



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

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 31, 2014	2014_230134_0003	O-000052- 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

COLETTE ASSELIN (134)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): January 29 and 30, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC) Assistant Director of Care (ADOC), Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Resident #10 and Resident #10's Substitute Decision Maker (SDM).

During the course of the inspection, the inspector(s) reviewed Resident #10's Health Records, including the plan of care, the physicians orders, the e-MARS, the progress notes, the SDM's letter of complaint, the minutes taken by the family at the residents' care conference.

**The following Inspection Protocols were used during this inspection:
Personal Support Services**

Findings of Non-Compliance were found during this inspection.



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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
 - (a) the planned care for the resident; 2007, c. 8, s. 6 (1).
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

- 1. The licensed failed to comply with the LTCHA, 2007 S.O. 2007, Chapter 8, s. (6) (1) (c), in that Resident #10's written plan of care does not set out clear directions to staff



as it relates to ear care and repositioning on night shift.

On January 29, 2014, Resident #10 reported to Inspector #134 that his/her ear care regime is not done regularly as per physician's orders. The resident indicated that he/she cannot tell when his/her ears are impacted and would appreciate an assessment of his/her ear canal regularly to prevent ear wax impaction. The resident indicated that when his/her ears are impacted with ear wax it diminishes the effectiveness of the hearing aid.

Staff member #100, was interviewed and indicated all residents normally have their ears cleaned once a year; that the home has a standing order for mineral oil and syringing.

The plan of care was reviewed and there is an entry on a specified day in June, 2013, indicating Resident #10 "has a problem with ear wax build up, that ears should be assessed and if filled with wax, instill mineral oil as ordered and send resident out to have ears flushed as ear flush machine here has not been effective".

The progress notes were reviewed between March 2013 and January 30th, 2014. There are no entries indicating the resident had mineral oil instilled or that he/she was sent out to have his/her ears flushed during that period. There is one chart entry made on a specified day in September, 2013, which indicates the resident is requesting to have his/her ears flushed today. According to the progress note entry, staff member #S101's response was that "this was not on the calendar and that he/she would not have time to do his/her ears today". There are no further entries to indicate the resident's ears were assessed, oiled and syringed until on a specified day in November, 2013, where the notes indicate both resident's ears were filled with wax.

This concern, of not having his/her ears syringed regularly, had been brought up at the interdisciplinary care conference of October, 2013. No new directions to staff were set out in the written plan of care as a follow-up to Resident #10's concerns. On a specified day in November, 2013, new physician's orders were received to oil and syringe Resident #10's ears as needed.

On January 29, 2014, Resident #10 reported to Inspector #134 that his/her repositioning regime on night shift had been changed in the Spring of 2013, but that not all staff is aware of his/her new repositioning preference on night shift. He/she



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

indicated that staff is not always available to reposition him/her on the side at 3:30 and this prevents him/her from falling asleep again. The resident indicated he/she likes to be positioned on the left side at 23:00, turned onto the back at 3:00, then back to the left side at 3:30 until 6:00, for morning care.

A poster at the resident's bedside dated, November, 2009, directs staff to turn the resident at 24:00, 2:00, 4:00 and 6:00. The plan of care was reviewed and there is an entry that indicates "follow the night repositioning schedule in room". There is a chart entry on a specified day in April, 2013, that indicates resident would like to be positioned at 23:00, 3:00, 04:00 and 6:00, he/she is willing to have a one half-hour leeway. These directions were not updated on the written plan of care at the time of change.

As such, the plan of care does not set out clear directions to staff and others who provide care to Resident #10, as it relates to ear care and repositioning schedule on the night shift. [s. 6. (1) (c)]

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 the written plan of care is updated and sets out clear directions to staff and others who provide care to the resident, to be implemented voluntarily.

Issued on this 31st day of January, 2014

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

Colette Asselin,