



**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**

**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
performance et de la conformité**

**Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255**

**Bureau régional de services de
Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 27, 2013	2013_201167_0012	H-000202- 13	Complaint

Licensee/Titulaire de permis

**EXTENDICARE SOUTHWESTERN ONTARIO INC
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2**

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

**EXTENDICARE ST. CATHARINES
283 Pelham Road, St. Catharines, ON, L2S-1X7**

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

MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection



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

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 9 and 10, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, registered staff and personal support worker staff at the home, the identified resident and the Resident Assessment Instrument Co-ordinator.

During the course of the inspection, the inspector(s) conducted a review of the identified resident's health file, reviewed relevant policies and procedures and staff training, observed care and investigation notes provided by the home.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



1. Resident # 001 did not receive a continence assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

A) Resident # 001 was admitted to the home in 2012 and information provided on admission identified that the resident was incontinent and wore an incontinent product.

B) The "EO Bladder Continence Assessment Form" that is located on the home's electronic documentation system was never completed for resident # 001. No other continence assessment forms were found to have been completed for the resident.

C) A registered staff member confirmed during an interview, that this assessment was to be completed upon admission for all residents and they also confirmed that it had not been completed for resident # 001.

D) The Resident Assessment Coordinator confirmed that this form had been in place for at least a year and that it should have been completed for resident # 001. [s. 51.

(2) (a)]

2. Continence care products were not available and accessible in sufficient quantities to residents and staff at all times during this inspection.

A) During a review of the supply of incontinence products on the first floor on an identified day in May 2013, after the breakfast meal, it was noted that on three of the four supply carts on the unit, there were no incontinent products available. The fourth cart did contain five blue briefs but the staff member interviewed indicated that this was unusual as there are usually none on the cart after initial care is provided in the morning and the personal support worker (PSW) staff would have to ask the registered staff to get a brief for them to use from the medication room. The need to obtain additional briefs from the medication room was confirmed by five staffs interviewed on both the first and second floor.

B) A review of the medication room on the same day after breakfast on the first floor revealed that there were no additional briefs found. There were, however, three bags of briefs labeled for identified residents that their families had provided for them.

C) During an interview with a family member for an identified resident, it was noted that they provided the home with additional incontinence products because staff at the home had told them that the resident was only allotted one incontinent product for the day and evening shift each day. This was confirmed through information provided in



day and evening PSW binder and the home's "Incontinence Product List".

D) A review of the Continence Product Evaluation Form completed by staff for 2012, confirmed that there were concerns expressed indicating that residents were not changed frequently enough with only one product per shift and that the products allowed leakage.

E) During a tour of the second floor after breakfast on the same day, it was noted that there were no extra continence products available on any of the linen carts on the floor. It was noted that there were seven briefs of various sizes found in the medication room.

F) Staff interviewed confirmed that if they required a brief for a resident that they would have to locate the registered staff member to provide a brief for them even if that registered staff member was giving medications or providing care to a resident.

A supply of continence products were not readily available, accessible and in sufficient quantities for PSW staff providing continence care to residents. [s. 51. (2) (f)]

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 each resident at the home who is incontinent receives an assessment that includes identification of the causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.



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

Issued on this 27th day of May, 2013

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

Marilyn Lone