



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

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

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

**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
Jan 17, 2014	2014_283544_0001	S-000154, 155, 167-13	Critical Incident System

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

FRANCA MCMILLAN (544)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 14, 15, 16, 2014

Log # S-000154-13

Log # S-000155-13

Log # S-000167-13

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistant Directors of Care, Pharmacist, Registered Staff, Health Care Aides/Personal Support Workers, Activity Co-ordinator, and Residents

During the course of the inspection, the inspector(s) - directly observed the delivery of care and services to the residents

- conducted daily observations of staff to resident interactions**
- observed the activities and routines of the residents named in the critical incidents**
- reviewed policies and procedures relating to Falls Prevention and Management**
- reviewed policies and procedures relating to Continence Care and Bowel Management**
- reviewed health care records, medication administration records, treatment administration orders**
- reviewed nursing care plans**
- reviewed RAI/MDS assessments**
- reviewed the numbers of direct care staff who received training in the Falls Prevention and Management Program**
- reviewed minutes of monthly Falls Prevention and Management meetings**
- reviewed attendance records of the staff who attended in-service and training in Falls Prevention and Management**

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

Findings of Non-Compliance were found during this inspection.



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
<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 O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The Inspector reviewed two Critical Incidents related to resident # 001. On a particular day in March 2013, resident # 001 had a fall, which resulted in a fracture. On another day in April, 2013, resident #001 had another incident which resulted in another fracture.

The Inspector reviewed the home's policy regarding its Falls Prevention and Management Program, which includes the Falling Star Program, The High-Low Bed Instruction and Operation and Falls Matt Program, and Personal Assistance Service Devices (PASD's). This new policy, Falls Prevention and Management Program Version 2013 Policy Reference # RESI-10-02-01 was introduced April 2013.

The Inspector reviewed in-service documentation and staff attendance records which identified that only twenty-eight (28) registered staff out of the fifty-three (53) received training on the new Policy Reference # RESI-10-02-01 on April 24, 2013.

The Inspector interviewed staff # 109, who confirmed that no additional training was completed in 2013, with any other staff who provide direct care to the residents specific to the Falls Prevention and Management Program.

The licensee failed to ensure that the Falls Prevention and Management training was provided to all staff who provide direct care to residents. [s. 221. (1) 1.]



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Issued on this 17th day of January, 2014

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

Manca McNeil #544