



**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**

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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 |
|--|---|-----------------------------------|--|
| Dec 28, 2017 | 2017_370649_0021 | 026081-17 | Resident Quality Inspection |

Licensee/Titulaire de permis

Downsview Long Term Care Centre Limited
3595 Keele Street NORTH YORK ON M3J 1M7

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

Downsview Long Term Care Centre
3595 Keele Street NORTH YORK ON M3J 1M7

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

JULIEANN HING (649), MATTHEW CHIU (565)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): November 20, 21, 22, 23, 24, 27, 28, 29, and 30, 2017.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Director of Resident Programs, Clinical/RAI-Co-ordinator, Social Worker, Physiotherapist (PT), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Residents, and Family Members.

The inspectors conducted a tour of the resident home areas, observations of medication administration, staff and resident interactions, record review of resident and home records, meeting minutes for Residents' Council and Family Council, staffing schedules and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Continance Care and Bowel Management

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Residents' Council

Responsive Behaviours

Skin and Wound Care

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

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / DE L'INSPECTION | NO | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|--|------------------------------------|-----------------------------------|----|---------------------------------------|
| LTCHA, 2007 S.O. 2007, c.8 s. 19. (1) | CO #002 | 2017_595604_0009 | | 565 |
| O.Reg 79/10 s. 221. (2) | CO #002 | 2017_484646_0006 | | 649 |
| O.Reg 79/10 s. 50. (2) | CO #001 | 2017_484646_0006 | | 649 |
| LTCHA, 2007 S.O. 2007, c.8 s. 6. (7) | CO #001 | 2017_595604_0009 | | 565 |



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend | Legendé |
|---|--|
| WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order | 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). | 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. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | 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 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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #005 triggered from stage one of the Resident Quality Inspection (RQI) for altered skin integrity. Record review of the most recent Resident Assessment Instrument Minimum Data Set (RAI-MDS) assessment on an identified date indicated the resident has two areas of altered skin integrity.

Staff interviews and record review revealed that all skin related issues including weekly skin assessments are being completed as of October 1, 2017, on the home's assessment form titled Downsview wound management/skin treatment plan. Prior to this tool weekly skin assessments were also being documented in the resident's progress notes in point click care (PCC).

Record review indicated no skin and wound assessments were completed by registered staff for resident #005's two areas of altered skin integrity.

Interviews with Registered Nurse (RN) #101 and the Assistant Director of Care (ADOC) who is the lead of the home's skin and wound program revealed that the resident with altered skin integrity had not been assessed by registered staff. [s. 50. (2) (b) (iv)]

WN #2: 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. (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 all staff participated in the implementation of the home's infection prevention and control program.

Observation of a medication administration on November 27, 2017, at approximately 0810 hours on a home area revealed Registered Practical Nurse (RPN) #105 did not practice hand hygiene in between the different routes of medication administration to resident #016.

The inspector observed the RPN administered the resident's oral pills and immediately thereafter administer an other medication without performing hand hygiene in between these two routes of administration.

Interview with PRN #105 revealed that he/she did not bring a hand sanitizer and confirmed that he/she had not cleaned his/her hands in between the two routes of administration to resident #016.

Interview with the ADOC confirmed RPN #105 should have sanitized his/her hands in between the different routes of administration to resident #016. [s. 229. (4)]

Issued on this 12th day of January, 2018

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

Original report signed by the inspector.