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: December 5, 2024

Inspection Number: 2024-1668-0004

Inspection Type:
Complaint
Critical Incident

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

Long Term Care Home and City: Extendicare Countryside, Sudbury

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 18-22 and 25-29, 2024.

The following intakes were inspected:

- One intake was related to resident-to-resident sexual abuse.
- One intake was related to an unknown incident causing injury to a resident.
- Four intakes were related to neglect of residents by staff.
- Three intakes were related to complainant concerns regarding improper care of residents.
- One intake was related to Improper/incompetent care of a resident by staff.
- One intake was related to physical abuse of a resident by staff.

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

Continence Care
Skin and Wound Prevention and Management
Resident Care and Support Services

Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Staffing, Training and Care Standards
Pain Management
Falls Prevention and Management

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: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that the main floor bathroom was kept clean and sanitary.

There was a soiled paper towel on the bathroom floor next to the toilet bowl for a specified amount of time.

Sources: Inspector observations; and an interview with a Housekeeper.

Date Remedy Implemented: November 27, 2024

WRITTEN NOTIFICATION: Resident Rights

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 1.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee failed to ensure the rights of a resident were fully respected and promoted, specifically the right to be treated with courtesy, respect and dignity.

Care was provided to a resident despite the resident's refusal for that care. The care provided caused injury to the resident.

Sources
The home's investigative notes; a resident's progress notes; interviews with a resident, Personal Support Worker (PSW) and Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Plan of care

NC #003 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 care was provided as specified in a resident's plan of care. Care was not provided to the resident within a specified time frame.

Sources: A resident's care plan, audit records, and progress notes; Interviews with a resident, a PSW, a Behavioural Supports Ontario (BSO) PSW, a BSO Lead Registered Practical Nurse (RPN), and an ADOC.

WRITTEN NOTIFICATION: Documentation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

a) The licensee failed to ensure that the provision of care set out in the resident's plan of care was documented on several dates over a period of two months.

Sources: a resident's electronic chart; and Interviews with a PSW, a RPN, and an

ADOC.

b) The licensee has failed to ensure that the provision of care, set out in a resident's plan of care was documented on two dates.

Sources: a resident's clinical care records; Interview with a Registered Nurse (RN).

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure the abuse of a resident was immediately reported to the Director.

Sources: Progress notes; Interviews with a RN and an ADOC.

WRITTEN NOTIFICATION: Falls prevention and management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident

has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident fell that a post-fall assessment was conducted using a clinically appropriate instrument that was specifically designed for falls, as was required in the home's policy titled "Falls Prevention and Management Program".

Sources: A Resident's clinical records; Home's policy titled : "Falls Prevention and Management Program" Policy ID: RC-15-01-01; Interview with an ADOC.

WRITTEN NOTIFICATION: Therapy services

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 65 (a)
Therapy services
s. 65. Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 13 of the Act that include,
(a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and

The licensee has failed to ensure that on-site physiotherapy was provided to a resident on an individual basis at a time when a resident could have benefited from the therapy.

Sources: a resident's clinical care records; Interview with the Physiotherapist.

WRITTEN NOTIFICATION: Administration of drugs

NC #008 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).

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

a) A resident was ordered a medical intervention for their health condition; however, the medical intervention was not being administered as prescribed.

Sources: Inspector observations; a resident's electronic record; and interviews with two PSWs, and a RPN.

b) The licensee has failed to ensure that a drug was administered to a resident in accordance with the directions for use. The drug was identified as unavailable to the resident for over two weeks.

Sources: A resident's medication administration record (MAR); A resident's progress notes; Interview with the Director of Care (DOC).

c) The licensee has failed to ensure that a medication was administered to a resident as specified by the prescriber, for two days.

Sources: A resident's health care records; and, an interview with the ADOC.

These non-compliances are further evidence to support the previously issued CO that was issued during inspection #2024-1668-0002 with a compliance due date of December 23, 2024.

COMPLIANCE ORDER CO #001 Skin and wound care

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b)
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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

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

a. Retrain all registered staff on the home's skin and wound program. Keep a written record on who completed the training, the date of completion, who provided the training, and the contents of the training.
b. Conduct weekly audits for the period of four weeks for a resident, to ensure

weekly skin and wound assessments are completed.
c. Conduct weekly audits for the period of four weeks for a resident, to ensure that wound dressing changes are completed as per their plan of care.
d. A documented record of the audits, including any corrective action taken as a result of the audits must be maintained.

Grounds

The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, (i) receives a skin assessment by an authorized person described in section (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required, and (iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

a) Specifically, the licensee has failed to ensure that when a resident was exhibiting pain in relation to a wound, that they received a skin assessment and immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection.

There was high risk and impact to the resident as a result of not taking immediate action in relation to their pain and assessing its location.

Sources: A resident's clinical records; Home's policy titled "Pain Identification and Management" RC-19-01-01; Interviews with a RPN and Wound Care Champion.

b) Specifically, the licensee has failed to ensure that a resident who had a wound received weekly wound care assessments.

