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

Rapport d'inspection prevue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Quest, 11iém étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 17, 2011	2011_192_2857_17Jan101619	Complaint – H-02730

Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga, ON, L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
Burloak Long Term Care Centre, 5959 New Street, Burlington, ON, L7L 6W5

Name of Inspector(s)/Nom de l'inspecteur(s)
Debora Saville Nursing Inspector # 192

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Assistant Director of Care (Wound Champion) (ADOC), Registered Nurses, and Registered Practical Nurses.

During the course of the inspection, the inspector: Reviewed policy and procedure, and medical records.

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

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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 prevue le *Loi de 2007 les foyers de soins de longue durée*

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

Findings:

It is noted in the progress notes for a specified resident that there are open pressure areas. The use of heel protectors a specialty mattress, a turning schedule and the use of a treatment cream are identified in a progress note. The plan of care for the specified resident does not reflect that the resident has open pressure areas, the location of the pressure areas or the interventions (heel boots, specialty mattress, and turning schedule) that have been implemented to relieve pressure for this resident. There are no clear directions for staff related to when the heel boots are to be applied or the frequency of turning required to maintain the comfort and safety of the resident.

Inspector ID #:	Nursing Inspector #192

WN #2: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 6(10)(b).

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary;

Findings:

It is documented that a specified resident developed pressure ulcers. Interventions were put into place to relieve pressure - these interventions were not added to the plan of care.

Inspector ID #:	Nursing Inspector #192

WN #3: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 8(1)(b)

Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(b) is complied with.

Findings:

1. During discussion, the ADOC/Wound Care Champion indicated that the "Initial Wound Assessment" form is completed when a new pressure area is observed.
   The homes Wound Management Policy (LTC-N-23) requires that the nurse assess the wound.
   Assessments utilizing the homes "Initial Wound Assessment" form are not routinely completed when an open area related to pressure is identified.

2. The homes policy Revera/3M Wound and Skin Care Program - Implementation (LTC-N-25) requires the home to:

- Initiate the "Treatment Observation Record" (TOR) when a resident has any open area involving the dermal layer and deeper (except skin tears).

  Treatment Observation Records were not consistently utilized for residents of the home with wounds.

- The TOR is to be completed by registered staff with every dressing change, at a minimum weekly.

  Weekly assessments are not always documented on the TOR. The assessments for a specified resident occurred at approximately 2 week intervals.

- One "Treatment Observation Record" (TOR) is completed per wound.

  The home records multiple wounds on the TOR, making tracking the progress of each wound difficult. A specified resident has multiple pressure wounds that are recorded on one TOR.

- Photographs are to be taken when a wound is discovered and monthly thereafter.

  Wounds reviewed for specified residents have not had photographs routinely taken as per the homes policy.

Inspector ID #:	Nursing Inspector #192

WN #4: The Licensee has failed to comply with O. Reg. 79/10 50(2)(b)(i)
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,

Findings:

Assessment tools are available for use by the staff of the home, but are not consistently completed.
A specified resident was identified to have pressure areas. A comprehensive wound assessment using available assessment tools was not completed by the home.

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**		**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Debora Saville
Title:	**Date:**	**Date of Report:** (if different from date(s) of inspection). March 16, 2011