



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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 27, 2019	2019_714673_0006	015614-17, 016784- 18, 017727-18, 018482-18, 028492- 18, 029349-18	Critical Incident System

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

Long-Term Care Home/Foyer de soins de longue durée

Extendicare Bayview
550 Cummer Avenue NORTH YORK ON M2K 2M2

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

BABITHA SHANMUGANANDAPALA (673), HELENE DESABRAIS (615)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): June 17-20, 2019.

The following Critical Incident System (CIS) intakes were inspected during this inspection:

**Log #017727-18, CIS report #2460-000011-18 related to falls;
Log #018482-18, CIS report #2460-000012-18 related to falls;
Log #028492-18, CIS report #2460-000016-18, related to falls;
Log #016784-18, CIS report #2460-000010-18, related to falls;
Log #029349-18, CIS report #2460-000017-18 related to falls and reporting, and
Log #015614-17, CIS report #2460-000011-1, related to abuse.**

Off site interviews were conducted on June 26, 2019.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care (ADOC), Quality Risk Management Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Environmental Service Manager, Personal Support Workers (PSW), residents and family members.

During the course of the inspection, the inspector(s) conducted observations of staff and resident interactions and the provision of care, reviewed resident health records, staff training records, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Critical Incident Response
Falls Prevention
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints**

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

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s.48 (1) 1 and in reference to O. Reg. s. 49 (1), the licensee was required to have a Falls Prevention and Management Program that provided for strategies to reduce or mitigate falls.

Specifically, staff did not comply with the licensee's policy titled Falls Prevention and Management Program, RC-15-01-01, dated February 2017, which is part of the licensee's Falls Prevention and Management Program.

A Critical Incident System (CIS) report was submitted to the Ministry of Health and Long-Term Care on a specified date, related to a fall involving a specified injury and change in condition for resident #005.

A record review of the home's policy titled Falls Prevention and Management Program indicated that all residents who have a change in condition that could potentially increase the resident's risk of falls/fall injury, or after a serious fall injury should be screened using the Scott Fall Risk Screen.

A review of resident #005's progress notes, assessments, and written plans of care between the time period approximately two months previous, and two weeks after the date of the identified fall, indicated that resident #005 experienced identified changes to their physical functioning, and multiple changes in their care needs. A record review of resident #005's completed assessments did not indicate that the Scott Fall Risk Screen had been completed after the identified fall.

In an interview, ADOC #101 acknowledged that following resident #005's serious fall injury and changes in care needs, they had not been reassessed using the Scott Fall Risk Screen as per the home's expectation. [s. 8. (1) (a),s. 8. (1) (b)]



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Issued on this 27th day of June, 2019

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

Original report signed by the inspector.