



**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 # / No de registre	Type of Inspection / Genre d'inspection
Nov 1, 2017	2017_552531_0027	008548-17, 018465-17	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

SUSAN DONNAN (531)

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): September 28 and 29,
2017.**

Log # 008548-17 related to resident care and services

Log # 018465-17 related to resident care and services

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care (ADOC), the Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses, the resident's Substitute Decision Maker (SDM) and a resident.

The inspector toured the home, reviewed resident health care records, observed resident care and services, reviewed wound and skin care practices and reviewed reporting and complaints policy and procedures.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Reporting and Complaints

Skin and Wound Care

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

3 WN(s)

1 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
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 O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

On a specified date resident prescribed treatment medications were observed by inspector #531, on resident #001's dresser unattended. Resident #001 has a shared bathroom with access to other residents room. There were residents wandering in the hall next to resident #001's room on both days.

On September 29, 2017 during an interview with PSW #101 and #102, both indicated that prescribed topical medications are to be kept locked after the application of the treatment. PSW #101 indicated that he/she had noted that the prescribed topical medications had not been removed from resident #001's room for several days, and assumed it was due to the frequency of the application.

During an interview with RPN #100, he/she indicated that prescribed topical treatment medication are to be locked in the medication room. RPN #100 indicated that he/she assisted PSW #101 with resident #001's care after the application of the treatment and then did not remove the treatments from the room.

The Administrator was interview and indicated that the prescribed topical treatment medications are to be safely and securely locked in the medication room. [s. 129. (1) (a) (ii)]



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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 to ensure that prescribed topical medications are stored in an area or a medication cart that is secure and locked, to be implemented voluntarily.

WN #2: 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 :



1. The licensee has failed to ensure that the care set out in the plan of care was provided to resident #001 as specified in the plan with respect to grooming .

On a specified date resident #001's SDM submitted a written letter of complaint to the home with respect to resident #001's care and service.

On September 28, 2017 during an interview with resident #001's SDM, the SDM indicated that he/she spoke to the previous Acting DOC and expressed concerns that a care treatment was not being provided for resident #001. The SDM indicated that the Acting DOC implemented a sheet for resident #001's room that PSWs were to sign when the care had been provided, and revised the plan of care to reflect the change.

Resident #001's care plan indicated the following:

- provide treatment every morning, evening and as required.
- PSWs to sign sheet in the resident's bedroom when care completed.

Inspector #531 reviewed the sheets in the resident's bedroom for a six month per. There was no documentation on 15 occasions to indicate that the care had been completed.

On September 29, 2017 during an interview with PSW #101, he/she indicated that he/she provided the care treatment to resident #001 as specified in the plan, however PSW #101 indicated that he/she does not always document that the care was completed. PSW #101 indicated that if he/she was busy and does not have time to document that shift; he/she may complete it on the next shift, or forget to document that the care treatment was provided. PSW #101 indicated that he/she was aware of resident #001 plan of care and the direction to sign the sheet when the care was completed.

During an interview with the Acting DOC, and review of resident #001's sheets implemented, from the resident's bedroom, he/she indicated that if the sheets were not signed the care was either not provided or the documentation was not completed as specified in the resident's plan of care. [s. 6. (7)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (3) The licensee shall ensure that,

**(a) the documented record is reviewed and analyzed for trends at least quarterly;
O. Reg. 79/10, s. 101 (3).**

**(b) the results of the review and analysis are taken into account in determining
what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).**

**(c) a written record is kept of each review and of the improvements made in
response. O. Reg. 79/10, s. 101 (3).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the documented record for complaints received for resident #001 were reviewed and analyzed for trends, taken into account in determining improvements and a written record kept of the review and the improvements.

Resident #001's SDM submitted written letters of complaint to the Administrator on two specified dates with respect to resident #001's care treatment.

During an interview with the Administrator and review of complaint log, he indicated that he investigated the complaints, implemented processes to resolve the concerns and provided a written response to resident #001's SDM. The Administrator indicated he did not review and analyze the complaints to identify trends or for quality improvement. [s. 101. (3)]

Issued on this 2nd day of November, 2017

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



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Original report signed by the inspector.