Ontario

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

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

London District
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Public Report

Report Issue Date: February 7, 2025

Inspection Number: 2025-1447-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Axium Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axium Extendicare LTC II GP Inc.

Long Term Care Home and City: McGarrell Place, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 27, 28, 29, 30, 31, 2025 and February 3, 4, 5, 6, 7, 2025

The following intake(s) were inspected:

- Intake: #00137656 - Proactive Compliance Inspection - 2025

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Residents' and Family Councils
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in a resident's Treatment Administration Record (TAR) was provided to the resident as planned. On two occasions the planned treatment was documented as "see nursing notes". The progress notes for the corresponding dates did not provide an explanation as to if the treatment was attempted.

Sources: Resident's TARs and Progress notes.

WRITTEN NOTIFICATION: Duty to Respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that when the residents food committee advised

the licensee of concerns or recommendations related to food, that the licensee, within 10 days of receiving the advice, responded to the food committee in writing.

Residents council and food committee meeting minutes from the past twelve months documented multiple concerns related to food production. The Food Committee Liaison informed that these concerns were addressed, then they followed up verbally with residents from the council, however the concerns were not responded to in writing.

Sources: Interviews with Food Committee Liaison and Residents Council Representative, Residents council meeting monthly minutes from January 2024 to December 2024

WRITTEN NOTIFICATION: General Requirements

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that the written record relating to the Skin and Wound and the Pain Management annual evaluations for 2023 included the date of the evaluation and a summary of the changes made and the date that those changes were implemented.

The Skin & Wound Annual Evaluation and the Pain Annual Evaluation for 2023 were dated July 2024 and did not identify the date in full when the evaluation took place. Although the evaluations identified areas for improvement, there was no documentation of the changes made if any and the dates of implementation for the areas of improvement were not specific and were identified as "ongoing". The Executive Director verified the evaluations did not clearly document the changes or dates and acknowledged that the evaluation template did not provide an area for documentation of the changes made, if any, to the program.

Sources: Annual Program Evaluation Skin and Wound 2023, Annual Program Evaluation Pain Management 2023, and interview with the Director of care and Executive Director.

WRITTEN NOTIFICATION: Nursing and personal support services

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that a written record was kept relating to the staffing plan evaluation for 2024, that included a summary of the changes made and the date that those changes were implemented. The staffing plan evaluation provided by the Director of Care (DOC) included three names who participated, with the date, but nothing else was documented. The DOC stated they reviewed the staffing complement and made changes to the contingency plan, but this was not documented.

Sources: The home's staffing plan evaluation for 2024, and interviews with the DOC and the Executive Director.

WRITTEN NOTIFICATION: Skin and Wound

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident's areas of altered skin integrity were reassessed weekly. Throughout the span of two months there were multiple weekly assessments due for the areas of altered skin integrity that had been documented as either completed or "see nursing notes" in the Treatment Administration Record (TAR) with no corresponding assessments or rationale for missed assessments documented.

Sources: TARs, Progress notes and Point Click Care skin and wound tab for the resident, interview with registered nursing staff.

WRITTEN NOTIFICATION: Food Production

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)
Food production
s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions

The licensee has failed to communicate with residents a menu substitution when peas were observed on the posted lunch menu, however carrots were served in the dining room. After the lunch service, a Food Service Worker (FSW) informed that this change should have been updated on the posted menu.

Sources: Food Service Worker interview, dining observations.

WRITTEN NOTIFICATION: Dining and Snack Service

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that a lunch meal consisting of an entree and a side were served at a temperature that was both safe and palatable to the residents. The temperature of the meal was documented collectively as a single temperature, and not separately for main and side. The Nutrition Manager informed that this should not have occurred, and later informed the Inspector that they corrected the issue in their documentation system for food temperatures to avoid a reoccurrence.

Additionally, staff had difficulty articulating a process to ensure food and fluids were served at a safe temperature, to ensure items were not too hot for the residents.

Sources: Interviews with the Nutrition Manager and Food Service Worker, Food Temperature reports, dining room observations.

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. i.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,

The licensee failed to ensure that the prepared report on the continuous quality improvement (CQI) initiative contained a written record of the date the Resident and Family/Caregiver Experience Survey taken during the fiscal year 2023-2024.

The home completed the survey between September 11, 2023 and October 31, 2023, and the Executive Director who was also the CQI Chair verified the copy of the "Narrative" CQI report published on its website did not include the date the survey was taken.

Sources: Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario April 2, 2024, Work Plan Quality Improvement Plan (QIP), and interview with the CQI Chair.

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,
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.

The licensee failed to ensure that the prepared report on the continuous quality improvement (CQI) initiative contained a written record of how, and the dates when, the results of the Resident and Family/Caregiver Experience Survey taken during the fiscal year 2023-2024 were communicated to the residents and their families, Residents' Council (RC) Family Council (FC) and members of the staff of the home.

The RC and FC meeting minutes documented the results of the survey were shared in March 2024. The CQI Chair verified the survey results were shared with the Councils in March 2024, and the results were shared with the staff during meetings and posted on the Quality Improvement board in March 2024. The CQI Chair verified the report did not contain this information.

Sources: RC and FC Meeting Minutes, Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario April 2, 2024, Work Plan Quality Improvement Plan (QIP), observation of the QI Board, and interview with the CQI Chair.

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
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 the prepared report on the continuous quality improvement (CQI) initiative contained a written record of the required information set out in O. Reg. 246/22, s. 168 (2) 6.

The Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario dated April 2, 2024, did not include the actions taken, the date the actions were implemented and the outcomes of the actions to improve care and services based on the results of the survey taken during the fiscal year 2023-2024. The home also published a Work Plan that documented indicators, change ideas, actions, process measures and targets, but outcomes documentation was absent on the work plan. The CQI Chair verified the required information was absent from the report.

The CQI Chair stated Residents' Council and Family Council does have a role in actions taken and included reviewing the survey results, reviewing the work plan implemented to address the top areas for improvement from both resident and family surveys. The CQI Chair verified the role of the Councils in actions taken was missing from the CQI report. The role of CQI committee members was to review

quality issues and make recommendations regarding the priority areas for improvement and support implementation of the work plan and this information was verified as missing from the report. The work plan was shared with the Councils in March 2024 during a scheduled council meeting, and the work plan was prepared and posted to the public website in April 2024. How the actions taken were communicated to the Councils, residents, families, and staff was verified as missing from the report.

Sources: Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario April 2, 2024, Work Plan Quality Improvement Plan (QIP), and interview with the CQI Chair, RC Representative and FC Chair.

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #011 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 the continuous quality improvement (CQI) initiative report was provided to the Family Council.

The Residents' Council (RC) meeting minutes for June 2024 documented the CQI report was shared with the members. There was no documentation that the CQI report was shared with Family Council (FC). The CQI Chair verified there was no documentation as part of the FC meeting minutes or the CQI committee meeting minutes that the report was also shared with FC in June 2024.

Sources: Residents' and Family Council meeting minutes, Quality Improvement Plan

(QIP) Narrative for Health Care Organizations in Ontario April 2, 2024, Work Plan Quality Improvement Plan (QIP), and interview with the Recreation Manager (RC Liaison) and CQI Chair.