



**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 |
|--|---|--------------------------------|--|
| Nov 14, 2013 | 2013_211106_0028 | 830-12, 334- 13, 281-13 | 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 YORK
333 YORK STREET, SUDBURY, ON, P3E-5J3**

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

MARGOT BURNS-PROUTY (106)

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 23, 24, 25, 26, 2013

Logs reviewed as part of this inspection: S-000830-12, S-000334-13, S-000281-13

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Convalescent Care Program Manager, RAI MDS Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Family Members and Residents.

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Dignity, Choice and Privacy

Infection Prevention and Control

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.



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. On September 26, 2013, inspector observed the following:

-at approximately 1000 hrs, in a residents' shared washroom, a yellow stain on the floor at the base of the toilet and a build-up of ground in dirt on the floor

-at approximately 1150 hrs, in a residents' shared washroom, a dried brown stain on the floor near the toilet

-in a residents' shared washroom, toothpaste debris in the sink

-in a residents' shared washroom, dried feces on the edge of the toilet seat

On September 24 and 25, 2013, inspector observed the following:

-on the floor in a residents' shared washroom, ground in dirt and when a moistened paper towel was rubbed on the floor the dirt began to lift and blacken the paper towel

On September 23, 2013, during the initial tour, the inspector observed the following:

-a resident in their wheelchair and the wheelchair was observed to have multiple drip/spill stains on the sides of the seat cushion and other areas of the seat that were visible as the resident was seated in wheelchair

The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary. [s. 15. (2) (a)]

2. On September 23, 2013, during the initial tour of the home the inspector observed the following:

-on the fifth floor on the lower part of the wall outside the dining room near the elevator, peeling paint and exposed drywall

-on the fifth floor in the dining room on the servery 1/2 wall an area of chipped paint approximately 12" x 8" and at the base of this wall a hole/pushed in area approximately 5" x 10"

-on the 4th floor a hole in the dining room wall at the base of the wall, near the doors which are opposite the nursing station and further from the servery

-on the 3rd floor in the dining room, a large white drywall patch on the servery 1/2 wall approximately 18" x 9"

-on the 3rd floor in the dining room, chipped drywall and metal drywall corner exposed on the corner near closet that holds resident aprons/clothing protectors

The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]



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 the home, furnishings and equipment are kept clean and sanitary and are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. Resident # 001's archived paper chart and electronic health care records were reviewed by the inspector. Three "EO Head to Toe Skin Assessment Jan. 2011" skin assessments were found, which were completed on admission and two other dates after admission. Progress notes for resident #001 were also reviewed by the inspector.

Subsequent to the above dates, a progress note by a RPN indicated that they observed that resident #001 had altered skin integrity. A progress note dated the same day, by a RN indicated they observed that resident #001 had altered skin integrity. No completed skin assessments using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment were found for resident #001 regarding this altered skin integrity.

On a later date, a progress note by a Registered Staff member indicated that they observed that resident #001 had altered skin integrity. No completed skin assessments using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment were found for resident #001 regarding this altered skin integrity.

The licensee failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

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 residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. On September 26, 2013, inspector observed a RPN walking towards a resident's room with a paper cup in their hand and gloves on. The RPN and inspector entered a resident's room, where the resident's brief was being changed by 2 PSWs. The RPN was observed to reposition the resident's roommate in their wheelchair. The RPN did not practice hand hygiene or change gloves prior to administering the resident's medication. The licensee failed to ensure that all staff participate in the implementation of the infection prevention and control program. [s. 229. (4)]

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 all staff participate in the implementation of the infection prevention and control program, specifically in regards to hand hygiene and medication administration, to be implemented voluntarily.

WN #4: 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 Health care record for resident #001 was reviewed. During one week resident #001 is documented as receiving only one bath as they refused one of their regularly scheduled baths, there is no documentation to indicate staff bathed them at a different time during that week. The licensee failed to ensure that resident #001 was bathed at a minimum of twice per week. [s. 33. (1)]



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Issued on this 15th day of November, 2013

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

A handwritten signature in black ink, appearing to be "J. [unclear]", written within a rectangular box.