The impact to the resident was moderate at the time of the inspection.

Sources: A resident's Electronic Record; Interviews with a RN and an ADOC.

c) Specifically, the licensee has failed to ensure that a resident received interventions to reduce or relieve pain, promote healing, and prevent infection, as required for their wound. The frequency of the resident's wound treatment was not followed as per the resident's plan of care.

Sources: A resident's health care records; and an interview with a RN and other staff.

d) Specifically, the licensee has failed to ensure that a resident received interventions to reduce or relieve pain, promote healing, and prevent infection, as required for their wound. The physiotherapist assessed that a resident would benefit from the use of an intervention; however, the intervention was not implemented for the resident until several months later.

Sources: a resident's health care records; and an Interview with the physiotherapist and other staff.

e) Specifically, the licensee has failed to ensure that a resident received interventions to reduce or relieve pain, promote healing, and prevent infection, as required for their medical condition. Treatment for their medical condition was not administered for two days.

Sources: a resident's health care records; and an Interview with an ADOC.

f) Specifically, the licensee has failed to ensure that a resident was assessed weekly by a member of the registered staff as indicated in their plan of care. One weekly assessment had not been completed. There was no harm to the resident caused by the missed assessment.

Sources: a resident's health care records; and the home's internal investigation notes.

This order must be complied with by February 14, 2025

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

COMPLIANCE ORDER CO #002 Pain management

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 57 (2)
Pain management
s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
a. Retrain all registered staff on the home's pain management program, including when pain assessments, outlined in the program, are to be completed. Keep a written record of who received the training, the date training was completed, who delivered the training, and the contents of the training.
b. Develop and conduct weekly audits, for a minimum of 4 weeks, to determine if a resident is complaining of pain, that the proper assessments are being completed in relation to their pain, and actions are being taken to address the pain. Keep a written record of the audit tool, the results of each audit, and any corrective action taken.

Grounds
The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, they were assessed using a clinically appropriate assessment instrument.

A resident had not received any comprehensive pain assessment at the time of their admission to the home. The resident was complaining of pain and a RPN confirmed that the resident's pain interventions at that time were not effective, however, a pain assessment was still not completed.

When pain assessments were initiated, they were not being done using the proper assessment tool.

There was moderate risk and high impact to the resident as a result of the lack of pain assessments completed on them since admission.

Sources: A resident's clinical records; Home's policy titled "Pain Identification and Management" RC-19-01-01; Interviews with a RPN and a ADOC.

This order must be complied with by February 14, 2025

COMPLIANCE ORDER CO #003 Training - Policy to promote zero tolerance of abuse and neglect

NC #011 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)]:

Specifically, the licensee shall:

1) Develop and implement a process to re-train (in-person) all registered nursing staff that work on a specified unit on the home's Zero Tolerance of Resident Abuse and Neglect Program, specifically the following items:

a) Assessing the resident's involved in an incident of abuse or neglect and documenting appropriately.

b) The review/revision of a resident's plan of care to prevent recurrence of abuse or neglect.

2) Develop and implement a process to re-train two Registered Nurses on reporting an incident of abuse and neglect immediately to the Administrator/Designate/Reporting Manager.

3) Maintain records of the following:

a) A roster of all registered nursing staff who work on a specified unit along with the date they completed the retraining set out in this order.

b) A record of all re-training provided to registered nursing staff pertaining to this order, including the name of the trainer, the date the training was provided, and who attended the training.

Grounds

The licensee has failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents was complied with.

a) Specifically, the home's policy states, "ensure the safety of and provide support to the abuse victim(s), through completion of full assessments, a determination of resident needs and a documented plan to meet those needs." The licensee failed to assess a resident following an incident of abuse.

Sources: A resident's progress notes and care plan, home's policy titled "RC-02-01-02 Zero Tolerance of Resident Abuse and Neglect Response and Reporting Last Reviewed February 2024, page 3 section 8 subsection F"; Interviews with a RPN, a RN and an ADOC.

b) Specifically, the home's policy states, "promptly investigate resident-to-resident altercations, complaints and unexplained bruising or injuries to determine root cause and put in place measures to prevent recurrence. The licensee failed to revise a resident's care plan to implement measures to prevent the recurrence of abuse.

Sources: A resident's progress notes and care plan, home's policy titled "RC-02-01-01 Zero Tolerance of Resident Abuse and Neglect Program Last Reviewed November 2023, page 3 section 6 subsection F"; Interviews with a RPN, a RN and an ADOC.

c) Specifically, the home's policy states, "Any employee or person who becomes aware of an alleged, suspected or witnessed resident incident of abuse or neglect will report it immediately to the Administrator/designate/reporting manager". The

licensee failed to ensure that two RNs immediately reported to the DOC/ADOC an allegation of abuse involving a resident.

Sources: The LTCH's investigative notes; Zero Tolerance of Resident Abuse and Neglect Program (dated November 2023/February 2024); a resident's progress notes; interviews with a resident, a PSW and an ADOC.

This order must be complied with by February 14, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE 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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.