



**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**

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

**Division des foyers de 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 # / Registre no	Type of Inspection / Genre d'inspection
Jun 26, 2017	2017_563670_0009	009507-17	Resident Quality Inspection

Licensee/Titulaire de permis

S & R NURSING HOMES LTD.
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

AFTON PARK PLACE LONG TERM CARE COMMUNITY
1200 AFTON DRIVE SARNIA ON N7S 6L6

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

DEBRA CHURCHER (670), ALISON FALKINGHAM (518), CAROLEE MILLINER (144)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): May 23, 24, 25 and 26 2017.

The following intakes were completed within the RQI:

Log# 014512-15 CIS# 2872-000012-15 related to a controlled substance missing or unaccounted for.

Log# 016541-16 CIS# 2872-000009-16 related to alleged abuse or neglect.

Log# 019684-16 CIS# 2872-000014-16 related to alleged abuse or neglect.

Log# 030717-16 CIS# 2872-000019-16 related to alleged improper or incompetent treatment of a resident.

Log# 035105-16 CIS# 2872-000018-14 related to a controlled substance missing or unaccounted for.

Log# 001461-17 CIS# 2872-000003-17 related to a fall with injury.

Log# 004668-17 CIS# 2871-000007-17 related to alleged abuse and neglect.

During the course of the inspection, the inspector(s) spoke with 20 + residents, the representative of the Family Council, representative of the Resident's Council, the Administrator, the Manager of Resident Care, seven Personal support workers, fourteen Registered Practical Nurses, one Registered Practical Nurse RAI Coordinator and one Life Enrichment Aide.

During the course of the inspection, the inspectors toured all resident home areas, medication rooms, observed medication administration and medication count, the provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices and reviewed resident clinical records, posting of required information and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:



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**Contenance Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**

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

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



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. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that one resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

The resident's treatment administration record for a specific time frame included treatment for altered skin integrity.

The resident's progress notes, on a specific date included documentation related to altered skin integrity. On review, the clinical record for the resident did not include a skin assessment of the area of altered skin integrity by a member of the registered nursing staff.

An RPN said that they did not know the status of the area of the altered skin integrity on the resident, that skin assessments were completed when there was a change in the resident's condition and that a skin assessment should have been done when the area of altered skin integrity was observed.

An RPN stated the area of altered skin integrity on the resident had healed the previous week and that the treatment had been discontinued. The RPN said a skin assessment should have been completed when the area of altered skin integrity was identified.

The Manager of Resident Care (MRC) acknowledged that registered staff had initiated treatment on specific date, for an area of altered skin integrity on the resident and agreed that the resident exhibited altered skin integrity and did not receive a skin assessment by a member of the registered nursing staff.

The severity was determined to be minimal harm or potential for actual harm. The scope was determined to be isolated and the home has a compliance history of one or more related noncompliance in the past three years. [s. 50. (2) (b) (i)]



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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

Review of the electronic clinical record related to bowel continence showed that over a six month period the resident's continence level changed from continent with complete control to incontinent with inadequate control all or almost all of the time.

Review of the electronic clinical record for bladder continence showed that over a six



month period the resident's continence level changed from continent with complete control to usually continent with incontinent episodes once a week or less.

Review of the electronic clinical record stated resident's urinary continence has changed as compared to status of 90 days ago and had deteriorated.

Policy RCM 10-01-02 Bladder and Bowel Continence revised April 27, 2016 stated, "Each resident bowel and bladder functioning, including individual routines and the resident's level of continence shall be assessed within seven days of admission as part of the multidisciplinary team assessment and reassessed when there is any change in the resident's bowel or bladder function/continence level".

A Registered Practical Nurse (RPN) stated that a continence assessment should be done on admission, quarterly or with any change. The RPN reviewed the documentation for the resident with the Inspector and the RPN acknowledged that the most recent continence assessment was completed five months prior to the change in condition.

Interview with a Registered Practical Nurse RAI Coordinator who stated that continence assessments should be done on admission and with any change. They also shared that the most recent continence assessment that they could find was on a specific date and continence assessments should have been done on two separate subsequent dates related to a change in both bowel and bladder continence.

Interview with the Manger of Resident Care (MRC) who stated that continence assessments are to be done on admission and with any changes in continence level. The Inspector reviewed the electronic record documentation with the MRC who stated that they would have expected to see continence assessments with the changes in continence levels.

The severity was determined to be minimal harm or potential for actual harm. The scope was determined to be isolated and the home has a compliance history of one or more related noncompliance in the past three years. [s. 51. (2) (a)]



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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 ensure that, each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

Issued on this 29th day of June, 2017

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

Original report signed by the inspector.