



**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**

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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
Jun 1, 2015	2015_341583_0008	H-001105-14	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

KELLY HAYES (583)

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): May 5, 2015.

During the course of the inspection, the inspector(s) spoke with residents, registered and non regulated nursing staff, Administrator, Maintenance Supervisor, and Program Manager.

During the course of the inspection, the inspector(s) observed residents, dining service and organized activities, reviewed clinical records, activity and maintenance records.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Nutrition and Hydration
Recreation and Social Activities**

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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**



Findings/Faits saillants :

1. The licensee failed to ensure that the home was maintained in a good state of repair.

During an observation on Terra Cotta House unit on May 5, 2015 rooms 204, 212, 215, 217, 227 and 229 were noted to have brown staining on the ceiling tiles in the resident washrooms. In an interview on May 5, 2015, with resident #002 and on May 7, 2015, resident #001's family it was shared the tiles have been in a poor state of repair for greater than one year and had not been replaced.

During an observation on Terra Cotta House unit on May 5, 2015 room 227 was note to have an un-sanded and un-painted patched area and a hole in the wall behind the door and no door stopper. Room 228 was observed to have a hole in the right side of the wall when entering the room. Room 232 was observed to have two un-sanded and un-painted patched areas in the wall in the washroom and a toilet paper holder was observed to be coming off the wall with exposed screws. In an interview with resident #001's family on May 7, 2015 it was shared that the wall had been in disrepair for greater than one year. In an interview with #003's private care staff it was shared that the wall had been in disrepair for greater than six months and the toilet paper holder had been in disrepair for greater than two weeks.

In an interview with the maintenance supervisor on May, 5 2015, it was confirmed that the ceiling tiles and walls and toilet paper holder were in a poor state of repair. [s. 15. (2) (c)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program



Specifically failed to comply with the following:

- s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,**
- (a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).**
 - (b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).**
 - (c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).**
 - (d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).**
 - (e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).**
 - (f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the program included the assistance and support to permit the residents to participate in activities that may have been of interest to them if they were not able to do so independently.

A review of #001's activity care plan identified they would have spiritual preferences met. The intervention identified resident #001 required staff assistance and were to be taken in their wheelchair. The intervention directed staff to use specific strategies when offering resident #001's spiritual preferences. During an observation of resident #001 on an identified date in May, 2015, it was observed that staff did not visit resident #001 prior to the start of the spiritual service or offer the required assistance the resident needed to attend the spiritual service. In an interview with the resident and the recreational therapist on an identified date in May, 2015, it was confirmed the program did not provide the assistance and support to permit the resident to participate in an activity that may have been of interest to them if they were not able to do so independently. [s. 65. (2) (f)]



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Issued on this 15th day of July, 2015

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

Original report signed by the inspector.