Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	DIANA STENLUND (163)
Inspection No. / No de l'inspection :	2013_139163_0025
Log No. / Registre no:	125/126-13, 141-13,1224-12
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Oct 17, 2013
Licensee / Titulaire de permis :	EXTENDICARE (CANADA) INC. 3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2
LTC Home / Foyer de SLD :	EXTENDICARE TIMMINS 15 Hollinger Lane, Box 817, Schumacher, ON, P0N-1G0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	KELLY ~~TREMBLAY~~ ROY DS.

To EXTENDICARE (CANADA) INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee shall ensure that all staff participate in the implementation of the home's infection prevention and control program with regards to the following:
1) Implementing the home's policy on PPEs (#INFE-03-01-08), specifically ensuring proper signage for required PPEs are posted outside of residents' rooms who are on isolation.
2) Implementing the home's policy on Contact Precautions (#INFE-03-01-09), and Droplet Precautions (#INFE-03-01-10), specifically regarding proper signage outside the residents' rooms on the type of precaution, and ensuring that a mobile cart is placed outside the residents' rooms containing required PPEs and supplies.
3) Implementing the home's policy on Isolation (#INFE-03-01-12) specifically ensuring that the care plan for resident #601, and any other resident on isolation, is updated accordingly.
3) Ensuring that the cutlery used for resident meal service is kept clean and does not come into contact with unclean items.

Grounds / Motifs :

1. Inspectors conducted an inspection from Oct 8-10, 2013 and noted the following issues related to the home's implementation of their infection prevention and control program:
a) During the inspection, inspectors observed that outside of a resident's room who was on isolation, a cloth laundry hamper containing soiled linens was sitting inside an open box containing clean isolation gowns.
b) Fully opened boxes of isolation gowns were observed to be placed on the floor outside of several rooms of residents who were on isolation precautions.
c) Inspectors interviewed registered and non-registered staff about Personal Protective Equipment (PPEs) for each type of isolation, however, staff were not aware of the details of the PPEs or the type of precaution implemented for residents on isolation. In addition, staff informed the inspectors that residents' care plan documents do not always contain information on PPEs or the type of precaution required. Inspectors noted that the care plan document for resident #601 who was on isolation, lacked details about the type of precaution implemented and the type of PPEs required for resident care.
d) The home's policy regarding isolation precautions outlines that signage outside of residents' rooms will include the type of precaution and the PPEs required in order to provide resident care, however inspectors observed that signage did not contain this information. The same policy further states that a mobile cart will be placed outside of resident's room containing the PPEs required for resident care, however no carts were observed to be used for any residents on isolation.
e) Inspectors observed a roommate of a resident on isolation touching clean PPEs that were placed outside of their room.
f) A dietary staff member working in the dining room was observed to take a plastic covered seating plan sheet that had fallen on the dining room floor, pick it up and place it on the cutlery tray that was filled with clean cutlery.
The licensee has not ensured that all staff participate in the implementation of the infection prevention and control program. (163)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 02, 2013

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 17th day of October, 2013

Signature of Inspector / Signature de l'inspecteur : Diana Stenlund, #163

Name of Inspector / Nom de l'inspecteur : DIANA STENLUND

Service Area Office / Bureau régional de services : Sudbury Service Area Office

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
Direction de l'amélioration de la performance et de la conformité

Sudbury Service Area Office
159 Cedar Street, Suite 403
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 403
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 17, 2013	2013_139163_0025	125/126-13, 141-13,1224 -12	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 TIMMINS
15 Hollinger Lane, Box 817, Schumacher, ON, P0N-1G0

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

DIANA STENLUND (163)

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): October 8-10th, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, Manager of Support Services, registered and non-registered nursing staff, dietary, housekeeping staff and residents.

During the course of the inspection, the inspector(s) walked through resident home areas, reviewed resident health care records, observed staff to resident interactions and care, reviewed policies and procedures and the home's written staffing plan.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Accommodation Services - Laundry

