


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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: June 30, 2023	
Original Report Issue Date: May 29, 2023	
Inspection Number: 2023-1336-0003 (A1)	
Inspection Type: Complaint	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Cobourg, Cobourg	
Amended By Rodolfo Ramon (704757)	Inspector who Amended Digital Signature 

AMENDED INSPECTION SUMMARY


This report has been amended to:

- Reflect a change in resident numbers in Written Notification #004
- Reflect a change in the home areas affected in Written Notification #001

The inspection #2023-1336-0003 was completed on May 18, 2023.

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Amended Licensee Report (A1)	
Amended Report Issue Date: June 23, 2023	
Original Report Issue Date: May 29, 2023	
Inspection Number: 2023-1336-0003 (A1)	
Inspection Type: Complaint	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Cobourg, Cobourg	
Lead Inspector Rodolfo Ramon (704757)	Additional Inspector(s) Jennifer Brown (647)
Amended By Rodolfo Ramon (704757)	Inspector who Amended Digital Signature 

AMENDED INSPECTION SUMMARY

This report has been amended to:

- Reflect a change in resident numbers in NC #004
- Reflect a change in the home areas affected in NC #001

The inspection #2023-1336-0003 was completed on May 18, 2023.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 15, 16, 17, 18, 2023.

The following intake(s) were inspected:

- Intake: #00015591 – A complaint related to bowel and bladder incontinence.
- Intake: #00016740 – A complaint related to maintenance services, menu planning, and continence.
- Intake: #00085800 – A complaint related to medication administration and neglect.

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

Resident Care and Support Services
Contenance Care
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Staffing, Training and Care Standards

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: AIR TEMPERATURE

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary

The Ministry of Long-Term Care ActionLine received a complaint regarding the temperature in the home. A review of the complaint indicated that on a day in December, 2022, there was no heat in resident rooms.

The temperature report indicated the temperature in a resident home area reduced below 22 degrees.

The Environmental Services Manager (ESM) indicated that there had been a power disruption during this time and verified that the home was not maintained at a minimum of 22 degrees Celsius.

Failure to not maintain a minimum temperature of 22 degrees Celsius posed a risk to declining health conditions of residents and overall comfort in the affected home areas.

Sources: Complaint intake, observations of unit thermostats and thermostat sensors, record review of the temperature report, and interviews with the Complainant, Environmental Service Supervisor (ESS), Environmental Service Manager (ESM) and other staff.

[647]

WRITTEN NOTIFICATION: CONTINENCE CARE AND BOWEL MANAGEMENT

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)

The licensee failed to ensure that residents #004 and #006 were assessed using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

Rationale and Summary

The Ministry of Long-Term Care ActionLine received a complaint regarding resident #004 and #006's continence care management.

Resident #004 and resident #006's plan of care indicated they required assistance with continence care. A review of the residents' assessments indicated no assessment was completed.

The continence program lead indicated that a continence assessment was required to be done for all residents upon admission and following a significant change in their health.

The continence lead verified no assessment was done for resident #004 and #006. Failure to complete the assessment placed the residents at risk of not having their needs met.

Sources: Review of resident #004 and #006's assessments, interview with the continence program lead. [704757]

WRITTEN NOTIFICATION: CONTINENCE CARE AND BOWEL MANAGEMENT

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

The licensee has failed to ensure that a resident's plan to promote and manage bowel and bladder continence was implemented.

Rationale and Summary

The Ministry of Long-Term Care ActionLine received a complaint related to a resident continence care management.

A review of the resident's plan of care indicated they required assistance with continence care.

During observations conducted by the Inspector, the resident did not receive the required assistance as specified in their plan of care. The continence program lead stated staff were required to follow the resident's plan of care's strategies to promote and manage continence.

Failure to implement the plan to promote and manage continence placed the resident at risk of not having their needs met.

Sources: Resident's plan of care, Observations, Interviews with PSW #104, #107, #113, and the continence lead.

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[704757]

WRITTEN NOTIFICATION: MENU PLANNING

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

The licensee has failed to ensure that the planned menu items were offered and available at each meal and snack.

Rationale and Summary

The Ministry of Long-Term Care ActionLine received a complaint regarding the availability of menu items during meal service. A review of the complaint indicated that on several occasions, the home did not have the required items for a specified therapeutic diet.

On four occasions during the inspection, the Inspector observed a resident did not receive the menu items they were required to. The Food Service Supervisor indicated the items were not available. The resident was offered no substitution for the missed items.

Failure to follow the therapeutic menu posed a risk to the resident as their nutritional intake was lower than required.

Sources: Complaint intake, observation of meal service, record review of therapeutic production sheets, and interviews with the Complainant, Food Service Supervisor (FSS), Registered Dietician (RD), Cook, and other staff.

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