



**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 23, 2015	2014_360111_0028	000968	Complaint

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 COBOURG
130 NEW DENSMORE ROAD COBOURG ON K9A 5W2

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

LYNDA BROWN (111)

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): November 13 & 14, 2014

Individuals spoken to during inspection: the Administrator, the Director of Care (DOC), Food Service manager (FSM), Family Council President and Vice President, Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW) and the resident.

During the course of the inspection, the inspector(s) spoke with .

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Reporting and Complaints

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

2 WN(s)

0 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



Findings/Faits saillants :

The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Under O.reg. 79/10, s.68(2)(a) every licensee of a long- term care home shall ensure that the program include, the development and implementation, in accordance with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

Review of the home's policy "Weight Change Program" (RESI-05-02-07) (revised November 2013) indicated:

- the resident is to be weighed on the first bath day within the first 7 days of each month.
- compare to previous month's weight and any weight with a 2.5 kg difference from the previous month weight requires a re-weigh.
- re-weigh if applicable is recorded by the 10th day of each month either paper or electronically.
- for all significant weight changes (as outlined above), a referral must be made to the Registered Dietitian/Dietary Manager.

Review of monthly weights (for a nine month period) for Resident #1 had no indication of a re-weigh in one identified month when the resident lost 3 kg, no indication of a re-weigh in another identified month when the resident lost 5 kg, and no indication of a re-weigh in a third identified month when the resident lost 3 kg as per the home's policy.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

- (a) a written record is created and maintained for each resident of the home; and
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :



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A complaint was received from a family member of Resident #1 because personal health information (care conference notes) were not provided despite several requests. The home informed the family member they could not find the care conference notes.

Review of the health care record for Resident #1 indicated a care conference was last held on a specified date last year.

Interview of the Administrator indicated she was unable to locate the resident's care conference notes completed last year as requested from the family member. The Administrator indicated they had another care conference scheduled with the POA to discuss all of the the POA's issues.

Issued on this 23rd day of January, 2015

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

Original report signed by the inspector.