



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

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 28, 2019	2019_728696_0003	025542-18, 025581- 18, 029700-18, 030418-18	Complaint

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**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare Brampton  
7891 McLaughlin Road BRAMPTON ON L6Y 5H8

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

ZINNIA SHARMA (696)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 13, 14, 15, 19, 20, 21, 22, and 26, 2019.**

**During the course of the inspection, the following Complaints and Follow up intakes were inspected:**

**Log #025542-18 related to bed rails.**

**Log #025581-18 related to continence care and bowel management.**

**Log #029700-18 related to abuse, skin and wound care, and personal care.**

**Log #030418-18 related to plan of care.**

**During the course of the inspection, the inspector(s) spoke with residents, personal support workers (PSW), registered practical nurses (RPN), registered nurses (RN), Skin and Wound Lead, Continence Lead, Bed rail safety Lead, Clinical Practice Nurses, Director of Care (DOC), and Administrator.**

**During the course of this inspection, the inspector observed resident care, observed staff to resident interaction, reviewed resident health records, annual program evaluations, and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Continence Care and Bowel Management**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

**Skin and Wound Care**

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

**4 WN(s)**

**4 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 15. (1)	CO #001	2018_539120_0034	696
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2018_739694_0015	696



**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. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
  - (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident was reassessed and the plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs had changed or care set out in the plan was no longer necessary.

A. Resident #008's written care plan directed staff to toilet the resident during specific times of the day.

On a particular day, resident was observed and they were not toileted as specified in their care plan.

PSWs #105, #107, and #108 stated that resident #008 was no longer on a toileting schedule as there was a decline in their condition.

RPN #104 told the LTCH Inspector that it was an expectation that resident's plan of care was reviewed and revised when the care set out in the plan was no longer necessary or when the resident's care needs have changed.

They acknowledged that toileting schedule was no longer necessary for resident #008 and their care plan had not been revised to reflect these changes.

B. A complaint was submitted to MOHLTC stating that resident #001 was only showered once a month.

Resident #001's written care plan was reviewed and indicated two different set of days that resident liked to be showered on.

PSW #101 and RPNs #112 and #113 stated that resident #001 preferred to be showered on two particular days of the week.

Resident #001's care plan was reviewed by RPN #113 and they acknowledged that the resident's plan of care was not revised when the their shower days preference had changed.

The licensee has failed to ensure that residents #008 and #001 were reassessed and the plan of care was reviewed and revised when the residents' care needs had changed or care set out in the plan was no longer necessary. [s. 6. (10) (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 with ensuring that each resident is reassessed and the plan of care is reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**

**Specifically failed to comply with the following:**

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the home had a resident-staff communication response system that was easily seen, accessed, and used by residents, staff and visitors at all times.

On two particular days, the Long-Term Care Homes (LTCH) Inspector observed resident #008 sleeping in their bed and did not have access to their call bell on either occasion.

Resident #008's care plan was reviewed and indicated that the resident's call bell should always be within their reach when they were in their bed.

Resident #008 was observed by PSW #108 on a specific day and they acknowledged that the call bell was not accessible to the resident while they were in bed.

PSW #108 and RPN #104 told the LTCH Inspector that the call bell should have been within resident #008's reach while they were in their bed.

RN #103 stated that it was the home's expectation that call bells were always accessible to the residents at all times, specifically while they were in their bed.

The licensee failed to ensure that the resident-staff communication and response system, was easily seen, accessed and used by resident #008 at all times. [s. 17. (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 with ensuring that the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.***

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**WN #3: 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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A. Resident #001 had an area of altered skin integrity.

The clinical records were reviewed and revealed that the weekly skin assessment for the altered skin integrity was not completed as required.

RPNs #112 and #114, both stated that it was an expectation that the weekly skin assessments were conducted on any area of altered skin integrity until it had healed.

RPN #112 acknowledged that there were four times that weekly skin assessment was not completed for the resident's altered skin integrity.

B. Resident #010 had two areas of altered skin integrity.

Resident #010's clinical records indicated that their areas of altered skin integrity were not assessed by a registered nursing staff for a specific week.

RPN #110 reviewed weekly skin assessments of resident #010 and acknowledged that there was no weekly skin assessment completed for a specific week.

C. Resident #011 had an area of altered skin integrity.

The clinical records of resident #011 were reviewed and revealed that their pressure ulcer was not assessed by a registered nursing staff as required.

RPN #115 reviewed weekly skin assessments of resident #011 and acknowledged that none were completed during six specific weeks.

The licensee had failed to ensure that residents #001, #010, and #011 who were exhibiting altered skin integrity, were reassessed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (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 with ensuring that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**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. (1) The continence care and bowel management program must, at a minimum, provide for the following:**

**5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).**

**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 include an annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision makers (SDM) and direct care staff.

The annual evaluation of the residents' satisfaction survey of the continence care products was requested from RN #111.

RN #111 had a few completed surveys that were completed by staff and stated that they struggled to get SDMs to complete the survey.

RN #111 acknowledged that there was no evaluation of the annual resident satisfaction survey of the continence care products completed for the calendar year 2018. [s. 51. (1) 5.]

2. The licensee has failed to ensure that the resident who was incontinent had an individualized plan of care to promote and manage bowel and bladder continence based on their assessment, and that the plan was implemented.

A complaint was submitted to the MOHLTC regarding continence care that was being provided to resident #009 in the home. As per the complainant, resident #009 required assistance from staff for toileting, however they were not being toileted which led to resident experiencing episodes of incontinence.

Resident #009's written care plan was reviewed and did not include an individualized plan to promote and manage their bowel and bladder continence .

PSW #109 and RPN #110 stated that they would toilet the resident on as needed basis. There was no scheduled toileting plan in place.

RPN #110 and RN #111 acknowledged that resident #009 did not have an individualized plan of care to promote and manage their bowel and bladder continence.

The licensee has failed to ensure that resident #009, who was incontinent, had an individualized plan of care to promote and manage bowel and bladder continence based on their assessment. [s. 51. (2) (b)]



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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 with ensuring that A. The continence care and bowel management program must, at a minimum, provide annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.  
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, to be implemented voluntarily.***

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Issued on this 1st day of March, 2019

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

**Original report signed by the inspector.**