancy  
☐ Other \_\_\_\_\_

**Licensee**

Extendicare (Canada) Inc.

**Long-Term Care Home and City**

Extendicare Southwood Lakes, Windsor

**Inspector who Amended**

Cassandra Taylor (725)

**Inspector who Amended Digital Signature**

## AMENDED INSPECTION REPORT SUMMARY

*This licensee inspection report has been revised to reflect a change in legislation for CO#001 from inspection #2022\_988522\_0003 relating to s. 6(10)b of the LTCHA, 2007 to a Written Notification of s. 101(4) under the LTCHA, 2007, and to reflect that CO #001 from #2022\_988522\_0003 has been closed. CO #001 the Follow-Up inspection #2022\_1327\_0003 was completed on July 15, 2022.*

## INSPECTION SUMMARY

The inspection occurred on the following date(s): July 12-15, 2022

The following intake(s) were inspected:

- Intakes # 010968-22 (CIS # 2842-000013-22) related to falls prevention and management.
- Intake # 006624-22 (Follow-up) related to CO#001 from inspection #2022\_988522\_0003 regarding s. 6. (10), CDD May 13, 2022.
- Intake # 006625-22 (Follow-up) related to CO#002 from inspection #2022\_988522\_0003 regarding s. 33. (3), CDD Jun 10, 2022.
- Intake # 006626-22 (Follow-up) related to CO#003 from inspection #2022\_988522\_0003 regarding r. 8. (1), CDD Jun 10, 2022.

**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
<a href="#">LTCHA, 2007</a>	[33(3)]	2022_988522_0003	<a href="#">#002</a>	<a href="#">#725</a>

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be **CLOSED**.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
O. Reg. 79/10	[8(1)b]	2022_988522_0003	<a href="#">#003</a>	<a href="#">#725</a>
<a href="#">LTCHA, 2007</a>	[6(10)b]	2022_988522_0003	<a href="#">#001</a>	<a href="#">#725</a>

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Resident Care and Support Services
- Safe and Secure Home
- Staffing, Training and Care Standards

**INSPECTION RESULTS****WRITTEN NOTIFICATION [CONDITIONS OF LICENCE]****NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

**Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 101 (4)**

**The licensee has failed to** comply with the conditions to which the licensee is subject.

**Rationale and Summary**

On March 14, 2022, the licensee was served compliance order (CO) #001 within inspection report 2022\_988522\_0003. CO #001 read as follows;

The licensee must be compliant with LTCHA 2007, c.8 s. 6 (10) (b).

Specifically,

A) Two specific residents will have their plan of care revised to include the use of an assistive device, as required.

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

London Service Area Office  
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London ON N6A 5R2  
Telephone: 1-800-663-3775  
[LondonSAO.moh@ontario.ca](mailto:LondonSAO.moh@ontario.ca)

- B) Residents who return to the home with a cast, splint or boot after a fracture will be reassessed and have their plan of care reviewed and revised.
- C) The home must develop a policy and procedure regarding the care and assessment of residents who have a cast, splint, or boot applied to a fracture.
- D) Registered staff must receive training on the new policy and procedure.
- E) The training must be documented, including the date and staff names who attended the training.

During record review of the specific resident's care plan there was no clear direction on the use of an assistive device. During an interview with the Director of Care (DOC) it was confirmed that the care plan did not provide direction for the use of an assistive device.

During that same interview with the DOC it was confirmed that the home did not have a policy or procedure regarding the care and assessment of residents who had a cast, splint, or boot applied to a fracture. The home had implemented a reference guide for the requirement to complete a Skin Head to Toe assessment after the removal of a cast, splint or boot after a fracture. The DOC confirmed this addition did not satisfy the requirements of CO #001.

Sources: Resident clinical records, Chart of assessments and interview with the DOC.

[#725]

#### WRITTEN NOTIFICATION [DUTY OF LICENSEE TO COMPLY WITH CARE PLAN]

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

###### **Non-compliance with: FLTCA, 2021 S. 6(7)**

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

###### **Rationale and Summary**

A resident was identified with a specific falls risk level through assessment by the morse falls assessment. A falls prevention and management care plan was in place with interventions to reduce the risk of falls. During an observation of the resident, they were seen without their required falls prevention intervention. Registered Practical Nurse (RPN) was asked to observe the resident and confirmed the resident did not have their fall prevention interventions and should have. Clinical Care Coordinator reviewed the resident's care plan and confirmed the care plan indicated the resident should have their identified fall intervention as part of their falls prevention plan of care.

Sources: Observation, resident's records, staff interviews with RPN and Clinical Care Coordinator.

[#725]