

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

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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
Mar 25, 2021	2021_605213_0006	023489-20, 004481-21	Critical Incident System

Licensee/Titulaire de permis

Blue Water Rest Home
37792 Zurich-Hensall Rd RR #3 Zurich ON N0M 2T0

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

Blue Water Rest Home
37792 Zurich-Hensall Road, Lot 21, Hwy 84, R.R. #3 Zurich ON N0M 2T0

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

RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 19, 22, 23, 2021.

The following two critical incidents were inspected:

Log #023489-20, critical incident #2987-000006-20 related to a fall.

Log #004481-21, critical incident #2987-000004-21 related to a fall.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Environmental Services Manager, a Nurse Clinician, a Nurse Practitioner, a Registered Nurse, a Registered Practical Nurse, a Registered Dietician, Personal Support Workers, Housekeepers, residents and a family member.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

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)

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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. The licensee has failed to ensure that the following was 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 the Regulation: 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.

Ontario Regulation 79/10 s. 48(1) 1 states: Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

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Ontario Regulation 79/10 s. 50(2)(b) states: 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 dietician 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.

Two residents had falls resulting in altered skin integrity requiring treatment. No assessments were completed related to the altered skin integrity by registered nursing staff or a registered dietician and there was nothing in the Treatment Administration Record to cue staff to monitor the area, complete assessments or what treatment should have been completed.

The home's policy related to skin and wound assessment did not include any reference to any altered skin integrity other than pressure ulcers.

The Director of Care (DOC) verified that both residents did not have assessments for altered skin integrity that required treatment. The DOC also verified that the home's policy related to skin and wound assessment did not include any altered skin integrity other than pressure ulcers. The Registered Dietician said they do not receive referrals to complete assessments for residents with altered skin integrity other than pressure ulcers.

There was a risk that residents with altered skin integrity other than pressure ulcers might not be appropriately assessed and therefore not had an appropriate treatment plan with this not being included in the home's policy.

Sources: Progress notes, Treatment Administration Records and assessments for two residents, the home's "Skin and Wound Program" policy #NRSG_1_1, with a date of October 17, 2016, interviews with the DOC, a Registered Practical Nurse and a Registered Dietician. [s. 30. (1) 1.]

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 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: 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, to be implemented voluntarily.

Issued on this 25th day of March, 2021

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

Original report signed by the inspector.