

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

**Ottawa District**  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

<b>Report Issue Date:</b> June 30, 2023	
<b>Inspection Number:</b> 2023-1207-0003	
<b>Inspection Type:</b> Complaint	
<b>Licensee:</b> Extendicare (Canada) Inc.	
<b>Long Term Care Home and City:</b> Extendicare West End Villa, Ottawa	
<b>Lead Inspector</b> Mark McGill (733)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Pamela Finnikin (720492)	

## INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): May 15-19, 23, 2023</p> <p>The following intake(s) were inspected: Complaints related to resident care concerns intakes:</p> <ul style="list-style-type: none"> <li>· #00084969, #00086140 and #00022485</li> </ul> <p>CI related to resident care concerns: #00005767, CIR #2709-000015-22 which is related to a complaint letter and response</p>
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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Pain Management
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Explanation of Plan of Care

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 6 (12)

The licensee has failed to ensure that the resident's substitute decision-maker was given an explanation of the plan of care.

#### Rationale and Summary

A review of a resident's health records confirm that the resident received test results on a specified date that were reviewed by an RN on the same day and the Medical Doctor (MD) on the next day.

An interview with an RPN confirmed that the POA should have been notified immediately when the resident received results of the test on the day they were received.

An interview with an RN confirmed that the POA was not notified after the test results were received as required.

#### Sources:

The resident's health records including the progress notes in PCC, test results, and an interview with an RPN and RN.

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### WRITTEN NOTIFICATION: Required Programs

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

The licensee has failed to ensure that the required program for Pain Management was complied with for a resident.

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In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to have a pain management program to identify pain in residents and manage pain, and it must be complied with.

## Rationale and Summary

## #1

Specifically, staff did not comply with the Pain Identification and Management procedure, which was included in the licensee's Pain Management Program, that was in effect when the resident had new complaints of pain.

A review of the home's Pain Identification and Management Policy RC-19-01-01 last reviewed March 2023 on page 1 of 5 states "All residents will have a comprehensive pain assessment completed with any new pain or new diagnosis of a painful disease, as per the procedures contained within this policy. Page 2 of 5 under Procedures states: "Nurse 1. Assess the resident on admission, hospital, readmission, for a new diagnosis of a painful disease and for a new pain using the comprehensive pain assessment in addition to the use of the PAINAD to assess all non-verbal and cognitively-impaired residents. 4. Complete a Pain Assessment for the following indications: a. Indication of the presence of pain (including reported); b. CAP or non-triggered RAP if not already completed; and/or c. Behaviour when pain is suspected (including somnolence). 5. Complete a Pain Assessment for 72 hours on the day, evening shifts and on nights only if the resident is awake for the following indications: a. A new pain medication is started; b. A new, non-pharmacological intervention is initiated; and/or c. Breakthrough pain medication is used for 3 consecutive days." Page 3 of 5 states: "Nurse 8. Assess the effectiveness of pain control strategies pre and post intervention and determine if effect of the intervention meets the resident's goal for pain management or if pain intervention requires adjustment. 15. Ensure the plan of care is reviewed and updated with resident goals, and treatment plan at minimum quarterly or with any change to the treatment plan."

A review of a resident's health records in Point Click Care (PCC) confirm that no pain assessment was completed for the resident in 2023.

A review of a resident's progress notes in PCC confirm that the resident had new complaints of pain between two specified dates in 2023 resulting in pain management and interventions, including pain medication, a diagnostic test and a physiotherapy referral.

An interview with the RAI Coordinator and an RN confirmed that a pain assessment is required as per policy when a resident has new complaints of pain and that there was no pain assessment completed

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for this resident.

Sources:

The resident's health care records including progress notes and assessments in Point Click Care (PCC), the Medication Administration Record (MAR), xray results, the Pain Identification and Management Policy RC-19-01-01 last reviewed March 2023, and interviews with an RN, the RAI Coordinator, and others.

Rationale and Summary

#2

Specifically, staff did not comply with the Plan of Care and Pain Identification and Management procedures, which was included in the licensee's Pain Management Program, that was in effect when the resident's care needs changed related to pain management in 2023.

A review of the Plan of Care policy RC-05-01-01 last reviewed January 2022 on page 2 of policy states: "Nurse/Interdisciplinary Team 8. The plan of care will be reflective of the resident's goals and preferences through collaboration with the resident/SDM. As the resident's status changes, members of the interdisciplinary team are to update the plan of care so that at any point in time, the plan of care continues to be reflective of the current needs and preferences of the resident. 9. Ensure the plan of care is revised when appropriate to reflect the resident's current needs based on evaluation of a. progress towards goals; b. response to care and treatment; and c. significant changes in the residents status."

A review of Pain Identification and Management Policy RC-19-01-01 last reviewed March 2023 on page 3 of 5 states: "Nurse 8. Assess the effectiveness of pain control strategies pre and post intervention and determine if effect of the intervention meets the resident's goal for pain management or if pain intervention requires adjustment. 15. Ensure the plan of care is reviewed and updated with resident goals, and treatment plan at minimum quarterly or with any change to the treatment plan."

A review of the resident's health records between two specified dates in 2023 indicate that the resident had ongoing pain resulting in pain management and interventions, including pain medication, an a diagnostic test and a physiotherapy referral.

A review of the resident's care plan document showed no changes or revisions made between two specified dates in 2023 related to pain, interventions and a treatment plan.

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An interview with an RPN confirmed that when changes were made to the resident's plan of care related to increased pain and interventions including medication implemented, the resident's care plan as part of the plan of care should have been updated.

An interview with the RAI Coordinator confirmed that no revisions or changes were made to the resident's plan of care related to changes to pain management and the resident's care plan document as required.

**Sources:**

The resident's record review including progress notes in Point Click Care (PCC), the Medication Administration Record (MAR), the resident's Care Plan document, the test results, the Plan of Care Policy RC-05-01-01 last reviewed January 2022, the Pain Identification and Management Policy RC-19-01-01 last reviewed March 2023, and interviews with an RPN, the RAI Coordinator and others.

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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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