

**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**Sudbury Service Area Office
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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 |
|--|---|-------------------------------------|--|
| Mar 11, 2021 | 2021_638542_0003 | 024805-20, 024839- 20, 000600-21 | Critical Incident System |

Licensee/Titulaire de permisExtendicare (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**

JENNIFER LAURICELLA (542)

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 9 - 12, 2021 and February 16 - 19, 2021

One intake related to staff to resident physical abuse,

One intake related to a medication incident and,

One intake related to an unplanned evacuation.

A Complaint Inspection # 2021_638542_0002 was completed concurrently with this Inspection

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Infection Prevention and Control (IPAC) lead, the Support Service Manager, Registered Nurses (RNs), Registered Practical Nurse (RPNS), Personal Support Workers (PSWs), Housekeeping staff, residents and family members.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, Infection Prevention and Control (IPAC) practices, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, as well as relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Medication

Prevention of Abuse, Neglect and Retaliation

Safe and Secure Home

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 LTCHA, 2007 S.O. 2007, c.8, s. 19.
Duty to protect**

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was protected from abuse by a PSW.

Physical abuse is defined within the Ontario Regulation 79/10, as the use of physical force by anyone other than a resident that caused physical injury or pain.

A Critical Incident (CI) report was submitted to the Director where it was reported that a charge nurse was notified by the family of the resident that the resident was injured and had a video recording of an interaction between two staff and the resident earlier in the day.

A review of the resident's care plan indicated that staff were to use calm techniques to respond to the residents behaviours.

The Inspector reviewed the video recording of two PSWs providing care to the resident. This Inspector observed that the staff did not implement the required techniques resulting in the resident being injured.

Following the reported incident, an assessment was completed by the RPN which identified an injury. Three days later, another assessment was completed by the wound care nurse and it was documented that the resident had additional injuries.

Sources: Policy, Zero Tolerance of Resident Abuse and Neglect Program, last reviewed, June 2020, CIS report, progress notes, assessments, care plan, video footage, interview with the Administrator and other staff. [s. 19. (1)]

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 every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff, to be implemented voluntarily.

Issued on this 12th day of March, 2021

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

Original report signed by the inspector.