



**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**

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON L1K 0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4^{ième} étage
OTTAWA ON L1K 0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 6, 2015	2014_288549_0045	O-000788-14, O-001048-14	Complaint

Licensee/Titulaire de permis

NEW ORCHARD LODGE LIMITED
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

Long-Term Care Home/Foyer de soins de longue durée

EXTENDICARE WEST END VILLA
2179 ELMIRA DRIVE OTTAWA ON K2C 3S1

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

RENA BOWEN (549)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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

**This inspection was conducted on the following date(s): December 29, 30, 31 , 2014
and January 2, 2015**

**During the course of the inspection, the inspector(s) spoke with several Residents,
several Personal Support Workers (PSWs), several Registered Practical Nurses
(RPNs), Several Registered Nurses (RNs), a Maintenance Worker, the Assistant
Director of Care (ADOC), the Support Services Manager (SSM) and the
Administrator.**

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Falls Prevention
Personal Support Services
Sufficient Staffing**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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 response to interventions are documented.

There is an evening Master Bath List in the PSW's daily routine binder on each unit. Inspector #549 reviewed the Master Bath List which indicates that Resident #1 is scheduled to have a bath/shower on Sunday and Wednesday evening.

The practice of the home is for the PSW's to document on the resident's flow sheet indicating that the resident received their bath/shower or refused their bath/shower on the scheduled day of the bath/shower. If the bath/shower is given on an alternate day the practice of the home is for the PSW's to document on the resident's flow sheet indicating the bath/shower was given on an alternate day.

During the period of November 2, 2014 to December 7, 2014 Resident #1 was scheduled to have been given eleven baths/showers.

Resident #1's flow sheet did not have documentation indicating that the resident had a bath/shower or refused a bath/shower on November 5, 23, 30, December 3, or 7, 2014 which are Resident #1's regular scheduled bath days. There is no documentation on Resident #1's flow sheet indicating that a bath/shower was given on an alternate day to ensure that Resident #1 received a bath/shower a minimum of twice a week.

RPN # S101 indicated to Inspector #549 that all bath/showers given or refused are to be documented on the resident's flow sheet and if it is not documented then the bath was not given.

On December 30, 2014 the ADOC confirmed with Inspector #549 that the home's expectation is that the PSWs document on the resident's flow sheet that a bath/shower has been given or refused. If there is no documentation then it is assumed that the bath/shower was not given. [s. 30. (2)]



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

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 when a resident receives or refuses a bath/shower it is documented, to be implemented voluntarily.

WN #2: 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. The licensee has failed to ensure that the home is maintained in a good state of repair.

On December 23, 2014 the POA for Resident #1 stated to Inspector #549 that the wall at the head of the resident's bed has several areas where there are holes in the drywall. The POA indicated that the home has been aware of the holes in the wall for several months.

On December 29, 2014 Inspector #549 observed that the wall at the head of the bed in Resident #1's room had several areas approximately 4 inches long and ½ inch wide where it appeared that the headboard frame had been pushed through the drywall leaving holes and scratches on the wall.

On December 29, 2014 PSW S100 stated that the metal wall protector attached to the bed is missing. When the bed gets pushed to the wall the headboard makes holes and scratches in the drywall.

On December 30, 2014 at 10:00hrs Inspector #549 spoke with the Support Services Manager who stated that he thought the maintenance staff had already repaired the drywall in Resident #1's room.

Inspector #549 observed that on December 30, 2014 at 13:00hrs the drywall in Resident #1's room had been repaired and the metal wall protector was attached the the bed. [s. 15. (2) (c)]

Issued on this 6th day of January, 2015

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



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Original report signed by the inspector.