Ontario

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 prévue sous *la Loi de 2007 sur les foyers de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 15, 2019	2019_680687_0006	005624-19	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

Long-Term Care Home/Foyer de soins de longue durée

Extendicare Maple View of Sault Ste. Marie
650 Northern Avenue SAULT STE. MARIE ON P6B 4J3

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

LOVIRIZA CALUZA (687), STEVEN NACCARATO (744)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): April 9 to 12, 2019.

The following intake was inspected during this Complaint Inspection:
- One intake related to a resident who sustained an injury of unknown cause.

A Critical Incident System (CIS) inspection #2019_680687_0005 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and residents.

The Inspector(s) also conducted a daily walk through of resident care areas, observed the provision of care towards residents, observed staff to resident interactions, reviewed residents' health records, staffing schedules, internal investigations and the home's policies and procedures.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Long- Term Care Homes Act (LTCHA) or Ontario Regulation (O. Reg) 79/10 required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, that the plan, system, policy, protocol, procedure, strategy or system was complied with.

In accordance with O. Reg 79/10, s. 30 (2), the licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

Specifically, staff did not comply with the home's "Prevention of Skin Breakdown" policy (RC-23-01-01) last revised February 2017.

A complaint was submitted to the Director in relation to resident #002's alleged skin impairment for which the cause was unknown.

Inspector #687 conducted a record review of the physician's progress notes which indicated that resident #002 sustained a skin impairment to a specific area of their body.

In a record review of the resident #002's electronic documentation record, Inspector #687 identified that on specified dates, resident #002 did not have any documented skin impairment to their body.

Inspector #687 reviewed the home's policy titled "Skin and Wound Program: Prevention of Skin Breakdown", last revised February 2017, which outlined that "Care Staff to

document altered skin integrity in their Daily Care Record or electronic equivalent".

In an interview conducted by Inspector #687 with Personal Support Worker (PSWs) #108 and #115, they indicated that when a resident had skin impairment, the PSWs would document every shift in their electronic documentation record.

In an interview conducted by Inspector #687 with Registered Practical Nurse (RPN) #107, the RPN indicated that for any resident that was observed with skin impairment, PSWs would document every shift in their electronic documentation record.

In an interview conducted by Inspector #687 with the Director of Care (DOC), they stated that the PSWs document every shift any skin impairment in their electronic documentation record. The DOC acknowledged that the PSWs electronic documentation record for resident #002's skin impairment to their specified site was not documented. The DOC further stated that their expectation from the PSWs were to document accurately as outlined in the home's policy under the skin and wound program. [s. 8. (1) (b)]

Issued on this 24th day of April, 2019

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

Original report signed by the inspector.