

**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
Sep 4, 2020	2020_822613_0014	007281-20, 015943-20	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 6G3

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

LISA MOORE (613)

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): August 7, 10 - 13, 2020.

The following complaints were inspected during this inspection:

One Complaint that was submitted to the Director regarding bowel management program.

One Complaint (#015943-20) that was submitted to the Director regarding essential visitation.

A concurrent Critical Incident System Inspection #2020_822613_0015 was also conducted during this inspection.

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

The Inspector also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed health care records, internal investigation files and policies, procedures and programs.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy**

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

1 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. 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 Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any protocol, the protocol was complied with.

In accordance with O. Reg. 79/10, s. 51 (1) 2., the licensee was required to ensure that the continence care and bowel management program provided treatments and interventions to prevent constipation for resident #001.

Specifically, staff did not comply with the licensee's medical directive for constipation.

Inspector #613 reviewed a Complaint that was reported to the Director, related to an allegation of staff not following the bowel protocol for resident #001.

During an interview with the complainant they stated that they called the home everyday to speak with staff and on one date, they were not notified that resident #001 did not have a bowel movement for four days. The complainant also stated that staff did not intervene and did not initiate the home's bowel protocol.

A review of the licensee's form titled, "Medical Directive" last updated on January 2020, identified that the medication listed may be administered by registered staff (RNs/RPNs) for the symptoms indicated and for the time period stated, without notifying the Doctor. The time, reason and effect of the medication would be charted in the Progress Notes. The actual medication would be written on the MAR (Medication Administration Record) followed by the words "Medical Directive". RN/RPN was to enter the order onto the Physician's Order Section in Point Click Care (PCC). The Inspector noted that the medical directive had a heading titled, "Constipation" that included specific instructions

for when a resident was 2 days, 3 days and 4 days without a bowel movement.

A review of the documentation on Point of Care (POC) identified that the resident did not have a bowel movement for four days during a specific month.

A review of resident #001's progress notes and Electronic Administration Record (EMAR) on PCC did not identify any documentation to indicate that the medical directive for constipation had been implemented and followed during the time resident #001 did not have a bowel movement for four days, during a specific month.

During interviews with RPN #101, RPN #103 and RPN #104, they all stated that they were to follow the home's medical directive and that it was to be initiated when a resident was two days without a bowel movement.

During an interview with the Director of Care (DOC), they stated that registered staff were to follow the home's medical directive for constipation and document in the Medication Administration Record (MAR) and in the progress notes. The DOC stated they had reviewed the documentation on Point Click Care (PCC) and confirmed there was no documentation in the MAR or progress notes to identify that the medical directives had been followed by staff for resident #001's constipation during this time. [s.

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 the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any protocol, the protocol was complied with, specifically the medical directive for constipation for resident #001, to be implemented voluntarily.

Issued on this 4th day of September, 2020

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

Original report signed by the inspector.