

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: March 26, 2024	
Inspection Number: 2024-1356-0001	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: Axiom Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axiom Extendicare LTC II GP Inc.	
Long Term Care Home and City: Winbourne Park, Ajax	
Lead Inspector Sami Jarour (570)	Inspector Digital Signature
Additional Inspector(s) Julie Dunn (706026)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 4, 5, 6, 7, 8, 11, 12, 13, 14, 2024

The following intake(s) were inspected:

- Intake: #00090806 - Complaint related to a care concern of a resident.
- Intake: #00103881 - Follow-up #: 1 - O. Reg. 246/22 - s. 41 (1) (a)
- Intake: #00103882 - Follow-up #: 1 - O. Reg. 246/22 - s. 140 (6)
- Intake: #00103883 - Follow-up #: 1 - O. Reg. 246/22 - s. 138 (1) (a) (ii)
- Intake: #00103884 - Follow-up #: 1 - O. Reg. 246/22 - s. 97
- Intake: #00103885 - Follow-up #: 1 - O. Reg. 246/22 - s. 96 (2) (i)

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- Intake: #00103886 - Follow-up #: 1 - O. Reg. 246/22 - s. 93 (2) (b) (i)
- Intake: #00103887 - Follow-up #: 1 - O. Reg. 246/22 - s. 93 (2) (a)
- Intake: #00103888 - Follow-up #: 1 - O. Reg. 246/22 - s. 102 (2) (b)
- Intake: #00103889 - Follow-up #: 1 - O. Reg. 246/22 - s. 20 (a)
- Intake: #00103890 - Follow-up #: 1 - O. Reg. 246/22 - s. 79 (1) 5.
- Intake: #00103891 - Follow-up #: 1 - O. Reg. 246/22 - s. 79 (1) 4.
- Intake: #00103892 - Follow-up #: 1 - O. Reg. 246/22 - s. 79 (1) 9.
- Intake: #00105902 - CI, related to an Outbreak.
- Intake: #00106547 - CI, related to an Outbreak.
- Intake: #00107872 - CI, related to an Outbreak.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #008 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 41 (1) (a) inspected by Julie Dunn (706026)

Order #007 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 140 (6) inspected by Julie Dunn (706026)

Order #006 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 138 (1) (a) (ii) inspected by Julie Dunn (706026)

Order #012 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 97 inspected by Julie Dunn (706026)

Order #011 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 96 (2) (i) inspected by Julie Dunn (706026)

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Order #010 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 93 (2)
(b) (i) inspected by Julie Dunn (706026)

Order #009 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 93 (2)
(a) inspected by Sami Jarour (570)

Order #005 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 102 (2)
(b) inspected by Julie Dunn (706026)

Order #001 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 20 (a)
inspected by Sami Jarour (570)

Order #003 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 79 (1) 5.
inspected by Sami Jarour (570)

Order #002 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 79 (1) 4.
inspected by Sami Jarour (570)

Order #004 from Inspection #2023-1356-0004 related to O. Reg. 246/22, s. 79 (1) 9.
inspected by Sami Jarour (570)

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

- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control

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Safe and Secure Home

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 267 (2) (a)

Visitor policy

s. 267 (2) Every licensee of a long-term care home shall maintain visitor logs for a minimum of 30 days which include, at a minimum,
(a) the name and contact information of the visitor;

The licensee failed to ensure that the visitor logs for the LTC home included contact information for visitors.

Rationale and Summary

On entering the LTC home on March 4, 2024, it was observed that the visitor sign-in book included designated spaces for visitors to enter the date, their name, the name of the resident they were visiting and/or reason for visit, and the time entering and leaving the LTC home. There was no instruction or space provided for visitors to provide any contact information. The information collected in the visitor sign-in book

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did not include any contact information for visitors to the LTC home.

The interim Executive Director (ED) for the LTC home acknowledged there was no collection of visitor contact information in the visitor sign-in log book as required.

An updated visitor sign-in log provided by the interim ED on March 14, 2024 included a box for each visitor to document their contact number. An accompanying memo addressed to family and visitors, dated March 14, 2024, communicated the changes to the visitor sign-in sheet.

Sources: Observations, Visitor sign-in log, interview with interim Executive Director. [706026]

Date Remedy Implemented: March 14, 2024

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;

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(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant.

The licensee failed to ensure that a documented record of the complaint regarding damage to resident's personal item was kept in the home, including

(a) the nature of the complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant.

Rationale and Summary

A complaint was received by the Ministry of Long-Term Care (MLTC), alleging that a resident's personal item was damaged and that the resident was unable to use the personal item.

Progress notes for the resident described an incident when the resident's personal item was damaged and that the resident was unable to use properly after attempted repair.

The interim Executive Director (ED) described the LTC home's expected process for managing complaints, indicating a Client Services Response (CSR) form was to be used to document complaints received and to track actions in response to complaints. The interim ED confirmed that there was no CSR form found in the LTC

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home regarding the complaint of the resident's personal item getting damaged.

Failing to ensure that a documented record of a complaint was kept in the LTC home resulted in a delayed resolution to the complaint and increased the risk of hesitation to bring forward any further concerns regarding resident care.

Sources: Clinical records for the resident, interview with interim Executive Director, LTC home's complaint records. [706026]

WRITTEN NOTIFICATION: Dealing with complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (3) (a)

Dealing with complaints

s. 108 (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly;

The licensee failed to ensure that a documented record of the complaint regarding damage to a resident's personal item was included in the LTC home's quarterly review and analysis for trends.

Rationale and Summary

A complaint was received by the Ministry of Long-Term Care (MLTC), alleging that a resident's personal item was damaged.

The interim Executive Director (ED) described the LTC home's expected process for managing complaints, indicating the Client Services Response (CSR) form was to be used to document and track complaints. The interim ED confirmed that the contents

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of the LTC home's 2023 complaints binder included the monthly logs of complaints for the year 2023, as well as a CSR form for each documented complaint. The inspector and the interim ED were unable to find any documentation related to the complaint regarding the resident's broken personal item in the contents of the 2023 complaints binder. The interim ED confirmed that no CSR form was found in the LTC home regarding the complaint of the resident's personal item getting damaged.

The interim ED indicated that they also checked the LTC home's Sharepoint system that is used to track complaints, and the complaint regarding damage to the resident's personal item was not there, and therefore it was not included in the LTC home's quarterly and annual review and analysis of complaints.

Failing to ensure that the complaint regarding the resident's damaged personal item was included in the LTC home's quarterly review and analysis of complaints for trends resulted in excluding the complaint information from the data analysis that determined what improvements were required in the home.

Sources: interview with interim Executive Director, LTC home's complaint records.
[706026]