



**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  
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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 5, 2014	2014_295556_0036	O-001049, O-001204- 14	Complaint

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### Licensee/Titulaire de permis

NEW ORCHARD LODGE LIMITED  
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 WEST END VILLA  
2179 ELMIRA DRIVE OTTAWA ON K2C 3S1

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

WENDY PATTERSON (556), ANANDRAJ NATARAJAN (573)

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## Inspection Summary/Résumé de l'inspection

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): Dec 1, 2, 3, 4, 5, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Dietary Manager, Dietitian, Restorative Care Worker, Physiotherapist, Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents, and .Family Members**

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

**Falls Prevention**

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**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	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that staff use safe transferring and positioning techniques when assisting Resident #001 for transfers.

On a specified date Resident #001's Substitute Decision Maker (SDM) reported concerns to the home regarding an injury sustained by his/her parent. On the same day Registered Nursing staff were directed to complete a full head to toe assessment on resident #001, the assessment indicated that resident #001 sustained a specific injury.

Inspector #573 reviewed Resident #001's plan of care in effect for transfers which indicated that the resident is transferred by ceiling lift with 2 persons due to total dependence. On a specified date in Resident #001's progress notes it was documented that resident sustained a specific injury during the morning hours.

Home investigation regarding the injury sustained by resident #001 indicated that on a specified date, a Personal Support Worker (PSW) #S100 who provided care to resident #001 in the morning applied the ceiling lift sling to the resident without assistance of another staff member.

A review of the home's policy entitled Mechanical Lifts – In the Procedure under transfers for positioning of the mechanical lift sling it states to use two people to apply the sling.

During an interview on December 3, 2014 Personal Support Worker (PSW) #S100 stated to the inspector that on a specified date, she applied the ceiling lift sling to Resident #001 without any assistance of another staff member.

On December 4, 2014 Inspector #573 spoke with the Home Administrator who stated that the Personal Support Worker (PSW) #S100 failed to use safe positioning or transferring techniques according to the home policy while applying the ceiling lift sling for transferring Resident #001. [s. 36.]



***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 there are always two staff for proper application of the transfer sling for Resident #001, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

In an interview the Substitute Decision Maker (SDM) of Resident #001 stated that he/she doesn't think that Resident #001 is receiving two baths per week.

In an interview PSW #S106 who is one of the primary caregiver for Resident #001 explained the process of how bathing is documented on flow sheets for Resident #001. #S106 further stated that Resident #001 receives a shower on two specific days per week.

The PSW flow sheets on Resident #001's health care record were reviewed for September, October, and November, 2014 and indicated that the resident went from September 21 to September 28, 2014 without a shower, and November 20 to November 27, 2014 without a shower. [s. 30. (2)]



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**Issued on this 19th day of December, 2014**

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

**Original report signed by the inspector.**