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

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Original Public Report

Report Issue Date August 19, 2022
Inspection Number 2022_1125_0001
Inspection Type
☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Extendicare (Canada) Inc.

Long-Term Care Home and City
Extendicare Tri-Town, Haileybury

Lead Inspector
Karen Hill (704609)

Inspector Digital Signature
Karen L Hill
Digitally signed by Karen L Hill
Date: 2022.08.23 14:25:35 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 8-9, 2022

The following intake(s) were inspected:

- One intake related to an allegation of staff to resident abuse.

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

- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect

INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was ***remedied*** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#001 remedied pursuant to FLTCA, 2021, s. 154(2)

Non-compliance with: O. Reg. 246/22 s. 102 (2) (b)

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control (IPAC).

The licensee failed to ensure that Routine Practices and Additional Precautions were followed in the IPAC program and that at a minimum, Additional Precautions included point of care signage indicating the IPAC control measures in place.

Specifically, the licensee did not ensure that there was signage posted at the entrance to a resident's room or bed space, indicating enhanced IPAC measures were in place for residents on Additional Precautions as is required by Additional Requirement 9.1 (e) under the IPAC Standard.

Rationale and Summary:
Personal protective equipment (PPE) was observed hanging outside two resident bedrooms.

An "Additional Precautions" sign was not posted at the entrance to the resident bedrooms or bed space.

Staff members indicated that the two residents required Additional Precautions, that the signage should be posted; that it must have been removed or forgotten; and that they would ensure the signage was put up.

After speaking with the Inspector, the staff members posted the the required signage, at the entrance to the two resident bedrooms.

There was minimal impact and risk to the residents, at the time of the non-compliance, when the home did not ensure that signage was posted at the entrance to the resident's bedrooms or bed space, indicating that Additional Precautions were required for the residents.

Sources: Observations; two resident health records; interviews with staff and the Assistant Director of Care (ADOC).

Date Remedy Implemented: August 8, 2022 [704609]

NC#002 remedied pursuant to FLTCA, 2021, s. 154(2)

Non-compliance with: FLTCA, 2021 s. 6. (1) (c)

The licensee has failed to ensure that the written plan of care for a resident, gave clear directions to those who provided direct care to a resident.

Rationale and Summary:
An "Additional Precautions" sign was observed at the entrance to a resident bedroom.

A review of the resident care plan did not include a focus for additional precautions.

A registered nursing staff member confirmed that the resident required additional precautions however that staff must have forgotten to update the care plan.

After speaking with the Inspector, the registered nursing staff member updated the care plan to include an “Additional Precautions” focus.

There was minimal impact and low risk to the resident, at the time of the non-compliance, when the home did not ensure that the written plan of care provided clear direction to staff and others providing care to the resident.

Sources: Observations; a resident’s health record; interviews with a registered nursing staff member, and the ADOC.

Date Remedy Implemented: August 9, 2022 [704609]