

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007 Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance et de la

Data(a) of increation/Data(a) do

conformité

London Service Area Office 291 King Street, 4th Floor LONDON, ON, N6B-1R8 Telephone: (519) 675-7680 Facsimile: (519) 675-7685 Bureau régional de services de London 291, rue King, 4iém étage LONDON, ON, N6B-1R8 Téléphone: (519) 675-7680 Télécopieur: (519) 675-7685

Type of Increation/Conre

### Public Copy/Copie du public

l'inspection	inspection No. No de l'inspection	d'inspection
Aug 17, 21, 2012	2012_090172_0043	Critical Incident
Licensee/Titulaire de permis		
EXTENDICARE TORONTO INC 3000 STEELES AVENUE EAST, SUI Long-Term Care Home/Foyer de so		
EXTENDICARE LONDON 860 WATERLOO STREET, LONDON	, ON, N6A-3W6	
Name of Inspector(s)/Nom de l'insp	ecteur ou des inspecteurs	
JOAN WOODLEY (172)		
	nspection Summary/Résumé de l'insp	ection

Increation No. No. do Pinenaction

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, the Education Coordinator, the Nutrition Manager, 5 Registered Practical Nurses, 1 specific Resident and 1 Family.

During the course of the inspection, the inspector(s) reviewed health care records and other relevant documents.

The following Inspection Protocols were used during this inspection:

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON	RESPECT DES EXIGENCES
Legend	Legendé
	WN – Avis écrit
VPC – Voluntary Plan of Correction DR – Director Referral	VPC – Plan de redressement volontaire DR – Alguillage au directeur
CO – Compliance Order WAO – Work and Activity Order	CO – Ordre de conformité WAO – Ordres : travaux et activités



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Non-compliance with requirements under the Long-Term Care the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de Homes Act, 2007 (LTCHA) was found. (A requirement under the soins de longue durée (LFSLD) a été constaté. (Une exigence de la LTCHA includes the requirements contained in the items listed in 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.

> Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training Specifically failed to comply with the following subsections:

- s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
- 1. The Residents' Bill of Rights.
- 2. The long-term care home's mission statement.
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
- 4. The duty under section 24 to make mandatory reports.
- 5. The protections afforded by section 26.
- 6. The long-term care home's policy to minimize the restraining of residents.
- 7. Fire prevention and safety.
- 8. Emergency and evacuation procedures.
- 9. Infection prevention and control.
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

#### Findings/Faits saillants:

- 1. Staff interview with a Registered Practical Nurse revealed that he/she had not received training on Whistle-Blowing Protection before performing duties as a Registered Practical Nurse, independently, in this home, rather was given a package of policies and procedures to read and sign.
- 2. Staff interview with Administrator and Acting Director of Care confirmed a specific Registered Practical Nurse had not attended the whole home orientation yet.

[LTCHA, 2007, S.O. 2007, c.8, s76(2)5.}

### 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 all staff at the home, have received training on the protections afforded by the Whistle- Blowing Protection prior to performing their responsibilities, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs Specifically failed to comply with the following subsections:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

# Findings/Faits saillants:

 Chart review and critical incident revealed a resident received another resident's medications. [O.Reg.79/10,s/131(1)]



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## 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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.

Issued on this 21st day of August, 2012

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

Janu A. Modley.