

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: April 27, 2023.	
Original Report Issue Date: April 14, 2023	
Inspection Number: 2023-1388-0003 (A1)	
Inspection Type: Complaint Critical Incident System	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Tecumseh, Tecumseh	
Amended By Debra Churcher (670)	Director who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:

This licensee inspection report has been revised to update bathing grounds in CO #002. This Inspection 2023-1388-0003 was completed on March 28, 29, 30, 31, April 3 and 4, 2023.

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Amended Public Report (A1)

Amended Report Issue Date:	
Original Report Issue Date: April 14, 2023	
Inspection Number: 2023-1388-0003 (A1)	
Inspection Type: Complaint Critical Incident System	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Tecumseh, Tecumseh	
Lead Inspector Debra Churcher (670)	Additional Inspector(s) Ina Reynolds (524) Terri Daly (115)
Amended By Debra Churcher (670)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:

This licensee inspection report has been revised to update bathing grounds in CO #002. This Inspection 2023-1388-0003 was completed on March 28, 29, 30, 31, April 3 and 4, 2023.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 28, 29, 30, 31, 2023 and April 3, 4, 2023

The following intake(s) were inspected:

- Intake #00084019 eCorrespondence-Complaint related to maintenance in the home.
- Intake #00022791 IL-1145-LO-Complaint related to staffing shortages resulting in neglect and

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housekeeping.

- Intake #00013462 CIS#2904-000087-22 related to resident to resident responsive behaviors.
- Intake #00014204 CIS#2904-000093-22 related to resident to resident responsive behaviors.
- Intake #00083926 CIS#2904-000028-23 related to resident to resident responsive behaviors.
- Intake #00021550 CIS#2904-000017-23 related to a fall with injury.
- The following intakes were completed in this inspection: Intake #00013809, CIS#2904-000090-22, Intake #00012978, CIS#2904-000081-22, Intake #00012515, CIS#2904-000081-22 and Intake #00014589, CIS#2904-000081-22 were related to falls with injury.

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Reporting and Complaints
- Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting Certain Matters to the Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee has failed to ensure that a person who had reasonable grounds to suspect that any of the following had occurred should have immediately reported the suspicion and the information upon which it was based to the Director: Abuse of 3 residents that resulted in a risk of harm to the residents.

Rational and Summary:

A critical incident system (CIS) report was submitted to the Ministry of Long-Term Care related to allegations of resident to resident abuse.

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Review of progress notes and the CIS report documented that a staff member had witnessed abuse from one resident towards three other residents and the CIS was submitted three days after the incident occurred.

The Administrator stated that management became aware of the incident during morning report three days after the incident and confirmed that the alleged abuse should have been reported immediately.

Sources: Critical incident report #2904-000093-22, interview with the Administrator #100, and clinical records for four residents.

[524]

COMPLIANCE ORDER CO #001 Accommodation Services

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee must:

- Procure a vendor to assess the roof over the Old Castle dining room and surrounding area to determine the cause of the leaking and to complete remediation.
- Retain all quotes, documentation related to findings of cause, invoices and documentation related to any remediation.
- Repair the ceiling in the Old Castle dining room including but limited to ceiling tiles, drywall and paint.

Grounds

The licensee has failed to ensure that the home was maintained in a safe condition and in a good state of repair.

Rationale and Summary:

The Ministry of Long Term care received a complaint related to the condition of the Old Castle dining room ceiling.

The dining room ceiling in the Old Castle unit of the home was observed to have multiple missing tiles, brown stained tiles, peeling drywall with pieces or drywall missing.

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Environmental Services Supervisor (ESS) stated that the home had had issues with leaking in the Old Castle dining room for 12 to 15 months and that initially the issue was related to condensate from the HVAC system which was repaired between October and December of 2022. ESS stated that leaks from the HVAC system had been resolved but on January 29, 2023, the home had a significant roof leak due to snow and ice melt. ESS stated that they did not have any quotes from any roofing contractors and that the maintenance personnel in the home had done patch work on the roof in May, June and October of 2022.

A staff member stated that the ceiling in the Old Castle dining room had been in disrepair since May of 2022 at a minimum.

A resident stated that the ceiling in the Old Castle dining room had been in disrepair for at least seven months. The resident also shared that there had been multiple leaks in the dining room and it was crowded and difficult at meals when leaks occurred as they had to use pails and garbage cans and it was difficult to fit the wheelchairs into the dining room due to the dining room tables having to be moved and that the ceiling was “not nice to look at”.

