

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
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 Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 5, 2020	2020_786744_0015	010890-20	Complaint

Licensee/Titulaire de permis

Chapleau Health Services
c/o Chapleau General Hospital 6 Broomhead Road CHAPLEAU ON P0M 1K0

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

The Bignucolo Residence
c/o Chapleau General Hospital, 6 Broomhead Road P.O. Box 757 CHAPLEAU ON P0M 1K0

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

STEVEN NACCARATO (744)

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): July 20-24, 2020.

The following intake was inspected during this Complaint inspection:

-One complaint that was submitted to the Director regarding resident care concerns.

A Critical Incident inspection #2020_786744_0016 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Care (DOC), Physicians, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Resident Assessment Instrument (RAI) Coordinator, Occupational therapist (OT) and the Wound Care Resource Nurse.

The Inspector conducted a tour of the resident care areas, reviewed residents' health care records, home policies and procedures, internal investigation notes, staff work schedules, observed the medication room and observed the delivery of resident care and services, including resident-staff interactions.

**The following Inspection Protocols were used during this inspection:
Skin and Wound Care**

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

3 WN(s)

3 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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. A) The licensee has failed to ensure that the skin and wound care program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

A complaint was submitted to the Director, regarding care concerns for resident #001.

Inspector #744 reviewed the home's policies titled "Skin and Wound Care Maintenance" and "Skin and Wound Care Prevention" provided to the Inspector by the Director of Care (DOC). Inspector #744 noted that the policy titled "Skin and Wound Care Maintenance" was last revised June 8, 2018 and the policy titled "Skin and Wound Care Prevention" was last revised June 7, 2018.

During an interview with #744, the DOC stated that required programs should be evaluated annually and approved by the multidisciplinary committee. The DOC confirmed that the skin and wound care program was last updated November 4th, 2018. The DOC further stated that revisions were made to the skin and wound care program on November 24, 2019. The DOC also confirmed that the home identified that changes to the program were required; however, those updates were not implemented in the current policies available to the home.

B) The licensee has failed to ensure that the pain management program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Inspector #744 reviewed the home's policy titled "Pain Management LTC". The inspector noted that the policy was last revised June 20, 2017.

During an interview with #744, the DOC stated that the pain management program was last reviewed November 22, 2018. The DOC further stated that the home was trying to form teams to review the program and that a multidisciplinary team would review the program in the near future. [s. 30. (1) 3.]

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 each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation, is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

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1. The licensee has failed to ensure that staff used safe transferring and positioning devices or techniques when assisting residents.

A complaint was submitted to the Director, regarding care concerns for resident #001.

Inspector #744 reviewed the electronic health care records for resident #001. An incident note indicated that resident #001 sustained an injury, during a transfer to their bed with the assistance of staff members.

Inspector #744 reviewed the home's policy titled "Lifting and Transferring Policy" last revised December 11, 2019, which indicated to always use caution when transferring or lifting patients. Staff were to assess the environment to ensure patient body parts will not be injured or collide with objects and avoid grabbing patients in a way that may injure them.

In an interview with Inspector #744, RN #102 stated that when trying to assist resident #001 to their bed, they did not realize that part of resident #001's body was stuck on the side of their bed.

In an interview with Inspector #744, RPN #104 stated that they had to maneuver resident #001 to turn them around to sit on their bed. RPN #104 also stated that there was an object on the side of the bed that may have caused injury to resident #001. They further stated that more nurses should have been called to ensure that the resident was transferred safely onto the bed.

During an interview with Occupational Therapist #106, they reported to Inspector #744 that an environmental scan should be conducted to make sure it was safe to transfer residents.

In an interview with Inspector #744, the DOC indicated that staff should have done everything possible to not cause injury to residents during a transfer. The DOC further stated that more nurses were available to assist with the transfer of resident #001. [s. 36.]

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 staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

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 resident #001, who exhibited 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, regarding care concerns for resident #001.

Inspector #744 reviewed the home's policy titled "Skin and Wound Care Maintenance"

last revised June 8, 2018, which indicated that the Wound Assessment instrument was to be completed in Point Click Care (PCC) upon a resident's admission with/ or development of a new wound. The Wound Assessment was to be completed a minimum weekly until healed.

A) Inspector #744 reviewed resident #001's health care records and was not able to locate an initial skin assessment or weekly wound assessments, for the resident's altered skin integrity that were obtained prior to admission.

In an interview with Inspector #744, Resident Assessment Instrument (RAI) Coordinator #100 stated they were not able to locate a wound assessment for resident #001's altered skin integrity or weekly wound assessments using an appropriate assessment instrument.

B) Inspector #744 reviewed the electronic health care records for resident #001. An incident note indicated that resident #001 sustained an injury, during a transfer to their bed with the assistance of staff members.

A further review of resident #001's health care records was conducted and the Inspector was not able to locate an initial skin assessment or weekly wound assessments, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, for the resident's altered skin integrity.

In an interview with Inspector #744, RPN #104 stated that a wound care checklist and a wound assessment should have been completed immediately after discovering resident #001's new altered skin integrity.

During an interview with Wound Care Resource Nurse #109, they stated that utilizing the home's Wound Assessment instrument upon initial discovery of an altered skin integrity and weekly thereafter, would allow nurses to better monitor altered skin integrity to determine if it was improving or worsening.

In an interview with Inspector #744, the DOC stated that a wound assessment was to be completed in PCC for altered skin integrity, after which a weekly wound assessment was prompted in PCC for staff to complete. The DOC reviewed the assessment tab of resident #001's electronic health care records and confirmed that there were no wound assessments, for resident #001's altered skin integrity. [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 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.

Issued on this 7th day of August, 2020

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

Original report signed by the inspector.