



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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 conformité**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 10, 2014	2014_207147_0028	H-001591-14	Resident Quality Inspection

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

Long-Term Care Home/Foyer de soins de longue durée

EXTENDICARE BRAMPTON
7891 Mclaughlin Road BRAMPTON ON L6Y 5H8

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

LALEH NEWELL (147), DARIA TRZOS (561), LAURA BROWN-HUESKEN (503)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

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

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 17, 18, 19, 20, 21, 24 and 25, 2014

H-001020-14

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Clinical Practice Leader, Resident Program Manager, Maintenance Supervisor, Housekeeping/Laundry Supervisor, Food Service Supervisor, Registered staff, Social Worker, RAI (Resident Assessment Instrument) Specialist, Dietary Aides, Housekeepers, Laundry staff, Personal Support Worker (PSW), Resident Council President, Family Council spokesperson, Residents and Families.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Personal Support Services

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care



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

11 WN(s)

4 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>Legendé</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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure have the residents personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act.

On November 19, 2014 during noon medication pass, it was observed by the LTC Inspector that the registered staff discarded the medication pouch with the resident's personal health information in the garbage, that was accessible to anyone, after administration of medication to the residents without removing the information. Interview with the registered staff and the clinical resource nursing confirmed that the home did not have a process in place to discard the medication pouches in a manner that protected the resident's personal health information. According to the registered nurse the used medication pouches were placed in regular garbage bins in the nursing station where housekeeping staff would collect once a day and dispose off with other household garbage. [s. 3. (1) 11. iv.]



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 the residents personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that where bed rails are used, the resident was assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident.

Resident #105 was observed with a quarter rail in “up” position on both sides of the bed while in bed. Resident #108 was observed in bed with one quarter rail in “up” position while in bed. Resident #110 was observed to have one quarter rail in “up” position. The written plans of care were reviewed for all three residents and indicated that the bed rails were used for repositioning. There was no documented evidence to show that when the bed rails are used, the residents were assessed to minimize risk to the residents. The registered staff confirmed that there was no assessment done to determine the use of bed rails for the three residents. [s. 15. (1) (a)]



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 bed rails are used, the resident was assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its relevant policies, procedures and protocols.

Resident #109 was observed on several occasions during the inspection period to have exhibited altered skin integrity. Interview with wound care specialist in the home and review of the home's skin and wound program confirmed that currently the home does not have policy, procedure and protocol within their skin and wound program for management and monitoring of any residents who exhibit altered skin integrity such as bruises. [s. 30. (1) 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 for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its relevant policies, procedures and protocols, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that residents who are incontinent have an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented.

Review of resident #111's plan of care and RAPs (Resident Assessment Protocol) for the last three quarters indicated that the resident was coded as being frequently incontinent and incontinent of bowel and frequently incontinent of bladder and required extensive assistance from staff for all aspects of the tasks.

Interview with clinical resource nurse confirmed that it is the expectation of the home to ensure that each resident that is triggered as being incontinent of bladder and bowel to have an individualized plan of care to promote and manage bowel and bladder continence based on the assessment. The plan is to be implemented by the registered staff for each resident.

However, review of the resident's electronic record and interview with the clinical resource nurse confirmed that the resident's initial Bladder Continence assessment at time of admission was not completed fully by the registered staff, identifying any causal factors related to bladder incontinence. Furthermore, there were no additional assessments completed since then, even though the last MDS coding (September 22, 2014) had identified significant changes related to decline in bowel function. The resident's current plan of care last updated on October 10, 2014, did not include any interventions, strategies or an individualized plan to promote and manage bladder and bowel continence. [s. 51. (2) (b)]

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 residents who are incontinent have an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

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

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

8. Continence, including bladder and bowel elimination. O. Reg. 79/10, s. 26 (3).

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. The licensee failed to ensure that the plan of care is based on an interdisciplinary assessment of continence, including bowel and bladder elimination, with respect to the resident

A. Interviews with staff and review of clinical documentation revealed that resident #107 was assessed to need an identified continence care product during the days and evenings and a second product for use overnight. A review of the plan of care for the resident revealed that the products were not included in the plan. Interviews with a clinical practice leader and the director of care confirmed that the plan of care was not based on the assessment of continence for the resident.

