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

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

Original Public Report

Report Issue Date: July 9, 2024	
Inspection Number: 2024-1471-0004	
Inspection Type: Complaint Critical Incident	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Maple View of Sault Ste. Marie, Sault Ste. Marie	
Lead Inspector Jennifer Lauricella (542)	Inspector Digital Signature Jennifer Lauricella Digitally signed by Jennifer Lauricella Date: 2024.07.12 12:35:48 -04'00'
Additional Inspector(s) Klarizze Rozal (740765) Jessamyn Spidel (000697)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 10, 11, 12, 13, 2024

The following intake(s) were inspected:

- One intake, related to improper/incompetent care of a resident;
- One intake, related to a medical episode of a resident;
- Two intakes, related to resident falls with injuries sustained;
- One complaint intake, related to care concerns of a resident;
- One intake, related to resident to resident physical abuse and
- One intake, related to an outbreak

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

Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

Grounds

The licensee has failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

Rationale and Summary

A Critical Incident (CI) report was submitted to the Director regarding a resident. It was documented that the resident had not received a medication that was ordered for them on two different days in a specific month in 2023.

A review of the resident's health care record was conducted. It was noted on

Electronic Medication Administration Record (EMAR) for the specific month that the medication order was not carried to the document.

In an interview with the Director of Care, they confirmed that the medication was not provided to the resident on two different days in the specific month in 2023.

The home failing to provide the medication to the resident, placed them at a low risk of harm.

Sources: CIS report; EMAR, home's investigation files and interview with the DOC.

[542]

COMPLIANCE ORDER CO #001 Policy to promote zero tolerance

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1. Re-educate the specific Registered staff and a specific manager on the home's

zero tolerance of abuse and neglect policy respecting reporting requirements, and maintain a record of the type of education provided including a date of completion.

2. Develop and implement a documented process to ensure that any allegation or suspicion of any form of abuse within the home is completely and thoroughly investigated and documented;

- At a minimum, the process should define the roles and responsibilities of staff when investigating the allegation,
- Include and specify a designated individual who is assigned the oversight of reviewing internal investigations,
- And ensure that documentation of the investigations and processes, including any corrective or remedial action taken, is completed and maintained.

Grounds

The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with. Specifically, the suspicion of physical abuse to a resident had not been reported by staff and had not been identified or fully investigated by the home.

A) Rationale and Summary

The home's written policy titled Zero Tolerance of Abuse and Neglect, confirmed that any allegation or suspicion of abuse must be immediately reported.

A RPN (Registered Practical Nurse) stated they had noted suspicious injury to a resident's body which they stated may have been the result of rough care by a specific staff member. The RPN stated they shared their concerns with RN (Registered Nurse).

The RN confirmed that the RPN had informed them of their suspicions but confirmed that they had not reported these suspicions to anyone.

The DOC (Director of Care) and Administrator in the home both indicated that they were not made aware of these suspicions or allegations, and that if they had been made aware, they would have completed an investigation.

Failing to comply with the home's policy to promote zero tolerance of abuse and neglect for residents presented a moderate risk of harm as the home was unable to investigate and respond to the allegations.

Sources:

Review of After Hours (AH) report and Critical Incident (CI) report; Review of home policy titled Zero Tolerance of Abuse and Neglect (RC-02-01-01) last reviewed November 2023; Review of a journal entries by a RPN; and Interviews with the Administrator, DOC, and other staff. [000697]

B) Rationale and Summary

The home's written policy titled Zero Tolerance of Abuse and Neglect, confirmed that any suspicion of abuse must be thoroughly and completely investigated by the home. Further, Appendix 1 of the policy identified unexplained injuries or fractures as possible signs of abuse and neglect.

A RPN indicated that they had called the DOC and left a voicemail message to share their suspicions of physical abuse and allegations of rough care by a specific staff member towards a resident, and stated that their message was not returned and they had not been contacted by the management within the home related to an internal investigation into the resident's unexplained injury.

The RN also confirmed that they had not been contacted by management within the home related to an internal investigation into the resident's unexplained injury.

The DOC and Administrator were unable to confirm the results of the home's internal investigation into the critical incident involving the resident's unexplained injury.

Failing to comply with the home's policy to promote zero tolerance of abuse and neglect for residents including conducting a thorough investigation into the suspicion of physical abuse presented a moderate risk of harm to residents.

Sources:

Review of After Hours (AH) report and Critical Incident (CI) report; Review of home policy titled Zero Tolerance of Abuse and Neglect (RC-02-01-01) last reviewed November 2023; Review of a journal entries by the RPN; and Interviews with the Administrator, DOC, and other staff. [000697]

This order must be complied with by August 21, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.