



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

**Rapport d'inspection
prévus le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 416-325-9297
1-866-311-8002

Téléphone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 16, 17, 18, 24, 25, 26, 2011	2011_162_2460_16May094014	Complaint Log # T640-11
Licensee/Titulaire Extendicare Canada Inc. 3000 Steeles Avenue East Markham, ON L3R 9W2 (905) 470-4000		
Long-Term Care Home/Foyer de soins de longue durée Extendicare Bayview 550 Cummer Avenue North York, ON M2K 2M2 (416) 226-1331 Fax: (416) 226-2745		
Name of Inspectors/Nom de l'inspecteurs Tiina Tralman 162 Tiziana Picardo 195		
Inspection Summary/Sommaire d'inspection		

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

During the course of the inspection, the inspector spoke with: Personal Support Workers (PSW), Registered Staff, Physiotherapist, Occupational Therapist, Social Worker, Food Service Manager, Registered Dietitian, Acting Director of Care, and Administrator.

During the course of the inspection, the inspector reviewed the care plan, progress notes, assessments, reviewed policies and procedures, observed food production, and meal service.

The following Inspection Protocols were used in part or in whole during this inspection:

Personal Support Services

Pain

Accommodation Services – Housekeeping

Dining Observation

Food Quality

Hospitalization and Death

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

[6] WN

[4] VPC

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Régleur envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 les foyers de soins de longue durée.

Non-respect avec les exigences sur la Loi de 2007 les foyers de soins de longue durée a trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN # 1 - The Licensee has failed to comply with LTCHA, 2007, c 8, s. 6 (10)(b). The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary

Findings:

1. A meeting was held with Management and an identified resident addressing the safety concerns involving the use of a personal assistive device in the home related to health condition.
2. A care conference was held between Management and an identified resident to set goals regarding the use of a personal assistive device.

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WN # 2 - The Licensee has failed to comply with O. Reg. 79/10, s. 52 (2)

Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Findings:

1. Identified resident time of assessment and post assessment related to pain where not completed in accordance with home's pain policy which states "resident with PRN or as necessary pain medication orders will be assessed for pain prior to the administration of the pain medication and then no sooner than 30 minutes after the medication administration".
2. The Pain Assessment Tool was not completed for reassessment as required in the policy: "Pain Score: 8 and greater. Frequency of Assessment: Reassess weekly until lower score is achieved". The frequency of assessment was not completed weekly until lower score is achieved for identified resident.

Inspector ID #: 162

Additional Required Actions:

VPC - pursuant to the Licensees Act, 2007, S.O. 2007, c.8, s.152 (2) the licensee is hereby requested to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

WN # 3 - The Licensee has failed to comply with O. Reg. 79/10, s. 8 (1)(a)(b). 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 all applicable requirements under the Act; and**
- (b) is complied with.**

Findings:

O. Reg. 79/10, s. 48(1) requires the licensee to develop and implement a pain management program to identify pain in residents and manage pain. The licensee has developed a policy entitled "Pain". The licensee did not comply with their policy entitled "Pain" in completing the Pain Assessment Tools as required by the policy.

The licensee did not comply with their policy entitled "Pain" and completing Pain Assessment Tools as required by the policy for an identified resident.

1. Identified resident time of assessment and post assessment related to pain where not completed in accordance with home's pain policy which states "resident with PRN or as necessary pain medication orders will be assessed for pain prior to the administration of the pain medication and then no sooner than 30 minutes after the medication administration".
2. The Pain Assessment Tool was not completed for reassessment as required in the policy: "Pain Score: 8 and greater. Frequency of Assessment: Reassess weekly until lower score is achieved". The frequency of assessment was not completed weekly until lower score is achieved for identified resident.

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Additional Required Actions:

VPC - pursuant to the Licensees Act, 2007, S.O. 2007, c.8, s.152 (2) the licensee is hereby requested to ensure that plan, policy, protocol, procedure, strategy or system is in compliance with and is implemented in accordance with all applicable requirements under the Act; and is complied with, to be implemented voluntarily.

WN # 4 - The Licensee has failed to comply with **O. Reg. 79/10, s. 101 (1)2**. Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

(2) For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

Findings:

1. Identified resident did not receive a written response to questions outlined in a letter to the home.
2. A care conference was held between Management and identified resident.
3. The home did not forward follow-up written response from the care conference that was held between Management and the identified resident.

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WN # 5 - The Licensee has failed to comply with **LTCHA, 2007, c. 8, 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.

Findings:

1. The licensee did not immediately forward to the Director two written complaint letters.

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Additional Required Actions:

VPC - pursuant to the *Licensees 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 the licensee 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, to be implemented voluntarily.

WN # 6 - The Licensee has failed to comply with **LTCHA, 2007, c. 8, s. 6 (1)(c)**. Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. Identified resident's current care plan does not is not specific to the resident's current needs.



2. Electronic copy of the care plan was not updated to reflect hand-written changes. No date of care plan initiation or revision date was identified on the hand-written copy of the care plan.

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Additional Required Actions:

VPC - pursuant to the Licensees 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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report: