

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

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

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 23, 2021	2021_770178_0013	008947-21	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

SUSAN LUI (178)

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): June 10, 11, 14, 17, 23, 2021.

**The following intake was completed in this Complaint Inspection:
Log #008947-21 was related to air temperature.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Support Services Manager, Program Manager, Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Janitor, Resident Assistant, and residents.

During the course of this inspection the inspector observed resident care, infection prevention and control practices, resident home areas, reviewed clinical health records, policies and other pertinent documents.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 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>Légende</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. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home.

A review of the home's Temperature Log indicated that temperatures were measured and documented for three resident bedrooms within the home from June 5 to June 11, 2021 only. The location of the resident bedrooms was not specified, and no measurements of resident bedroom temperatures were recorded prior to June 5, 2021. The Support Services Manager indicated that the temperatures of resident bedrooms were not measured and documented prior to June 5, 2021.

Sources: Written temperature records and interview with the Support Services Manager.
[s. 21. (2) 1.]

2. The licensee has failed to ensure that the temperature was measured and documented in writing in one resident common area on every floor of the home, which may include a lounge, dining area, or corridor.

A review of the home's Temperature Log indicated that temperatures were measured and documented for one resident common area of the four-story home from June 5 to June 11, 2021 only. No measurements of home areas were recorded prior to June 5, 2021. The Support Services Manager indicated that the temperatures of resident common areas were not measured and documented for every floor of the home and were not measured and documented prior to June 5, 2021.

Sources: Written temperature records and interview with the Support Services Manager.
[s. 21. (2) 2.]

3. The licensee has failed to ensure that the temperature was measured and documented in writing in every designated cooling area in the home.

A review of the home's Temperature Log indicated that temperatures were not measured and documented for every designated cooling area in the home. The Support Services Manager confirmed that the temperatures of every designated cooling area in the home had not been measured and documented.

Sources: Written temperature records and interview with the Support Services Manager.
[s. 21. (2) 3.]

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 temperature is measured and documented in writing, at a minimum in the following areas of the home:

- at least two resident bedrooms in different parts of the home***
- one resident common area on every floor of the home, which may include a lounge, dining area or corridor***
- every designated cooling area in the home, to be implemented voluntarily.***

WN #2: 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. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program, specifically with regards to when residents are on droplet/contact precautions as a precautionary measure in case of exposure to Covid-19.

An ADOC and the DOC indicated that it is part of the home's infection prevention and control (IPAC) program that when a resident who shares a room exhibits symptoms of Covid-19, all residents sharing the room will be tested for Covid-19.

A resident was not tested for Covid-19 when their roommate, exhibited symptoms consistent with Covid-19.

Sources: Progress notes for two residents; Interviews with an RPN, an ADOC, and the DOC. [s. 229. (4)]

2. A PSW was observed not wearing the required personal protective equipment (PPE)

while providing care to a resident inside a semi-private room where two residents were on droplet/contact precautions as a precautionary measure during a suspected Covid-19 outbreak. Signage on the residents' door indicated that the residents were on droplet/contact precautions, and a long-sleeved gown, gloves, mask and eye protection must be worn. A PSW was wearing a mask and eye protection but was not wearing a gown or gloves when they were observed cleaning the face of a resident. The PSW indicated that they had removed their gown and gloves to exit the resident room but had returned to the resident to pick up the lunch tray.

Sources: Observations of infection prevention and control practices; Interviews with a PSW and the DOC; Droplet Precautions Policy #IC-03-01-08, last reviewed Oct 2020. [s. 229. (4)]

3. The curtains between residents in three semi-private rooms were observed open while the residents in these rooms were on droplet/contact precautions as a precautionary measure during a suspected Covid-19 outbreak. A PSW indicated that they were aware the curtains should be closed while the residents were on droplet/contact precautions but left the curtain in one of the rooms open because both residents had tested negative for Covid-19 and neither resident was sick.

The DOC indicated that the curtains between residents in shared rooms on droplet/contact precautions, should remain closed at all times.

Sources: Observations of infection prevention and control practices; Interviews with a PSW and the DOC; Droplet Precautions Policy #IC-03-01-08, last reviewed Oct 2020. [s. 229. (4)]

4. Portable fans were used in a manner inconsistent with the licensee's infection prevention and control program in three resident rooms where droplet/contact precautions were in place as a precautionary measure during a suspected Covid-19 outbreak. The fans were pointing towards the open door to the hallway rather than towards an individual resident in two of the rooms, and in the third resident room the fan was rotating.

The DOC indicated that as part of the home's infection prevention and control program, if fans are used in rooms where droplet/contact precautions are in place, they must be facing an individual resident and are not to be rotating.

Sources: Observations of infection prevention and control practices; Interview with the DOC. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, specifically with regards to when residents are on droplet/contact precautions for possible exposure to Covid-19, to be implemented voluntarily.

Issued on this 13th day of July, 2021

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

Original report signed by the inspector.