Infection Prevention and Control

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. Inspectors conducted an inspection from Oct 8-10, 2013 and noted the following issues related to the home's implementation of their infection prevention and control program:
a) During the inspection, inspectors observed that outside of a resident's room who was on isolation, a cloth laundry hamper containing soiled linens was sitting inside an open box containing clean isolation gowns.
b) Fully opened boxes of isolation gowns were observed to be placed on the floor outside of several rooms of residents who were on isolation precautions.
c) Inspectors interviewed registered and non-registered staff about Personal Protective Equipment (PPEs) for each type of isolation, however, staff were not aware of the details of the PPEs or the type of precaution implemented for residents on isolation. In addition, staff informed the inspectors that residents' care plan documents do not always contain information on PPEs or the type of precaution required. Inspectors noted that the care plan document for resident #601 who was on isolation, lacked details about the type of precaution implemented and the type of PPEs required for resident care.
d) The home's policy regarding isolation precautions outlines that signage outside of residents' rooms will include the type of precaution and the PPEs required in order to provide resident care, however inspectors observed that signage did not contain this information. The same policy further states that a mobile cart will be placed outside of resident's room containing the PPEs required for resident care, however no carts were observed to be used for any residents on isolation.
e) Inspectors observed a roommate of a resident on isolation touching clean PPEs that were placed outside of their room.
f) A dietary staff member working in the dining room was observed to take a plastic covered seating plan sheet that had fallen on the dining room floor, pick it up and place it on the cutlery tray that was filled with clean cutlery.
The licensee has not ensured that all staff participate in the implementation of the infection prevention and control program. [s. 229. (4)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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 :

1. Upon review of resident's #125 health care record, it was noted by the inspector that this resident has a previous history of oral/dental/gum problems. Resident's #125 plan of care requires that a PSW is to provide oral care. Inspector interviewed PSW staff about the provision of oral care to resident #125. One PSW indicated that staff are to use mouth swabs and mouth wash during oral care while another staff reported that they only use a tooth brush and toothpaste. The inspector reviewed the plan of care for resident #125. It was noted that the use of mouth swabs and mouth wash for oral care was not outlined in the plan of care for this resident. It was also noted in the plan of care that the resident possesses a partial dental plate, however staff interviewed indicated this is no longer correct. The licensee has not ensured that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. Resident #301, who is at risk for choking, was observed to be in a tilt position in their wheelchair during lunch meal service. The resident's plan of care indicates that after they have finished their meal they are to be positioned at 60-90 degrees in their wheelchair. The plan of care also indicates that during meals they are to be tilted in their wheelchair, however does not clearly identify what angle they are to be placed at. The licensee has not ensured that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

3. Inspectors noted that resident #401 was in their bedtime clothes at breakfast on Oct 09/13. Inspectors interviewed staff who reported that the resident will often prefer to wear their bedtime clothes at breakfast. Resident #401 reported to the inspectors a preference for wearing bedtime clothes at breakfast. Inspectors reviewed the plan of care for resident #401 and noted that it does not identify the resident's preference regarding wearing bedtime clothes for breakfast. In addition, the plan of care indicates that one staff will provide support and encouragement during dressing, however it also identifies that resident #401 requires extensive assistance of one staff as well as supervision during dressing. The licensee has not ensured that the plan of care provides clear directions to staff who provide direct care to the resident [s. 6. (1) (c)]

4. Inspectors observed, in the dining room during lunch meal, resident #301 to be tilted in a wheelchair and that the resident was leaning forward, head not supported. Inspectors observed that the resident's head would tilt back at times when they were being fed their meal. The inspectors reviewed resident's #301 care plan. It was noted

from the resident's care plan document that the resident is at risk for choking and that they require support behind their head to prevent their head from falling backward when swallowing food/fluids. The licensee has not ensured that the care set out in the plan of care is provided to the resident as specified in the plan. [s. 6. (7)]

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 the written plan of care provides clear directions to staff and others who provide direct care to residents #125, #301 and #401 and that the care set out in the plan of care is provided to resident #301 as specified in their plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. Inspectors were in the home Oct 8-10th, 2013 to conduct an inspection. The following observations were made with regards to housekeeping concerns: floors in several areas of the home had dried up spills and black marks, prior to a dinner meal service on B wing, the dining room floor had visible food particles that had not been cleaned up, furniture in the lounge area of B Wing had noticeable urine odours, dining room furniture such as feeding stools and resident dining chairs on B wing were soiled, and hand railings throughout A and B units had areas of sticky residue. The licensee has not ensured that the home, furnishings and equipment are kept clean and sanitary. [s. 15. (2) (a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(a) procedures are developed and implemented to ensure that,
(i) residents' linens are changed at least once a week and more often as needed,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The inspectors interviewed two supervisory staff about the home's procedure to report and locate resident's lost personal items. They reported to the inspectors that a procedure has been developed and implemented for missing clothing, however it does not address missing personal items. The licensee has not ensured that as part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, procedures are developed and implemented to ensure that, there is a process to report and locate residents' lost clothing and personal items. [s. 89. (1) (a) (iv)]

Issued on this 18th day of October, 2013

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

Diana Sterlund, #163