



**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
Dec 21, 2018	2018_414110_0020	025315-18	Follow up

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 Guildwood
60 Guildwood Parkway SCARBOROUGH ON M1E 1N9

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

DIANE BROWN (110)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 17 and 18, 2018.

The purpose of this visit was to conduct a follow up inspection to Order #001 issued in inspection report #2018_594624_0009 on September 7, 2018, under LTCHA 2007, c.8. s. 6 (1).

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Physiotherapist, Registered Nurse, Personal Support Worker, Family and Residents.

The following Inspection Protocols were used during this inspection:
Minimizing of Restraining

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

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2018_594624_0009		110

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>Légende</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. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.



This inspection was initiated in follow up to Order #001 issued in inspection report #2018_594624_0009 on September 7, 2018, under LTCHA 2007, c.8. s. 6 (1).

On two identified dates and times an observation was made of an identified resident's bed and bed related interventions.

An interview with the identified resident, #017, was inconclusive as to whether they used the bed related interventions however, an identified substitute decision maker (SDM) confirmed resident #017's use of the bed related interventions.

A record review of the Minimum Data Set (MDS) assessment on an identified date, identified the resident using the bed related interventions.

A record review of an identified bed related assessment, dated weeks later, stated that the bed related interventions were not recommended. The assessment was completed by RN #103 and Physiotherapy (PT) #102.

A record review of progress notes identified a PT note that indicated a response to a referral related to resident #017's bed related interventions. The progress note documented the PT assessment in that the bed related intervention was not recommended but instead recommended identified fall prevention interventions .

An interview with PT #102 confirmed they had received a referral for resident #017 and documented that the bed related interventions were not required by the resident and that fall prevention strategies were recommended.

An interview with RN #103 confirmed the presence of the bed related interventions on resident #017's bed system on an identified date by way of an observation with the inspector. The RN revealed they had completed the bed related assessment which identified that the bed related interventions be removed. The RN could not recall following up on the assessment recommendations.

An interview with PSW #104 revealed that they were the full time PSW on the day shift for resident #017. The PSW confirmed that bed related interventions were in place on resident #017's bed however fall prevention recommendations were not.

A review of resident's written plan of care did not include fall prevention interventions.



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An interview with the Director of Care confirmed that the removal of the bed related interventions and implementation of fall prevention strategies or interventions had not been provided to the resident as set out in the resident's plan of care.[s. 6. (7)]

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 care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.

Issued on this 21st day of December, 2018

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

Original report signed by the inspector.