Ontario

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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 9, 2015	2015_330573_0023	O-002738-15	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE STARWOOD
114 STARWOOD ROAD NEPEAN ON K2G 3N5

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

ANANDRAJ NATARAJAN (573)

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): September 17 and 18, 2015, on site.

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN) and Registered Practical Nurses (RPN) along with Personal Support Workers (PSW) responsible for the identified resident's care and the resident's family members.

In addition, the inspector reviewed Critical Incident (CI) report, reviewed identified resident health records (including care plans, progress notes, medication administration records, flow sheets, hospital discharge summaries) and Nursing Staffs communication binder.

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Personal Support Services

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)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

The licensee has failed to ensure that the care set out in the plan of care is provided to the Resident #001 as specified in the plan.

On September 17, 2015, the Inspector #573 reviewed Resident #001 progress notes on a specific date in 2015 which indicates that resident had a bruise in a specific area with unknown cause of injury. Two days later resident was transferred to hospital regarding increased bruising and pain. Resident #001 was diagnosed with fracture and later on a specific day resident returned to the long term care home.

Inspector #573 reviewed the Resident #001 assessment at the time of incident which identifies that the resident has limited range of motion in a specific joints with partial muscle loss. The assessment also identifies that resident requires two person total assistance for the toilet use and personal hygiene. Resident #001's plan of care for activity of daily living regarding bed mobility, personal hygiene and toilet use at the time of incident and current plan of care in effect was also reviewed by Inspector and both indicated that Resident #001 requires total assistance with two staff for all aspects of personal hygiene and toileting. And it clearly indicates "2 staff required for transfer, pericare, change brief and adjust clothing".

The Inspector interviewed PSW S#101, PSW S#102 and RN S#103 about Resident #001, in relation to personal hygiene and toileting before Resident #001 had the injury. Staff #101 indicated to the inspector that the Resident #001's continence care is done by one person and further stated that sometimes the resident tightens up her/his body and legs while providing pericare. Staff #102 indicated to the inspector that Resident #001 continence care is usually done by two staff members but sometimes it is also done by one staff member. The RN S#103 indicated that Resident #001 continence care is not always done by two staff members.

On September 18, 2015, during an interview with Resident #001's family member who indicated to the Inspector that on a specific day and time she/he noticed a PSW staff member who was positioning and attempted to provide continence care to Resident #001, no other staff was present. The family member indicated that she/he immediately intervened and reminded the PSW staff member that Resident #001 suffered from a fracture and requires assistance from two staff members. Later the PSW staff went and requested help from another staff member to provide the personal care for Resident #001.

On September 18, 2015, Inspector spoke with the Director of Care, who indicated that she did investigate the incident which was reported by Resident #001's family member. The DOC confirmed with the inspector that one staff member was attempting to provide continence care to Resident #001. The DOC further stated that she ensured with resident

family member that two staff members will be present to do any personal care with the Resident #001.

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 two staff members will be present to do personal care with the Resident #001 as specified in the plan of care., to be implemented voluntarily.

Issued on this 9th day of October, 2015

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

Original report signed by the inspector.