



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

**Health System Accountability and Performance Division
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**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

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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
Oct 28, 2014	2014_163109_0028	T-237-14	Complaint

Licensee/Titulaire de permis

THE JEWISH HOME FOR THE AGED
3560 BATHURST STREET, NORTH YORK, ON, M6A-2E1

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

THE JEWISH HOME FOR THE AGED (2824)
3560 BATHURST STREET, NORTH YORK, ON, M6A-2E1

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

SUSAN SQUIRES (109), AMANDA WILLIAMS (101)

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): August 26, 27, October 7, 14, 2014.

During the course of the inspection, the inspector(s) spoke with Director of resident care and experience, unit directors, registered nursing staff, physiotherapist, personal support workers.

During the course of the inspection, the inspector(s) reviewed the health record for resident #1, reviewed policy and procedures for wound care management, management of lift slings, observation of care unit activities and storage and cleanliness of lift slings.

The following Inspection Protocols were used during this inspection:



Infection Prevention and Control
Personal Support Services
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) and its French equivalent under the Loi de 2007 sur les foyers de soins de longue durée (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).**
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Findings/Faits saillants :

The licensee has failed to ensure that resident #1 exhibiting altered skin integrity including a pressure ulcer, 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.

Record review and staff interview revealed resident #1 has a recurring pressure ulcer. The wound was found to have re-opened on an identified date. The progress notes and staff interviews indicate the wound was assessed at least weekly up until a later identified date when the wound healed.

The assessments in the progress notes do not provide a description of the wound in terms or dimensions or drainage or presence of infection. There is no indication from the weekly progress notes as to whether the wound is healing or worsening up until the identified date when it was described as being completely healed.

The home has a clinical assessment tool in place to assess wounds. The assessment tool was not used for this resident's recurring pressure ulcer to the left buttock. [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 resident #1 exhibiting altered skin integrity including a pressure ulcer, 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that drugs are stored in an area or a medication cart that is secure and locked when unattended.

On October 8, 2014, the inspector entered an identified resident home area and found a treatment cart left unlocked and unattended outside of a resident room for an extended period of time. Prescription treatment creams along with other treatment materials was noted in the unlocked cart. Residents were observed to be present in the lounge that was within visual site of the cart. [s. 129. (1) (a) (ii)]



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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 to ensure that drugs are stored in an area or a medication cart that is secure and locked when unattended, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).**

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that the infection prevention and control program is evaluated and updated at least annually in accordance with evidence-based practices.

Record review of the home's policy titled "Routine Handling of Linen and Personal Laundry" with a review date of June 1, 2012, provides direction to launder slings in cold water in the domestic washers located on each resident home area. There is no direction as to the frequency of laundering and the policy does not provide direction on the most effective method of laundering when the equipment is shared and/or soiled with feces and other potential infectious bodily fluids. These non-critical devices are not maintained as per the Provincial Infectious Diseases Advisory Committee (PIDAC) and the manufacturer's specifications for the slings in use for toileting and transferring which states shared non-critical items are to be disinfected between resident use, and when dedicated for one resident disinfected when visibly soiled. [s. 229. (2) (d)]

2. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Interview with Personal Support Workers and the Unit Nurse Manager confirmed that staff do not launder shared lift slings between resident use. It was noted that some slings were dedicated to specific residents. [s. 229. (4)]

3. Interview with Personal Support Workers confirmed that slings used to transfer residents are also used to toilet them and vice versa creating a potential for cross contamination with transferring of bodily fluids etc. [s. 229. (4)]

4. A dedicated transfer sling in resident #1's washroom was observed to be soiled with feces and wet at the seat position. It was noted that a mesh toilet sling was present as well in the washroom. [s. 229. (4)]



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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 to ensure that the infection prevention and control program is evaluated and updated at least annually in accordance with evidence-based practices, to be implemented voluntarily.

Issued on this 21st day of November, 2014

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