

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
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
Feb 10, 2020	2020_729615_0004	000728-20, 001288-20	Critical Incident System

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 London
860 Waterloo Street LONDON ON N6A 3W6

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

HELENE DESABRAIS (615)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 6 and 7, 2020.

The following Critical Incident (CI) reports were inspected:

CI #2173-000002-20/Log #000728-20 related to prevention of abuse, neglect and retaliation;

CI #2173-000003-20/Log #001288-20 related to prevention of abuse, neglect and retaliation.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Registered Nurse and a Personal Support Worker.

The inspectors also reviewed clinical records and plan of care for the identified residents, policies and procedures, documentation related to the home's Pain Management program and other relevant documents.

The following Inspection Protocols were used during this inspection:

Pain

Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (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. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that where a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Review of the home's policy #RC-19-01-01 "Pain Identification and Management" last updated December 2019 stated in part "All residents will also have a comprehensive pain assessment completed with any new pain or new diagnosis of a painful disease, as per the procedures contained within this policy. All members of the interdisciplinary team will report any suspected pain to the nurse. The home will utilize an interdisciplinary approach to pain management and referrals will be made, as appropriate." and "Nurse: Assess the resident on admission, hospital readmission, for a new diagnosis of a painful disease and for a new pain using the comprehensive pain assessment in addition to the use of the PAINAD to assess all non-verbal and cognitively-impaired residents."

Review of the home's policy #RC-19-01-01 "Pain Identification and Management" last updated December 2019 stated in part "Ensure the plan of care is reviewed and updated with resident goals, and treatment plan at minimum quarterly or with any change to the treatment plan."

Review of a resident's progress notes in Point Click Care (PCC) revealed the following:

On a specific date, physiotherapy note included that the resident reported a new pain on a part of their body and an intervention was put in place. Nursing staff updated regarding pain.

Two days later, physician's note included that they had assessed the resident and ordered to complete a test. The requisition was made and sent.

On a different day, the resident was complaining of pain on the specific part of the body during care and stated to staff that the pain was "really bad". The resident's specific part of their body was swollen, warm to touch and red. A note was left in the physician's book and staff were waiting for results from ordered test. The resident had been refusing the scheduled medication for pain.

On a different day "writer assessed residents [specific part of their body] along with physiotherapist. [Specific part of their body] is swollen area warm to touch redness noted".

At a later date, physiotherapy note stated that an assessment was completed, the resident was showing signs of being in pain on the specific part of their body, also signs of edema and swelling.

At a later date, resident had pain to the specific part of their body and a comprehensive pain assessment completed by registered nurse using a clinically appropriate assessment instrument.

Review of the resident's care plan revealed that the resident's pain to the specific part of their body was assessed using a clinically appropriate assessment instrument and was documented in the resident's plan of care 13 days after it was first discovered.

During an interview, the Administrator, the DOC and a RN stated that they would expect the registered staff completing a pain assessment using a clinically appropriate assessment instrument with the resident on the first day it was discovered and that the plan of care for the resident regarding pain to the specific part of their body would be documented on the same day.

The licensee failed to ensure that where a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [s. 52. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that where a resident's pain is not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, 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. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where there was a written policy that promotes zero tolerance of abuse and neglect of residents was complied with.

On a specific date, the home submitted Critical Incident (CI) #2173-000002-20/Log #000728-20 related to staff to resident physical abuse that occurred three days earlier. The CI included that staff had not reported immediately the physical abuse to the management of the home.

Review of the home's policy #RC-02-01-02 "Zero Tolerance of Resident Abuse and Neglect: Response and Reporting" last updated June 2019 stated in part "Anyone who witnesses or suspects abuse or neglect of a resident by another resident, staff or other person must report the incident. The report may be made to the home and/or external authorities. At minimum, any individual who witnesses or suspect abuse or neglect of a resident must notify management immediately".

During a review of a resident's progress notes in Point Click Care (PCC) on a specific date, a resident reported suspected abuse to a registered staff member.

During interviews, a RN and a PSW both stated that it was suspected abuse and they would report it immediately to their management team.

During an interview, the Administrator and the DOC stated it was suspected abuse and both agreed that staff members should have reported the abuse immediately to the management team as per the home's policy.

The licensee failed to ensure that where there was a written policy that promotes zero tolerance of abuse and neglect of residents was complied with. [s. 20. (1)]

Issued on this 11th day of February, 2020

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

Original report signed by the inspector.