



**Ministry of Health and
Long-Term Care**

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

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

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

Health System Accountability and Performance
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Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Apr 25, 26, 27, 30, 2012	2012_043157_0014	Complaint
Licensee/Titulaire de permis		
EXTENDICARE (CANADA) INC. 3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2		
Long-Term Care Home/Foyer de soins de longue durée		
EXTENDICARE COBOURG 130 NEW DENSMORE ROAD, COBOURG, ON, K9A-5W2		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs		
PATRICIA POWERS (157)		

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Program Manager, President of the Residents' Council, an identified resident and the resident's spouse, three Personal Support Workers (PSW's), one Registered Practical Nurse (RPN).

During the course of the inspection, the inspector(s) observed housekeeping standards and procedures throughout the home, reviewed the clinical health record and plan of care for an identified resident, reviewed minutes of Residents' Council Meetings, activity and recreation calendar and "Callpoint Detailed Activity Report by Location" for resident call system.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Recreation and Social Activities

Residents' Council

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council
Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

- When the Residents' Council has advised the licensee of concerns or recommendations, the licensee has failed to provide a written response within 10 days of receiving the advice, as evidenced by:
 - At the December 14, 2011 Residents' Council Meeting, members expressed concern that staff shut off call bells and say they will return but they do not and call bells ring for excessive periods of time with no response. The home's records indicate this was also reported on November 17th and 19th, 2011. The licensee did not respond to the concern, instead advising family members they were welcome to make an appointment to discuss their concerns.
 - At the January 20, 2012 Residents' Council Meeting members expressed concern that new sanitary pads/liners are too small, too short and thin and recommended that a float nurse be added from 5:00pm to 10:00pm. The licensee did not provide a written response to these issues.
 - At the February 23, 2012 Residents' Council Meeting members repeated their request for a float nurse to help at busy times, expressed a concern that talcum powder was removed from all rooms without consultation, requested that resident rooms be dusted, expressed concern about an identified resident's room being cold and expressed concern that staff are discussing their complaints about the the home in the presence of residents and families. The licensee did not provide a written response to the concerns about staff complaints, a written response about dusting and room temperature was not provided within 10 days(written response was provided March 12, 2012). The written response to concerns about the removal of talcum powder inaccurately communicates that this is a "Ministry Guideline" for resident safety.
 - At the March 22, 2012 Residents' Council Meeting members repeated their concern that staff are still not responding to call bells. There was no written response to this issue from the licensee.[s.57.(2)]

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 when the Residents' Council has advised the licensee of concerns or recommendations, the licensee provides a written response within 10 days of receiving the advice, to be implemented voluntarily.



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Issued on this 30th day of April, 2012

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

Pat Powers #157