



**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**

**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 21, 2016	2016_291194_0025	013455-16	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 COBOURG
130 NEW DENSMORE ROAD COBOURG ON K9A 5W2

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

CHANTAL LAFRENIERE (194), BAIYE OROCK (624)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 26, 27,28,29 and 30, 2016

The inspectors also inspected the following Critical Incident Logs: #027278-16 related to allegations of resident to resident sexual abuse, #026569-16 related to allegations of staff to resident rough handling, #029288-16 complaint for allegations of resident to resident sexual abuse.

During the course of the inspection, the inspector(s) spoke with Residents, Administrator, Acting Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurse (RPN) and Personal Support Worker (PSW)

The Inspectors also conducted a tour of the building, observed the provision of staff to resident care, infection control and medication practices. Reviewed clinical health records of identified residents, pertinent policies, investigation packages related to allegations of abuse and interviewed presidents of both Family and Resident Councils.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Skin and Wound Care



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

1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
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
<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. 124. Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time. O. Reg. 79/10, s. 124.

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs obtained for resident #025, are obtained based on resident usage.

During a medication administration observation on September 29, 2016, resident #025 did not receive the prescribed medication ordered.

RN #104 was completing the Medication Administration on September 29, 2016 at 07:30 hours. Resident #025 was scheduled to receive a prescribed medication. RN #104 noted that resident #025 did not have an adequate amount of prescribed medication at the time of the medication administration pass.

Review of the medication re-order records indicated that a replacement for the prescribed medication was ordered on September 17, 2016 through the pharmacy for resident #025 but was not delivered. The prescribed medication was re-ordered through the pharmacy on September 26, 2016 but was not delivered. On September 29, 2016 the prescribed medication for resident #025 was ordered through the back up pharmacy arriving two and half hours later.

At 09:45 hours, inspector #194 was informed by RN #104 that the physician had been contacted and an order for resident #025 was received stating that the resident was only to receive a reduced amount of the prescribed medication today, due to the medication not being available and to return to the regular dose of the medication after this am. [s. 124.]



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Issued on this 21st day of October, 2016

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

Original report signed by the inspector.