B. Interviews with staff and review of clinical documentation revealed that resident #109 was assessed to need an identified continence care product at all times. A review of the written plan of care for the resident revealed that the product was not included in the plan. Interview with a clinical practice leader confirmed that the plan of care was not based on the assessment of continence for the resident. [s. 26. (3) 8.]

2. The licensee failed to ensure that the plan of care is based on an interdisciplinary assessment of sleep patterns and preferences with respect to the resident

Interviews with resident #106 and staff revealed that the resident requires assistance to transfer out of bed and that the resident is awake, waiting for staff to be assisted out of bed each morning and also indicated a desire to get up earlier. A review of the resident's plan of care and interview with registered nursing staff revealed that the resident's sleep patterns and preferences were not included in the plan of care. An interview with the home's clinical practice leader revealed that the resident's sleep patterns and preferences should be assessed by staff when the resident is admitted to the home and the plan of care based on this assessment. [s. 26. (3) 21.]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, 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,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Resident #109 was observed on two identified dates in November 2014 to have exhibited altered skin integrity, which was confirmed by the wound care specialist. Review of the residents clinical and electronic records confirmed that a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment was not completed. [s. 50. (2) (b) (i)]

**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57.
Powers of Residents' Council**



Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee failed to ensure that when the licensee is advised of concerns or recommendations from the Residents' Council, that the licensee responds to the Council in writing within 10 days for receiving the advice.

Review of the minutes from the Residents' Council meeting on October 28, 2014 revealed that a concern was raised regarding laundry which indicated that items are coming back with iron mark, white clothing is turning colours and clothes are wrinkled. A written response from home's Administrator was received 20 days later. An interview with the resident program manager confirmed that the written response was received late as the minutes had not been prepared immediately after the meeting for review by the home's administrator. [s. 57. (2)]

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :



1. The licensee failed to ensure that when the licensee is advised of concerns or recommendations from the Family Council, that the licensee responds to the Council in writing within 10 days of receiving the advice.

Review of the minutes from the Family Council meeting on October 27, 2014, revealed that there were concerns raised related to the menu and food services including bread/buns are cold as they are kept in the fridge, the preparation of frozen vegetables, too much poultry on the menu and requests for fresh vegetables and pasta. There was no written response from the licensee in the minutes. An interview with the Family Council assistant confirmed that no written response had been received by the Council.
[s. 60. (2)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that the home has a dining and snack service that includes communication of the seven-day and daily menus to residents.

On November 17, 2014, the Sheridan home area had a seven-day menu cycle posted which did not outline the same lunch menu as the daily menu posted. The seven-day menu had implementation dates of May to September. Interview with the food services supervisor confirmed that the seven-day menu cycle posted was from a previous menu cycle and was not communicating the current seven-day menu to the residents. [s. 73. (1) 1.]

2. The licensee failed to ensure that the home's dining and snack service includes course by course meal service for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

Residents #300 and #301 were observed to have been served their entrees, while still consuming their course of soup, during lunch on November 24, 2014. An interview with staff revealed that neither of the residents had requested to have the courses provided at the same time and that resident #300 was served both courses at once to speed up his consumption of the meal. A review of the care plans for both residents and interview with the food services supervisor revealed that the residents did not have an assessed need for multiple courses to be served at one time. The food services supervisor confirmed that the residents should have been provided course by course meal service. [s. 73. (1) 8.]

**WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.
Satisfaction survey**

Specifically failed to comply with the following:

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the results of the satisfaction survey are documented and made available to the Family Council.

A review of the minutes of the Family Council meetings revealed that the results of the home's 2013 satisfaction survey had not been made available to the Council. Interviews with the Family Council assistant and the home's administrator confirmed that there was no documentation to indicate the results had been made available to the Family Council. [s. 85. (4) (a)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping



Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that procedures are implemented for the cleaning of supplies and devices, including personal assistance services devices, assistive aids and positioning aids.

Observations of resident #104's wheelchair on November 18, 20 and 21, 2014, found the wheelchair to be unclean with visible debris. A review of the Resident Equipment Cleaning Schedule/Audit revealed that the wheelchair was scheduled to be cleaned on Mondays. The schedule was not signed, indicating that the cleaning had been completed for the wheelchair, on November 3, 10, and 17, 2014. Interview with the home's DOC confirmed that the wheelchair was unclean and that the weekly resident equipment cleaning schedule had not been implemented. [s. 87. (2) (b)]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

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

Issued on this 22nd day of December, 2014

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

Original report signed by the inspector.