



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**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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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 22, 2017	2016_532590_0034	033682-16	Resident Quality Inspection

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**Licensee/Titulaire de permis**

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

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

EXTENDICARE TECUMSEH  
2475 ST. ALPHONSE STREET TECUMSEH ON N8N 2X2

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

ALICIA MARLATT (590), ALISON FALKINGHAM (518), CAROLEE MILLINER (144),  
TERRI DALY (115)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): December 5, 6, 7, 8 and 9, 2016.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Activity Manager, the Dietary Manager, the Housekeeping Supervisor, the Maintenance Supervisor, the Registered Dietitian (RD), four Registered Nurses (RN), six Registered Practical Nurses (RPN), five Personal Support Workers (PSW), a representative of the Family Council, a representative of the Resident's Council, three family members and 20+ resident's.**

**During the course of the inspection, the inspector(s) observed medication administration, medication storage areas, infection control practices, recreational activities, staff to resident interactions, all resident home areas and the provision of resident care.**

**During the course of the inspection, the inspector(s) reviewed resident's clinical records, Resident's Council meeting minutes, Family Council meeting minutes, relevant policies related to inspection and the postings of required information.**

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

**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Family Council  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Residents' Council**



During the course of this inspection, Non-Compliances were issued.

2 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 O.Reg 79/10, s. 114. Medication management system**

**Specifically failed to comply with the following:**

**s. 114. (3) The written policies and protocols must be,**  
**(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).**  
**(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that written policies and protocols developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

This finding relates specifically to O.Reg. 79/10 s.123. (b) that every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply.

The home's Emergency Starter Box policy last reviewed in January 2014, provided the following directives to registered staff:

- "The Clinical Consultant Pharmacist provides an Emergency Starter Box Record Book (ESB) to be used to document all medications removed from the ESB and to document starter-pack replacement."
- "Notify pharmacy that you have used medication from the ESB by writing the resident's name on the medication label and on the peel-off label. Place the peel-off label on the ESB Drug Record Book page and fax immediately to pharmacy."
- "Document receipt of both replacement starter-pack in Drug Record Book and balance of medication order in Drug Record Book or scan electronically."

The home's Emergency Starter Box Master List provides columns for documentation of



the emergency stock medication name, the medication package size, number of medication packages in the box and additional information.

Review with a RN of the emergency medication stock box and emergency starter box master list dated March 12, 2016, identified the following medication inventory information:

- Lasix 10mg/1 ml - should be 3 vials and one vial is present.
- Vitamin K 10 mg/ml - should be 2 vials and one vial is present.
- Amox- Clave 500/125 mg - should be 2 cards and 6 cards are present.
- Avelox 400 mg - should be 4 cards and 3 cards are present.
- Clindamycin 150 mg - should be 2 cards and 5 cards are present.

The RN stated that registered staff that add medication to or remove medication from the emergency stock medication box are responsible for ensuring the master list is accurate and for reordering the medication that had been removed. The RN was unsure of how often their pharmacy provider audited the emergency stock medication box.

The DOC stated that the emergency starter box policy was not followed by registered staff who are responsible for ensuring that the medications contents and master list are accurate. The DOC further stated that the home's pharmacy provider audits the emergency stock medication box but was not aware of the frequency of the pharmacy audits.

The severity was determined to be a level two as there was minimal harm or potential for actual harm. The scope of this issue was isolated during the course of the inspection. The home has a history of one or more unrelated non-compliance. [s. 114. (3) (a)]



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***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 written policies and protocols developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council**

**Specifically failed to comply with the following:**

**s. 59. (7) If there is no Family Council, the licensee shall,  
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).  
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that if there was no Family Council, the licensee convened semi-annual meetings to advise residents' families and persons of importance to residents of their right to establish a Family Council.

In an interview the new Family Council representative they shared that they have been visiting the home for approximately a year, and could not remember ever being approached about becoming a member of the Family Council.

In an interview the Administrator shared that the home had not had an active Family Council since their last President resigned in August 2015, and that they have recently found someone to fill the role as President. The Administrator further shared that the home continuously attempted to recruit a new Family Council President by placing ads in their monthly newsletter, expressing the need for a new President and described some of the roles of the President, which is sent out to residents and families of residents. The Administrator stated that the home had not held semi-annual meetings to advise residents' families and persons of importance to residents of their right to establish a Family Council.

The severity was determined to be a level one as there was minimal risk. The scope of this issue was isolated during the course of the inspection. The home has a history of one or more unrelated non-compliance. [s. 59. (7) (b)]

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**Issued on this 23rd day of February, 2017**

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

**Original report signed by the inspector.**