

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: June 6, 2024	
Inspection Number: 2024-1336-0002	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Cobourg, Cobourg	
Lead Inspector Patricia Mata (571)	Inspector Digital Signature
Additional Inspector(s) April Chan (704759)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 24, 27-31, 2024 and June 3-5, 2024

The following intake(s) were inspected:

- Intake: #00113714 – regarding infection control
- Intake: #00116118 and #00116932 - regarding infection control, staffing and resident care
- Intake: #00109973, and Intake: #00113522 regarding outbreaks.

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1336-0004 related to FLTCA, 2021, s. 82 (2) inspected by April Chan (704759)

Order #002 from Inspection #2023-1336-0004 related to O. Reg. 246/22, s. 102 (2) (b) inspected by April Chan (704759)

Order #001 from Inspection #2024-1336-0001 related to FLTCA, 2021, s. 24 (1) inspected by April Chan (704759)

Order #002 from Inspection #2024-1336-0001 related to FLTCA, 2021, s. 28 (1) 2. inspected by April Chan (704759)

Order #003 from Inspection #2024-1336-0001 related to O. Reg. 246/22, s. 60 (a) inspected by April Chan (704759)

Order #005 from Inspection #2024-1336-0001 related to O. Reg. 246/22, s. 102 (2) (b) inspected by April Chan (704759)

Order #004 from Inspection #2024-1336-0001 related to O. Reg. 246/22, s. 93 (2) (b) (iii) inspected by April Chan (704759)

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Home to be safe, secure environment

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee failed to ensure that the home is a safe and secure environment for its residents.

Summary and Rationale

During the initial tour of the home a bin of cutlery was observed in the dining room on the Birch Resident Home Area (RHA) which is a secure unit. The bin was accessible to residents. The breakfast service was over, and staff were absent from the area. There were several residents nearby.

The Nutrition Services Manager indicated that the cutlery bin it to be stored out of reach of residents after meals to minimize the risk of injury to residents.

Residents were at risk of harm when the cutlery bin was left accessible to them.

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Sources: Observations, and interview with Nutrition Services Manager. [571]

WRITTEN NOTIFICATION: Nursing and personal support services

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 11 (3)

Nursing and personal support services

s. 11 (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

The licensee failed to ensure a registered nurse was on duty.

Summary and Rationale

A complaint was received alleging that a Registered Nurse (RN) was not on duty on all shifts.

A four-week RN schedule was reviewed. A RN was unable to work their shift. No replacement was found.

The Director of Care (DOC) indicated that they were made aware. They were unable to fill the shift therefore an RN was not present in the building for the night shift.

The residents were put at risk of a negative outcome when a RN was not in the building.

Sources: RN schedule, and interview with DOC. [571]

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WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

The licensee failed ensure that all food and fluids in the food production system are stored, and served using methods to prevent adulteration, contamination and food borne illness.

Summary and Rationale

During the initial tour of the home a cart with milk, cream and juice was observed in the servery on the Birch RHA approximately 90 minutes after meal service had started. They were not preserved on ice. The gate to the servery was open and there were no staff in the area. Several residents were in the area. In addition, milk and juice on a nourishment cart being used on the Poplar RHA were not stored on ice.

A Personal Support Worker (PSW) on the Birch RHA indicated that kitchen staff are supposed to take the beverage cart away after meals.

The Nutrition Services Manager indicated that the beverages should be kept on ice and put away as soon as possible.

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Sources: observations, interview with PSW #120 and Nutrition Services Manager.
[571]

**WRITTEN NOTIFICATION: Infection prevention and control
program**

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that Additional Precautions were followed in the Infection Prevention and Control (IPAC) program in accordance with the IPAC Standard for Long-Term Care Homes (LTCH), revised September 2023.

Additional Requirement 9.1 under the IPAC Standard, directs the licensee to ensure that Routine Practices and Additional Precautions are followed in the IPAC program.

At minimum, section 9.1 (f) for Additional Precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection, application, removal, and disposal.

Summary and Rationale

During a tour of the home, on the Poplar RHA, a RN and a PSW were observed not donning isolation gowns to provide personal care to a resident when it was indicated.

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The RN and PSW acknowledge they should have donned a gown and both staff members proceeded to put a gown on. The RN apologized, stating they usually don gowns but were rushing as they were short staffed that day.

The IPAC lead indicated staff are expected to wear isolation gowns when providing personal care to residents who are under additional precautions.

Residents are put at risk of spread of infection when staff fail to wear the proper PPE when caring for residents under additional precautions.

Sources: Observations, interviews with RN #113, PSW #119 and the IPAC Lead, the IPAC Standard. [571]

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (1) (b)

Infection prevention and control program

s. 102 (1) The licensee shall ensure that there are in place,

(b) a written plan for responding to infectious disease outbreaks. O. Reg. 246/22, s. 102 (1).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. The IPAC Lead or their back up will educate kitchen staff #102 on the purpose and process of passive screening and whom to report to if they have symptoms of an infection.
2. The IPAC Lead or their back up will educate all managers, supervisors, Registered

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Nurses, and the scheduling clerks, on the process to follow if a staff member reports they have signs and symptoms of infection before, after and during their shift.

3. A written record must be kept of the staff that were educated, the date, the contents of the education and who provided the education.

4. A written record must be retained and provided to inspectors immediately upon request.

Grounds

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure written plans are complied with.

The licensee failed to ensure their written plan for responding to infectious disease outbreaks was complied with.

Summary and Rationale

A critical incident report (CIR) was submitted to the Director for a Covid-19 outbreak declared in the home on April 10, 2024.

The homes outbreak plan includes passive screening of staff for signs and symptoms of infection. Screening questions are posted where staff enter the home.

The posting directs anyone with signs and symptoms not to enter the home. The outbreak plan advises staff to consult with the supervisor/manager if they have symptoms.

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The outbreak line list indicated that a kitchen staff member came to work on two days when they had symptoms of infection.

The Nutrition Services Manager indicated that the staff member reported to them that they had symptoms after they had worked the two days.

The Infection Control Lead and the Nutrition Services Manager indicated that the staff member should have called to report they had symptoms and not come to work.

The residents were put at risk of contracting an infection when the staff member came to work with symptoms.

Sources: CIR, interview with IPAC Lead and Nutrition Services Manager, the licensee's Outbreak plan, outbreak line list. [571]

This order must be complied with by August 30, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.