

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: May 17, 2023	
Inspection Number: 2023-1071-0002	
Inspection Type: Complaint Critical Incident System	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Oshawa, Oshawa	
Lead Inspector Tiffany Forde (741746)	Inspector Digital Signature
Additional Inspector(s) Catherine Ochnik (704957) Jacqueline Smith (000740)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): April 3- 20, 2023 The inspection occurred offsite on the following date(s): April 6, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intakes related to a fall with injury. • Five intakes related to alleged staff to resident abuse • Two complaints related to allege abuse and neglect. <p>The following intakes were completed in the Critical Incident Systems inspection:</p> <ul style="list-style-type: none"> • Two intakes related to falls.

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect

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Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (2)

The licensee has failed to ensure that the care set out in the plan of care for the resident was based on their needs and likes.

Rationale and Summary

A complaint regarding a resident was submitted to the Director alleging resident neglect. The complaint indicated that the home failed to provide adequate care for resident. Resident was transfer to outside facility.

On multiple occasions in the month of October the resident was not meeting fluid goals as set in the plan of care. The home failed to refer resident to medical doctor and registered dietician when goals were not met as per the home's policy titled "Food and Fluid Intake Monitoring Policy" (#RC-18-01-01) revised January 2022, indicated that hydration assessments are required when residents have not met the fluid requirement goal over a period of three days.

Failing to ensure residents plans of care are updated and reflective of resident current health can lead to further health decline.

Sources: Discharge summary, Food and Fluid Intake Monitoring policy #RC-18-01-01, Resident clinical records, Interviews with RPN, RN and Administrator.

[741746]

WRITTEN NOTIFICATION: Oral Care

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

Non-compliance with: O. Reg. 246/22, s. 38 (1) (a)

The licensee failed to ensure that resident received oral care in the morning; to maintain the integrity of

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the oral tissue as detailed in resident plan of care.

Rationale and Summary

A complaint was received by the Director, which indicated that resident was not receiving proper oral care as per the resident's plan of care. On a day in April 2023, the inspector observed that mouth care had not been completed for the resident on two occasions during the morning and early afternoon. A review of resident health records indicated that no documentation for mouth care was completed.

There was risk to the well-being of the resident when staff failed to provide oral care for the resident as indicated in the plan of care.

Sources: Complaint letter, observations of resident, resident health records, interviews with DOC and staff.

[741746]

COMPLIANCE ORDER CO #001 Directives by Minister

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 184 (3)

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

The licensee has failed to comply with FLTCA, 2021, s. 184 (3)

The Licensee must ensure that:

1. IPAC Lead or designated manager will re-train Physiotherapist #106, PSWs #115, and #116 on the COVID-19 guidance document for long-term care homes in Ontario regarding universal masking as per the Minister's Directive. Document the date of education provided; the name of the person who provided the education, and the names of the staff who have completed the education. Make this information available to inspectors upon request.
2. IPAC Lead or designated manager will conduct unannounced, bi-weekly audits for one month for Physiotherapist #106, PSWs #115, and #116 on the adherence to universal masking as per the Minister's Directive. Document the audit date, who conducted the audit, names of the staff being audited, corrective actions and audit results. Make this information available to inspectors upon request.

Grounds

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The Licensee failed to comply with the Minister's Directive: Covid-19 Guidance Document for Long-Term Care Homes in Ontario, effective March 31, 2023, when they did not ensure that all staff comply with masking requirements at all times even when they are not delivering direct patient care, including in administrative areas.

On April 11, 2023, PSW #115 was observed wearing a surgical mask below their nose when they were walking through the Lilac resident home area. Residents and staff were present in the area. PSW #115 acknowledged that the mask should have been covering their nose and mouth.

On April 12, 2023, Physiotherapist #106 was observed not wearing a surgical mask while in the physiotherapy room with residents. Physiotherapist #106 confirmed that they should have been wearing a mask while in a room shared with residents.

On April 17, 2023, PSW #116 was observed wearing a surgical mask below their nose when they were walking through the Magnolia resident home area, where residents were present and entered a resident room. PSW #116 acknowledged that the home's expectation for universal masking included covering their nose and mouth.

IPAC Lead confirmed that universal masking was in place and staff were to only remove their mask in designated areas.

Failure to ensure masking requirements were followed could lead to transmission of infection.

Sources: IPAC Standard for Long-Term Care Homes, observations, interviews with IPAC Lead and staff.

[704957]

This order must be complied with by June 30, 2023

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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
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

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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:

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.