



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 14, 2013	2013_225126_0029	O-000793- 13, O- 000567-13	Complaint

Licensee/Titulaire de permis

**EXTENDICARE NORTHEASTERN ONTARIO INC
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2**

Long-Term Care Home/Foyer de soins de longue durée

**EXTENDICARE MEDEX
1865 BASELINE ROAD, OTTAWA, ON, K2C-3K6**

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

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 31 and
November 1, 2013

During the course of the inspection, the inspector(s) spoke with the
Administrator, the Director of Care, the Social Worker, one Registered Nurse and
one Registered Practical Nurse, the Support Services Manager and the resident.

During the course of the inspection, the inspector(s) reviewed the resident
health care record, measured the resident's bathroom opening door frame and
wheelchair base, measured the basement bathroom opening door frame and
observed care and services provided to residents.

The following Inspection Protocols were used during this inspection:
Admission Process

Dignity, Choice and Privacy

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



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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.)

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

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :



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The licensee failed to comply with LTCHA, 2007, S. O. 2007, c. 8, s. 6. (2) in that the licensee did not ensure that the plan of care was based on the assessment of a resident's continence needs and preferences. The continence needs of this resident have not been properly identified within the structural limitations of the home.

On a specified date in March 2012, Resident # 1 was admitted to Extendicare Medex. Upon arrival, Resident #1 expressed concerns regarding the home's structural environment and the barriers to reach the bathroom and expressed the need to be relocated to another home.

On October 31, 2013, Inspector #126 interviewed Resident #1, who indicated frustration with the home as their continence needs have not always been met. Resident #1 is alert and oriented to time, place and person, is continent of bowel and bladder but cannot use the toilet in the room, because of structural limitations of the home.

Resident #1 uses the toilet in the locked tub room near the bedroom; the basement handicapped toilet located in a non-residential care area, as well as the public handicapped toilets in the businesses across the 4 lane road from the home. The utilization of these toilets permits the resident to maintain an independent toileting routine. Resident #1 can transfer independently and safely to the toilet.

On October 31, 2013 interview with the Administrator indicated that she was aware that Resident #1 was utilizing the tub room toilet and the basement toilet and that she was under the impression that it was the resident's own personal preference. She was not aware that it was due to the structural constraints to use the bathroom.

On October 31, 2013, interview with Social Worker (SW) indicated that Resident #1 is presently on a waitlist for other long term care homes. SW indicated that she has been working closely with Resident #1 to find an alternate living accommodation. When SW was asked about the bathroom accessibility limitations of Resident #1, she indicated she was unaware that Resident #1 toileting needs were not being met due to the structural environment of the home.

On October 31, 2013, interview with staff (S) # 100 indicated that Resident #1 cannot use the toilet in the bedroom due to the structural limitations of the home. S#100 indicated that Resident #1 did not have any falls related to transferring during toileting.



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On November 1, 2013, interview with S# 102 indicated he/she was aware that Resident #1 bed room toilet was not accessible and that Resident #1 used the toilet in the tub room and the toilet in the basement.

On November 1, 2013, Resident #1 met with Inspector #126, the SW and the DOC to discuss the re-evaluation of the resident's placement needs to ensure that continence needs are met at all times.

The plan of care of Resident #1 was reviewed. Conflicting information was documented related to toileting needs of Resident #1. The plan of care of Resident #1 is not reflecting the assessment based on the actual toileting needs and preferences of the resident related to the structural limitations of the home. [s. 6. (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 Resident #1 toileting care needs and preferences are reassess to meet and maintain independence and dignity related to continence needs., to be implemented voluntarily.

Issued on this 14th day of November, 2013

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