



**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**

**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 28, 2018	2018_593573_0005	015837-17, 024006-17	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



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

This inspection was conducted on the following date(s): February 27 and 28, 2018 and March 05 - 09, 2017.

The complaint Log #015837-17 and Log #024006-17 related to resident care and services was inspected during this inspection.

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), Registered Practical Nurses (RPN), Personal Support Workers (PSW), resident's Substitute Decision Maker (SDM) and residents.

Inspector reviewed resident health care records including care plans, assessments, progress notes, Medication/Treatment administration records (MAR/TAR) and PSW Daily Care documentation, reviewed the licensee's Contenance Management Program #RC-14-01-01. In addition, inspector observed the provision of care and services to the resident and observed staff to resident interactions.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry
Contenance Care and Bowel Management
Falls Prevention
Personal Support Services
Prevention of Abuse, Neglect and Retaliation**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O.Reg 79/10, s. 48 (1) 3, every licensee of a long-term care home shall ensure that the following interdisciplinary programs is developed and implemented in the home: A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

Under the Continence Care and Bowel Management Program, as per O.Reg. 79/10 s. 51 (2) a), every licensee of a long-term care home shall ensure that, 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.

A review of the home's Continence Management policy #RC -14-01-01, revised February 2017, page two, bullet number one, under procedures for Nurse indicated the following:

1. Complete a continence assessment using a clinically appropriate assessment tool that is specifically designed for assessing continence. An assessment is completed;
 - a. Upon admission for all residents;
 - b. With any deterioration in continence level;
 - c. At required jurisdictional frequency, and
 - d. With any change in condition that may affect bladder and bowel continence.

The health care record of resident #002 identified as being incontinent of urine, and requires total assistance for toileting. A review of resident #002's health care record indicated that the resident had frequent episodes of illness related to urinary incontinence.

The Minimum Data Set (MDS) Annual assessment on an identified date for bladder continence indicated that resident #002 was occasionally incontinent. Three months latter on an identified date, the Minimum Data Set (MDS) significant change assessment for bladder continence indicated that resident #002 was total incontinent.



Review of resident #002's record produced no record of a continence assessment as identified under policy #RC-14-01-01, which included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, or which was conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence

On March 08, 2018, Inspector #573 spoke with PSW #103, who indicated that resident #002 was on a regular toileting routine whereby the resident is assisted by two staff for toileting and the resident was incontinent of bladder and bowel.

Interview on March 09, 2018, with RN #101 indicated that the continence assessment as per the policy was not completed for resident #002, when the resident's continence changed with change in condition.

Interview with the home's Director of Care (DOC) on March 09, 2018, it was indicated that the continence assessment is to be used with any deterioration nor any change in condition that may affect resident's bladder and bowel continence. The DOC confirmed that although a plan of care was in place to address the resident's continence needs, the continence assessment as per the home's continence management policy #RC-14-01-01 was not completed for the resident when resident #002's continence level changed with change in condition. (Log #024006-17) [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put into place is complied with, to be implemented voluntarily.



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Issued on this 29th day of March, 2018

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

Original report signed by the inspector.