Ontario

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 23, 2014	2014_163109_0013	T-279-13	Complaint

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

SUSAN SQUIRES (109)

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): April 15, 16, 2014.

Areas of non-compliance related to complaints management have been included in inspection #2014_163109_0020 which corresponds with Log #T-405-13. Evidence related to skin care from inspection #2014_163109_0020 which corresponds with Log#T-561-13, and inspection #2014_163109_0014 which corresponds with Log#T-213-13 are included in this inspection report.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistant Director of Care, registered staff members, registered dietitian, personal support workers.

During the course of the inspection, the inspector(s) reviewed the health record for the identified resident, reviewed the home's complaints management program, reviewed the home's skin care program.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Reporting and Complaints
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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 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 failed to ensure that residents who are exhibiting pressure ulcers, receive 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.

Resident #3 had multiple pressure ulcers.

Record review indicates that one of the three pressure ulcers was not assessed using the home's assessment tool.

Staff interview confirmed that the pressure ulcer was not assessed using the home's assessment tool from the identified date that the wound was discovered until weeks later when the wound deteriorated and became an open wound. [s. 50. (2) (b) (i)]

2. Resident #7 was identified to have altered skin integrity on three identified dates.

Record review and staff interview confirmed that there were no assessments completed using the home's assessment instrument. [s. 50. (2) (b) (i)]

3. Resident #2 had multiple pressure ulcers.

Record review and staff interview confirmed the home did not utilize the home's

assessment tool for wounds. [s. 50. (2) (b) (i)]

4. The licensee failed to ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received immediate treatment and interventions to promote healing and prevent infection.

On an identified date a progress note stated resident #7 presented with an alteration in skin integrity.

On a later identified date the family for resident #7 reported to the nurse a stage II wound to an identified area.

There were no interventions implemented to promote healing from the time the wound was discovered by the staff until the wound was found by the family. [s. 50. (2) (b) (ii)]

5. The licensee failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds 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.

Resident #3 identified to be at a high nutritional risk due to physical health conditions, was found to have two pressure ulcers on an identified date.

Record review and staff interview revealed that the RD did not become aware of the pressure ulcers until almost a month later. There were no dietary referrals sent resulting in a delay in nutritional care for resident #3. [s. 50. (2) (b) (iii)]

6. Resident #7 was identified to have a wound on an identified date, and another wound on another identified date. The practice in the home is to complete a referral for the RD to see the resident.

Record review and staff interview revealed that there was no referral sent to the RD.

Interview with the RD confirmed that resident #7 did not have an assessment completed for the altered skin integrity because she was not aware of the wounds. [s. 50. (2) (b) (iii)]

7. The licensee failed to ensure that resident #3's altered skin integrity including

pressure ulcers, were reassessed at least weekly by a member of the registered staff.

Record review and staff interview revealed that on an identified date, staff discovered a wound on resident #3. Almost 3 weeks later, the wound which was described as a pressure ulcer was noted to have progressed to an open stage II wound. There were no assessments completed during the 3 week period. There were no assessments completed after the initial assessment until 2 weeks later when the resident was discharged to the hospital and did not return to the home. [s. 50. (2) (b) (iv)]

8. On an identified date, resident #7 was noted to have altered skin integrity which needed treatment. On an identified date, the resident was noted to have developed a blister to an identified area. Three weeks later, the family reported to the staff a wound on an identified are. The wound was described as a stage II wound.

Record review and staff interview confirmed that there were no weekly assessments completed by a member of the registered nursing staff for these wounds. [s. 50. (2) (b) (iv)]

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 residents who was exhibiting pressure ulcers, receive 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 ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received immediate treatment and interventions to promote healing and prevent infection; to ensure that the resident has been assessed by a registered dietitian; and to ensure that residents are reassessed at least weekly by a member of the registered staff;, to be implemented voluntarily.

WN #2: 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. (10) 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,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that resident #3 was reassessed and the plan of care reviewed and revised when the resident's care needs changed.

Record review and staff interview revealed that on an identified date, resident #3 developed a large alteration in skin integrity. The physician ordered a daily treatment 2 days later.

Three weeks later an assessment was completed and found that the pressure ulcer had deteriorated to a stage II. There was no review or revision of the plan of care in response to the deteriorating wound. [s. 6. (10) (b)]

Issued on this 13th day of June, 2014

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