

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**

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Public Copy/Copie du public

Report Date(s) /

Inspection No / Date(s) du Rapport No de l'inspection

Loa #/ No de registre

Type of Inspection / **Genre d'inspection**

Sep 13, 2019

2019 723606 0018 009119-19

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 Brampton 7891 McLaughlin Road BRAMPTON ON L6Y 5H8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs JANET GROUX (606)

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): August 19, 20, 21, 22, and 23, 2019. Long Term Care Homes (LTCH) Inspector Lucia Kwok #752 took part in this inspection.

The following complaint intake was inspected:

Log #009119-19 regarding allegations of staff to resident verbal abuse and neglect, and concerns regarding wound care, plan of care and menu planning.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Dietitian (RD), Corporate Registered Dietitian, Physiotherapist (PT), Dietary Manager (DM), Dietary Aides (DA), Cook, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Substitute Decision Makers (SDM), and Residents.

During the course of the inspection, the Inspector(s) conducted observations of resident care, residents and staff interactions, completed interviews and reviewed residents' clinical records such as progress notes, assessments, physician orders, written care plans, reviewed relevant home's investigation records, home's meeting minutes, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

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)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES					
Legend	Légende				
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités				
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).	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.				
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants:



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1. The licensee has failed to ensure that the resident #003 were provided with the nutrition care as specified in their plans of care.

Resident #003's nutrition plan of care stated that they required a modified textured diet.

The Inspectors completed an observation of resident #003's care during a meal service on an identified date. The Inspectors observed two options for regular texture plates: one was a cold salad plate with a bun and option two was a sandwich with a side of vegetables. PSW # 101 provided resident #003 with regular textured sandwich option. Inspector #606 observed Dietary Aide (DA) #108 take resident #003's meal choice from PSW #101. DA #108 did not refer to the diet binder prior to plating resident #003's meal choice. DA #108 did not plate the texture modified alternative. It was observed that the texture modified option was available as a choice. DA #104 and Cook #109 confirmed that texture modified alternative was available at the meal service.

RD #106 and Dietary Manager (DM) #102 confirmed that resident with the dietary order modified texture was to receive their diet as ordered.

DM #102 stated that it was the home's expectation for dietary staff to review the diet list binder during meal service.

The licensee has failed to ensure that care set out in the nutrition plan of care was not provided to resident #003 as specified related to the appropriate dietary interventions and diet texture. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.



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Issued on this 18th day of September, 2019

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

Original report signed by the inspector.