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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 24, 2018	2018_616542_0016	010958-18, 011888-18, 014190-18, 015558-18, 018315-18	Complaint

Licensee/Titulaire de permis

St. Joseph's Care Group
35 North Algoma Street P.O. Box3251 THUNDER BAY ON P7B 5G7

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

Bethammi Nursing Home
63 Carrie Street THUNDER BAY ON P7A 4J2

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

JENNIFER LAURICELLA (542), SHELLEY MURPHY (684)

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 13 - 17, 2018.

A Follow Up Inspection #2018_616542_0015 and a Critical Incident Inspection #2018_616542_0017 were conducted concurrently with this inspection. See these reports for further non-compliances issued.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Registered Dietitian (RD), Resident Assessment Instrument (RAI) Coordinator, Dietary Aides, Personal Support Workers (PSWs), residents and family members.

The Inspectors also conducted a tour of the resident care areas, reviewed resident care records, home investigation notes, home policies and compliance plans, relevant personnel files and observed resident rooms, resident common areas, and the delivery of resident care and services, including resident-staff interactions.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

The licensee has failed to ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision maker were given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A complaint was submitted to the Director, regarding resident care concerns.

Inspector #684 completed a review of resident #001's health care record which revealed the most recent skin assessment for resident #001 was completed in May, 2018. There was no indication of resident #001's altered skin integrity to another area of their body. The first notation of the other area was noted on the wound assessment tool 18 days after the most recent assessment was completed. Inspector #684 completed a review of the progress notes which contained an entry 21 days after the wound assessment was completed, regarding the other area of altered skin integrity.

Two further areas of altered skin integrity were noted by the family in June, 2018. The family was not made aware of either of these areas of altered skin integrity.

Inspector #684 reviewed the Skin and Wound Care Program policy #LTC 3-80, date approved January 2017, which indicated, that the Registered Staff were to communicate findings and recommendations to the resident or Substitute Decision Maker (SDM).

During an Interview with Inspector #684 both the Administrator and RAI Coordinator #107 reviewed resident #001 progress notes with Inspector #684; they were unable to locate documentation to indicate the start of the altered skin integrity to resident #001, or that the family was notified of the altered skin integrity.

In an interview with the Administrator they confirmed that SDM was to be made aware of changes to resident condition. [s. 6. (5)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
18. Special treatments and interventions. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: 18. special treatments and interventions.

A Critical Incident (CI) report was submitted to the Director for improper/incompetent treatment of a resident that resulted in harm or risk to a resident. A related complaint was submitted to the Director on a different day regarding resident care concerns.

Inspector reviewed resident #001's care plan that was in place when the resident had an area of altered skin integrity. The care plan interventions were as follows:

- Skin will remain intact for the next three months;

- Assess condition of resident #001’s skin every morning and every night during care, paying particular attention to pressure areas and bony prominences ie., ears, coccyx, elbow, heals, apply treatment creams as required.

- Monitor for bruising during care; report any changes to registered staff;

- Ensure turning/positioning regime maintained and close monitoring of skin status;

- Ensure resident is repositioned every two hours.

During an interview with RN #108, they indicated that the care plan should specifically indicate where the area of altered skin integrity was located and refer staff to the treatment order for the wound care.

Inspector #684 reviewed Skin and Wound Care Program, LTC 3-80, date approved January 2017, which was in place at the time that resident #001 had the area of altered skin integrity. It was documented in the policy that, the plan of care related to skin and

wound management was to be individualized, based on resident focused goals of pressure relief, improved or sustained skin integrity, comfort and mobility, infection prevention and healing and or palliation.

Inspector #684 interviewed the Director of Care (DOC), who confirmed that the care plan for resident #001 did not indicate specific interventions related to the area of altered skin integrity. [s. 26. (3) 18.]

WN #3: 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 the 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 was specifically designed for skin and wound assessment.

A complaint was submitted to the Director, outlining concerns that resident #023 areas of altered skin integrity on two areas of their body, causing the resident pain.

Inspector #542 completed a review of resident #023's health care record, paper and electronic. It was documented in a progress note in April, 2018, that the resident had an area of altered skin integrity; that was bleeding and the resident expressed that the area was painful. Inspector #542 was unable to locate a completed skin assessment in the resident's health care record.

A review of the home's policy titled, "Skin and Wound Program: Wound Care Management" indicated that upon the initial discovery of a wound, the nurse was to use the "Bates Jensen Wound Assessment Tool."

Inspector #542 interviewed RN #100 and the Administrator, who were unable to locate a skin assessment that was clinically appropriate, designed for skin and wound assessments. [s. 50. (2) (b) (i)]

Issued on this 9th day of October, 2018

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

Original report signed by the inspector.