Sources:

Observation of the dining room ceiling in the Old Castle unit, interview with a resident, the ESS and an additional staff member.

[670]

This order must be complied with by July 14, 2023

COMPLIANCE ORDER CO #002 Duty to Protect

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee must:

- Review the Nursing Staffing Contingency Plan and update the plan to ensure there are specific measures in place to procure staffing when the home’s Call Multiplier System fails to cover a shift.
- Ensure the staffing plan has procedures in place so that all units in the home are staffed with a compliment of staff that will ensure that resident bathing will be completed on the scheduled date, shift

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and by the method preferred by the resident.

-Ensure that the staffing plan includes processes to evaluate the acuity and care needs of the residents that includes but is not limited to the toileting/continence requirements, mobility/transfer/turning and repositioning requirements, bathing requirements, personal hygiene requirements, and the amount of staff required to complete the mentioned requirements for the residents on each unit.

-Reevaluate the acuity and care needs monthly.

-Adjust the staffing levels based on acuity and care needs as required.

-Document and retain all evaluations, acuity determinations and care need calculations and staffing plans per unit based on acuity and care needs.

Grounds

Every licensee of a long-term care home shall protect residents from neglect by anyone and shall ensure that residents are not neglected by the licensee or staff.

The MLTC received a complaint alleging staffing shortages were resulting in resident neglect.

Rationale and Summary:

During a tour of a specific unit in the home at 12:00pm, staffing was verified with the staff on duty as being two PSW's and one RPN. The staff members shared that the normal staff compliment was three PSW's and one RPN. The staff also shared that due to the staffing shortage on this particular shift they were unable to complete required toileting, no bathing would be done and that one resident that required additional staff assist for care had not received any care.

During a subsequent tour of the specific unit in the home at 12:45pm a resident called out to this Inspector that they were soiled and had been since around 09:00 am. The resident was visibly upset and crying. Staff members were notified and stated they would do their best to get to the resident. This Inspector returned to the specific unit at 2:05 pm and the resident was being taken to their room by the afternoon shift. The resident confirmed they had a bowel movement at 09:00 am and had not been changed since. A staff member confirmed that they were unable to attend to the resident due to the staffing levels on the unit.

Review of the resident records for specific unit in the home related to scheduled baths on days for the month of March, 2023, showed that 12 residents had no bathing documentation, or not applicable, or activity did not occur documented related to bathing. 17 instances of missed bathing were identified for the 12 residents.

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A staff member confirmed that if there was no bathing documentation or the documentation stated not applicable or activity did not occur the baths were not completed.

During an interview with the Scheduler they confirmed the normal staff compliment on the day shift, for all units, would be three PSW's and an RPN and staff on modified duties would not count towards the staffing due to limitations. The Scheduler reviewed the PSW schedule and confirmed the dates identified with the missed bathing the unit was short staffed by at leased one PSW. The Scheduler stated that the normal process would be to schedule an additional bath shift either on the evening shift or the next day if a unit was short staffed, however they had been unable to schedule staff to make up the baths for the above shifts.

On March 30, 2023, all four units were toured between nine am and 10 am. All four units were found to be short at least one PSW and staff on all units confirmed that there would be no bathing completed during their shift and regular toileting would be difficult to complete.

During an interview with the Scheduler they stated that the home would use agency staff for registered staff shortages and emergency PSW shortages. Scheduler confirmed that an emergency PSW shortage would be one PSW on a unit on days and evenings. Scheduler also confirmed that at the beginning of March RN's responsible for covering any shifts no longer had access to contact agency and that they were instructed that the only time they can use agency to cover PSW shifts was if the staffing was only one PSW on days or evenings.

During an interview with the Administrator the Nursing Staffing Contingency Plan was reviewed. The use of Plan A agency is referred to in the RN call in section. The Administrator shared that they felt that the staffing plan was usually effective and that they used the Call Multiplier System that had contact information for all home staff to put out any calls for any shifts that are not covered. The Administrator also shared that they were attempting to decrease the use of agency staff and had recently restricted the access of the RN's to contact agency for coverage and shared that while recruitment was difficult they continued to actively recruit all staff.

Sources:

Schedules, Nursing Staffing Contingency Plan, observations, clinical record review for 14 residents, interviews with a resident and multiple staff members.

[670]

This order must be complied with by April 23, 2023



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.