



**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 10, 2013	2013_196157_0020	000256/000 260	Complaint

Licensee/Titulaire de permis

EXTENDICARE CENTRAL ONTARIO INC
82 Park Road North, OSHAWA, ON, L1J-4L1

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

EXTENDICARE PETERBOROUGH
80 ALEXANDER AVENUE, PETERBOROUGH, ON, K9J-6B4

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

PATRICIA POWERS (157)

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 15, 16, 17, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Environmental Services Manager, a volunteer/family member, President of the Resident Council, residents and registered nursing staff.

During the course of the inspection, the inspector(s) reviewed the clinical health records and care provision records of identified residents, observed the physical environment, observed staff:resident interactions, reviewed licensee policies and procedures related to carpet cleaning, distribution of personal clothing, staff deployment and personal hygiene and grooming, reviewed job routines for PSW, housekeeping and laundry staff, reviewed work assignments and records of tasks completed related to carpet cleaning, reviewed spring/summer menus for 2013, fall/winter menus for 2013, reviewed Food Committee Meeting minutes, observed meal service.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Dining Observation

Food Quality

Personal Support Services

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :



1. Log #000256-13; #000260-13

The licensee failed to ensure that each resident of the home is bathed, at a minimum, twice a week and more frequently as determined by the resident's hygiene requirements.

A review of clinical health records for September and October, 2013 indicates that five identified residents did not consistently receive two baths per week.

Plans of care directed that the residents were to be bathed twice a week. [s. 33. (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 that each resident of the home is bathed, at a minimum, twice a week and more frequently as determined by the resident's hygiene requirements, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



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1. Log #000256-13

The licensee failed to ensure that the carpets are kept clean and sanitary.

Carpets in the corridors of the second and third floor resident care areas appear stained and dirty. Inspector observed a very distinct line down the centre of the corridor on the third floor, appearing that one side of the corridor had been cleaned and the other side had not.

The licensee policy provided to the inspector:

"Carpet Cleaning (Wet Extraction)" HKLD 05-03-05; Directs that "All carpets need to be cleaned with this method yearly and up to every six months for areas attracting heavy soil, i.e. front entrance"

A manager reports that carpets in the home are to be cleaned quarterly and on occasion the home hires an outside contractor to clean carpets (last invoice provided was dated September 17, 2012).

The carpet cleaning schedule provided, assigns carpet cleaning to the 5:30 - 11:00 janitor and directs that carpets are to be cleaned in "Jan, Feb, March" and "Apr, May, June". The schedule does not assign a specific a month and the manager agreed this could result in a six month period before carpets are cleaned again. There is no documentation to support when cleaning was last completed and the licensee was unable to provide this information. [s. 15. (2) (a)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).



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Findings/Faits saillants :

1. The licensee failed to ensure the provision of appropriate furnishings at an appropriate height in resident dining areas.

Dining room furnishings were noted to not be at an appropriate height for an identified resident. [s. 73. (1) 11.]

Issued on this 14th day of November, 2013

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

Pat Powers #157