

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

Rapport d'inspection prévue
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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Nov 27, 2019 | 2019_563670_0042 | 020445-19 | Complaint |

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)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 20, 21 and 22, 2019.

The purpose of this inspection was to inspect complaint Log#020445-19 IL-71392-LO related to concerns regarding skin and wound, fall prevention and nutrition.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Manager of Resident Care, one Registered Nurse Wound Care Champion, two Registered Practical Nurses, the Manager of Food Services, the Assistant Manager of Resident Care, three Personal Support Workers and one Dietary Aide.

During the course of this inspection the inspector observed the overall cleanliness and maintenance of the home, observed staff to resident interactions, observed the provision of care, observed a meal service, reviewed relevant resident clinical records, reviewed relevant internal records and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Nutrition and Hydration
Skin and Wound Care**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

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 has failed to ensure that resident #001 and resident #003, who were exhibiting a specific condition, were reassessed at least weekly by a member of the registered nursing staff.

The Ministry of Long-Term Care received a complaint IL-71392-LO on October 22, 2019, related to care concerns for resident #001.

A) Review of resident #001's clinical record showed an initial assessment of a specific condition on a specific date. Resident #001's Treatment Administration Records (TAR's) showed that weekly specific assessments were scheduled for seven specific dates. The inspector was unable to locate the completed specific weekly assessments for six specific dates.

Review of resident #001's progress notes showed that staff had noted specific conditions on four separate dates.

The inspector was unable to locate any completed specific assessments for the above noted specific conditions.

During an interview with the Manager of Resident Care (MRC) #102, they were also

unable to locate the specific weekly assessments that the inspector was unable to locate. MRC #102 acknowledged that the specific weekly assessments should have been completed and scheduled until the condition was resolved.

B) Review of resident #003's clinical record showed that the resident had a specific condition noted on a specific date and had an initial specific weekly assessment on the specific date that the specific condition was discovered.

Review of resident #003's TAR's showed that specific weekly assessments were scheduled to be completed on four specific dates.

The Inspector was unable to locate completed weekly assessments for the specific condition for the four specific dates.

Review of resident #003's clinical record showed that resident #003 sustained three specific conditions on a specific date. Review of resident #003's TAR's showed that specific weekly assessments were scheduled to be completed on two specific dates, for all three areas.

The inspector was unable to locate completed specific weekly assessments for one of the specific conditions, for one specific date.

During an interview on November 21, 2019, the MRC #102 stated that they were also unable to locate the specific weekly wound assessments that the inspector was unable to locate. MRC #102 acknowledged the specific weekly assessments should have been completed.

The licensee has failed to ensure that, any resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. [s. 50. (2) (b) (iv)]

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 any resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

Issued on this 27th day of November, 2019

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

Original report signed by the inspector.