



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**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
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 12, 2015	2015_300560_0009	H-000912-14	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 HALTON HILLS
9 Lindsay Court Georgetown ON L7G 6G9

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

SUSAN PORTEOUS (560)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 17, 21, 22, 23, 24, 2015.

This was a complaint inspection of log H-000912-14.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered staff, personal support workers and maintenance staff, reviewed the resident's clinical record, the home's internal complaint file, relevant policies and maintenance records and made observations.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Hospitalization and Change in Condition

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

Skin and Wound Care

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

4 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
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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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 failed to ensure that the April 2015 plan of care for resident #002 set out clear directions to staff and others who provide direct care to the resident as evidenced by the following:

A. The plan of care for resident #002 was reviewed and identified the following information:

(i) The document the home referred to as the Kardex and Care Plan provided unclear directions to personal support staff with respect to how the resident was bathed twice a week. Staff were instructed both to give the resident a shower and to not give the resident a shower on their scheduled bath day.

(ii) On an identified day in 2015 the Kardex Task for bathing resident #002 on Point of Care instructed personal support staff to provide the resident a particular type of bath twice a week. There were no instructions in the Task to provide the resident a shower.

B. Home staff interviewed provided the following information:

(i) PSW staff reported that resident #002 made their own decision what type of bath they would have on their scheduled bath days.

(ii) PSW staff reported that the plan of care for resident #002 instructed them to provide the resident a particular type of bath (which was not a shower) on each scheduled bath day.



(iii) The DOC confirmed that the current plan of care did not set out clear directions to staff with respect to bathing resident #002. [s. 6. (1) (c)]

2. The licensee failed to ensure that the care set out in the plan of care for resident #002 was provided to the resident as specified in the plan as evidenced by the following:

A. The April 2015 plan of care for resident #002 provided the following information:

(i) On an identified day in 2014 the intervention of splints for resident #002 was initiated in the resident's Care Plan.

(ii) Physiotherapy progress notes for resident #002 for multiple months in 2014 did not identify any follow up with respect to obtaining a particular type of splint ordered for the resident which was not available.

(iii) The Care Plan for resident #002 instructed staff to apply a particular splint on the resident during the day and to apply two splints to a different area of the resident's body during the night.

B. Home staff interviewed by inspector #560 provided the following information:

(i) PSW staff reported that resident #002 was only wearing one of the three splints ordered for them because the other two were not available.

(ii) One PSW staff was not sure how long it had been since resident #002 had worn their day splint but reported that "it had been a while."

(iii) Registered staff reported that resident #002 should be wearing one splint during the day and two different splints at night but only one night splint was available and the physiotherapist was following up.

C. Resident #002 was observed for multiple days and the appropriate splint was not applied during the day. [s. 6. (7)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written record of the 2014 personal support services program annual evaluation that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date those changes were implemented.

The DOC confirmed that there was no written record of the 2014 personal support services annual evaluation that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date those changes were implemented. [s. 30. (1) 4.]



**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that resident #002 was bathed twice a week by the method of their choice unless contraindicated by a medical condition.

A. Resident #002 reported that they preferred to have two showers a week but were usually provided with only one shower.

B. On an identified day PSW staff reported they had given the resident a particular type of bath which was not the resident's bath preference because the POC Kardex Task instructed them to do so. There were no instructions to provide the resident a choice of bath.

D. PSW staff reported that they did not ask the resident on an identified day what their bath preference was as the Kardex Task instructed them to give resident #002 a particular type of bath. [s. 33. (1)]

WN #4: 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 failed to ensure that (1) the documented record of complaints received was reviewed and analyzed for trends, at least quarterly, (2) the results of the review and analysis were taken into account in determining what improvements were required in the home, and (3) a written record was kept of each review and of the improvements made in response.

The Administrator of the home reported that they had no knowledge of whether the documented complaint record was reviewed and analyzed in 2014. They could not provide the inspector with a written record of the 2014 review when it was requested. [s. 101. (3)]

Issued on this 2nd day of June, 2015

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

Original report signed by the inspector.