Ontario

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

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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: April 9, 2024	
Inspection Number: 2024-1115-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare York, Sudbury	
Lead Inspector Christopher Amonson (721027)	**Inspector Digital Signature**
Additional Inspector(s) Jessamyn Spidel (000697) Lisa Moore (613)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 27 - 29, 2024 and March 1, 2024
The inspection occurred offsite on the following date(s): March 4 - 5, 2024

The following intake(s) were inspected:
- One intake related to a Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services
Skin and Wound Prevention and Management

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Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Involvement of resident, etc.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a resident's Substitute Decision-Maker (SDM) was given the opportunity to participate fully in the development and

implementation of the resident's plan of care.

Rationale and Summary
A review of a resident's care plan indicated that they preferred to receive care at a specific time of day. Documentation for the resident confirmed that staff had not provided care as per the resident's preference.

An Interview with the resident's SDM confirmed they had not been contacted regarding a change in the resident's plan of care and indicated that the resident preferred care at at specific time of day. An Assistant Director of Care (ADOC) acknowledged that the plan of care for the specified care activity should be based on the resident's preference.

Sources: A resident's care plan, documentation of tasks, and progress notes; Interviews with a resident, an ADOC, and other staff. [000697]

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (5) (b)
Resident and Family/Caregiver Experience Survey
s. 43 (5) The licensee shall ensure that,
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

The licensee failed to ensure that an action plan based on results from a Resident and Family Satisfaction Survey were documented and made available to the Residents' Council and the Family Council.

Rationale and Summary
A Family Council representative indicated that the Family Council did not receive the home's action plan regarding the results of a Resident and Family Satisfaction Survey.

The home was unable to provide documentation to indicate that the action plan for a Resident and Family Satisfaction Survey was completed and provided to both the Residents' and Family Councils. The home also acknowledged that they were unfamiliar if an action plan for the Resident and Family Satisfaction Survey was communicated to either of the councils.

Sources: Electronic and physical copies of Extendicare York Quality Improvement Action Plan (QIP) (2023); QIP Narrative for Health Care Organizations of Ontario (2024); 2022-2023 Resident and Family Satisfaction Survey Results Extendicare York; Continuous Quality Improvement (CQI) Committee Minutes; Interviews with QR Manager, CQI Lead, Director of Care (DOC), Administrator and a Family Council representative. [721027]

WRITTEN NOTIFICATION: Availability of supplies

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 48
Availability of supplies
s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care

needs of residents.

The licensee has failed to ensure that supplies were readily available at the home to meet the nursing and personal care needs of residents.

Rationale and Summary
Multiple observations throughout the home identified minimal access to supplies for personal care of residents.

Interviews with staff indicated that the home did not have an adequate amount of specific supplies required for care of residents.

An interview with an ADOC confirmed they were aware of supply concerns, and confirmed that residents should have access to those supplies.

Sources: Home policy titled "Linen Inventory Standards Guidelines" last reviewed January 2022; Observations in the home; and Interviews with an ADOC, Support Services Manager (SSM), and staff. [000697]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2)
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.
4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.
5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.
6. A written record of,
i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that a report required under O. Reg. 246/22 r. 168 (1) contained all of the information under subsection (2).

Rational and Summary
The Inspector requested a copy of a Continuous Quality Improvement (CQI) Initiative report. When inspection activities concluded, the home had not provided a CQI Initiative report that fulfilled all of the requirements under O. Reg. 246/22 r. 168 (2).

The Administrator, DOC and CQI Initiative Lead acknowledged they were unfamiliar with the CQI Initiative and its legislative requirements. The home also confirmed that any actions conducted as a result of the CQI Initiative report were not effectively communicated to the Resident's Council and Family Council.

Sources: Electronic and physical copies of Extendicare York Quality Improvement Action Plan (2023); QIP Narrative for Health Care Organizations of Ontario (2024); 2022-2023 Resident and Family Satisfaction Survey Results Extendicare York; Continuous Quality Improvement Committee Minutes; Interviews with QR Manager, CQI Lead, DOC, Administrator and a Family Council representative. [721027]O

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (3)
Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee failed to ensure that a copy of report required under O. Reg 246/22 r. 168 (1) was provided to the Residents' Council and Family Council.

Rationale and Summary
The home did not provide either the Residents' Council or Family Council with a copy of CQI Initiative report.

The Administrator and DOC acknowledged that there was no record of the home providing the Residents' Council or Family Council with a copy of the CQI report. This was also confirmed by a Family Council representative.

Sources: Electronic and physical copies of Extendicare York Quality Improvement Action Plan (2023); QIP Narrative for Health Care Organizations of Ontario (2024); 2022-2023 Resident and Family Satisfaction Survey Results Extendicare York; Continuous Quality Improvement Committee Minutes; Interviews with QR Manager, CQI Lead, DOC, Administrator and a Family Council representative. [721027]