

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: February 15, 2024	
Inspection Number: 2024-1332-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Brampton, Brampton	
Lead Inspector Romela Villaspir (653)	Inspector Digital Signature
Additional Inspector Mark Molina (000684)	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 6-9, 12-13, 2024.

The following intake was inspected:

- Intake: #00107809 - Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration

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Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

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,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident's plan of care was revised when the care set out in the plan were no longer necessary.

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Rationale and Summary

On February 6, 2024, a resident's care plan did not reflect the type of bathing they were receiving twice a week.

On February 8, 2024, a Registered Practical Nurse (RPN) revised the resident's care plan to indicate the method of bathing given by the staff.

Sources: Resident's clinical health records; Interviews with a PSW and the resident's Substitute Decision-Maker (SDM). [653]

Date Remedy Implemented: February 8, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee failed to post the visitor policy in the home.

Rationale and Summary

On February 6, 2024, the home's visitor policy was not posted in the front lobby with other Ministry required information postings.

The Director of Care (DOC) stated that it should have been posted.

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On February 7, 2024, the home's visitor policy was posted in the front lobby, along with other Ministry required information postings.

Sources: Inspector #000684's observations; Interview with the DOC. [000684]

Date Remedy Implemented: February 7, 2024

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee failed to prepare a report on the Continuous Quality Improvement (CQI) initiative for the home no later than three months after the end of the fiscal year.

Rationale and Summary

Extendicare Brampton's Quality Improvement Action Plan report was created in October 2023.

The DOC stated that the home did not have the report completed in the required time frame.

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Failure to prepare a CQI initiative report no later than three months after the end of the fiscal year is a missed opportunity to track and share the home's progress with the residents, their families, and the staff, related to all actions taken to improve the long-term care home, and the care, services, programs, goods and outcomes from year to year.

Sources: E-mail correspondences between the DOC and Extendicare corporate office; Interview with the DOC. [000684]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 2.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.

The licensee failed to ensure that the CQI initiative report contained a written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.

Rationale and Summary

The home's CQI initiative report titled Extendicare Brampton's Quality Improvement

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Action did not have a written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.

Failure to have a written description of the home's priority areas is a missed opportunity to track and share the home's progress in those priority areas.

Sources: Extendicare Brampton's Quality Improvement Action report; Interview with the DOC. [000684]

**WRITTEN NOTIFICATION: CONTINUOUS QUALITY
IMPROVEMENT INITIATIVE REPORT**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. i.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 5. A written record of,
 - i. the date the survey required under section 43 of the Act was taken during the fiscal year,

The licensee failed to ensure that the CQI initiative report contained a written record of the date the resident and family/ caregiver experience survey was taken during the fiscal year.

Rationale and Summary

The home conducted the resident and family/caregiver experience survey from

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October 31, 2022, to December 20, 2022.

The home's CQI initiative report titled Extendicare Brampton's Quality Improvement Action did not contain the dates the survey was taken.

Sources: Extendicare Brampton's Quality Improvement Action report, 2022 Resident and Family Satisfaction Survey Results; Interview with the DOC. [000684]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT INITIATIVE REPORT

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,
 - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
 - ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
 - iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
 - iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and

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v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the home's CQI initiative report contained the required information as outlined in s. 168 (2) 6 of the O. Reg. 246/22.

Rationale and Summary

The home's CQI initiative report titled Extendicare Brampton's Quality Improvement Action did not include actions taken to improve the long-term care home based on the documentation of the results of the residents and family/caregiver experience survey, or actions based on the home's priority areas for quality improvement during the fiscal year.

The DOC stated that the report did not contain the actions the home had implemented to improve the home.

Failure to include all the required information is a missed opportunity to track and share the home's progress with residents and their families and staff, related to all actions taken to improve the long-term care home, and the care, services, programs, goods and outcomes from year to year.

Source: Extendicare Brampton's Quality Improvement Action report; Interview with the DOC. [000684]

WRITTEN NOTIFICATION: WEBSITE

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 271 (1) (e)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,

(e) the current report required under subsection 168 (1);

The licensee failed to ensure that the home's website included the CQI initiative report required under subsection 168 (1).

Rationale and Summary

The CQI initiative report titled Extendicare Brampton Quality Improvement Action Plan was not included on the home's website.

The DOC confirmed that the report was not posted on the home's website.

Failure to ensure that the home's website included the CQI initiative report is a missed opportunity for the public to review the home's priority areas and the improvements in the home.

Sources: Extendicare Brampton's website; Interview with the DOC. [000684]