

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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
Mar 30, 2021	2021_784762_0006	016741-20, 022521- 20, 001457-21	Complaint

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 Scarborough
3830 Lawrence Avenue East Scarborough ON M1G 1R6

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

MOSES NEELAM (762)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 10-12, 15-18, and 22, 2021

The following Complaint intakes were inspected upon during this Complaint Inspection:

Log related to falls and infection control

Log related to falls, grooming, resident rights, continence, infection control, complaints and medication administration

Log related to infection control and bathing

During the course of the inspection, the inspector(s) spoke with Residents, the administrator, Regional Director (RD), Director of Care (DOC), Social Worker (SW), Physiotherapist (PT), Complainants, Registered Nurses (RNs), Registered Practical Nurses (RPNs), and Personal Support Workers (PSWs).

During the course of the inspection, the inspector(s) toured residents' home areas, conducted observations, reviewed clinical records and reviewed relevant policies.

PLEASE NOTE:

- A Written Notification and Voluntary Plan of Correction (VPC) related to LTCHA, 2007, c.8, s.6. (1)(c), was identified in inspection # 2021_784762_0007 and has been issued in this inspection.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Infection Prevention and Control

Medication

Personal Support Services

Reporting and Complaints

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

**3 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care has clear direction to staff and others who provide direct care to residents #001 and #009.

1. An observation conducted, indicated that resident #001 did not have a care planned item on the side of their bed during the day. In different interviews, RN #100 and PT #116 indicated that the resident was to have this item only during the night as it could lead to an incident which could cause injury. This put the resident at minimal risk of having an incident that could lead to an injury as there was no clear direction as to when to use this item.

Sources: Observations; Care plan; Interviews with RN #100 and PT #116

2. An observation conducted, indicated that resident #009 did not have a care planned item on the side of their bed during the day. In different interviews, PSW #101, RPN #110 and PT #116 indicated that the resident was to have this item only during the night as it could lead to an incident that could cause injury. This put the resident at minimal risk of having an incident that could lead to an injury as there was no clear direction as to when to use this item.

Sources: Observation; Care plan; Interviews with PSW #101, RPN #110 and PT #116 [s. 6. (1) (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 plan of care has clear direction to staff and other who provide direct care to residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to send written complaints concerning the care of residents and operation of the long-term care home to the Director immediately.

Multiple written complaints were sent to RD #107 in relation to the care of residents and the operations of the home by complainant #106. These same complaints were received by the MLTC at a later date. In an interview RD #107 indicated that the letters were not sent to the Director as they appeared to be concerns around issues that had been resolved verbally. However, they acknowledged that they should have been sent to the Director. As a result, there was minimal risk of harm to the residents as the issues were addressed on previous occasions.

Sources: Communication between RD #107 and Complainant #106; Interviews with RD #107 and Complainant #106. [s. 22. (1)]

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 to send written complaints concerning the care of residents and operation of the long-term care home to the Director immediately, 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. The licensee has failed to ensure that all staff participate in the implementation of the Infection prevention and control program.

During observations, PSW #101 was observed feeding a resident in their room. The resident was on droplet precaution, and the PSW was observed to be without a gown, however, the staff had a face shield and mask on. In separate interviews DOC #112 and PSW #101, indicated that donning a gown, mask, gloves and face shield was the expectation of the homes infection prevention and control policy, when a resident is on droplet precautions. The PSW #101 indicated that the resident had been tested negative for COVID-19 and that the home was on a suspect outbreak, as a result, did not think of it as a risk, however, acknowledged that the home required for the staff to put on the gown when entering a residents room with droplet precautions. DOC #112 confirmed that the resident was tested negative, however, the staff was expected to put the gown on as a precaution. As a result, this put other residents at minimal risk of exposure to COVID-19.

Sources: Observation on March 11, 2021 at 0910 hours and interviews with DOC #112 and PSW #101 [s. 229. (4)]

Issued on this 12th day of April, 2021

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

Original report signed by the inspector.