



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
September 29, 2010	2010_115_2904_29Sep110229	Complaint L-00888
<b>Licensee/Titulaire</b> Extendicare (Canada) Inc., 3000 Steeles Avenue, Suite 700, Markham, ON., L3R 9W2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Extendicare Tecumseh, 2475 St. Alphonse Street, Tecumseh, ON., N8N 2X2		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Terri Daly #115		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, 1 RPN, 2 PSW's, and 1 resident.</p> <p>During the course of the inspection, the inspector: reviewed clinical records for 1 resident, reviewed staffing and schedules.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection:          Skin and Wound Care Inspection Protocol          Personal Support Services Inspection Protocol          Pain Inspection Protocol          Fall Prevention Inspection Protocol</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:          1 WN</p>		



**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

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

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le Loi de 2007 les foyers de soins de longue durée à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with O.Reg. 79/10, s.26(3)10  
A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Health conditions, including allergies, pain, risk of falls and other special needs.

**Findings:**

The identified resident has an ulcer, the resident denies pain however did express that area is tender. This is not addressed under the pain plan of care.

The identified resident has a history of falls however this is not addressed under in the plan of care.

The identified resident's physician has documented concerns related to vascular disease and wound healing, this is not identified on residents plan of care.

**Inspector ID #:** 115

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

**Title:** **Date:**

**Date of Report:** (if different from date(s) of inspection).

October 13, 2010