



**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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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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 |
|------------------------------------------------|-----------------------------------------------|-----------------------------------|----------------------------------------------------|
| Jan 9, 2018 | 2017_619550_0029 | 023319-17 | Complaint |

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
5015 Spectrum Way Suite 600 MISSISSAUGA ON 000 000

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

MONTFORT
705 Montreal Road OTTAWA ON K1K 0M9

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

JOANNE HENRIE (550)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 6, 7, 8, 11, 12, 13 and 18, 2017.

This complaint inspection is related to a complaint regarding the care of a resident.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care (DOC), a Physician, a Registered Nurse (RN), several Personal Support Workers (PSW) and two family members.

In addition, the inspector reviewed a complaint report, a resident's health care records and policies and procedures related to Skin and Wound care.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care**

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)**

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>Legendé</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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) 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,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

As per O. Reg. s.48. (1), Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. 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.

This inspection is related to Log #023319-17.

A complaint was submitted to the Director in 2017, by resident #001's family members reporting that on a specified date, resident #001 sustained an altered skin integrity issue of an unknown cause to a specific body part during care. On a specified date in 2017, a picture of the resident's injury was submitted to the Director by the complainant and the picture showed the location and the extent of the skin integrity issue on the resident's specific body part.

Resident #001 was admitted to the home in 2016, with multiple health issues. It was determined through a review of the resident's health care records and interviews with two specified members of the resident's family, registered nursing staffs and personal support workers that the resident was immobile and dependent of staff for all care.

During interviews on December 12, and 17, 2017, PSW #105 and #106 indicated to the inspector that after the resident's care was provided, they transferred the resident to bed with the use of a transferring equipment. After the transfer was completed, they discovered a new skin integrity issue on a specified part of resident #001's body. They both indicated that they did not notice the skin integrity issue until they had transferred the resident to bed. The skin integrity issue got worse within 24 hours.

On December 13, 2017, the DOC indicated to the inspector that it was her expectation as per the licensee's Skin and Wound program, when a resident has a new skin integrity issue or skin impairment, the registered nursing staff document in the progress notes a description of the skin issue including the location, the size, the color and if there is swelling present. They are also required to complete an incident report. The DOC provided the inspector with the licensee's Skin and Wound Care program, policy #CARE12-O10.04, LTC - Management of bruises, rashes, incontinence associated



dermatitis (IAD) and abrasions, revised July 31, 2016. On page 1 of 2, under "Procedure", the steps to follow indicated the following:

the fourth bullet indicated:

Progress notes:

- location
- dimension
- color
- characteristic
- screening for pain

the fifth bullet indicated:

Risk management:

- complete incident report when required

Inspector #550 reviewed resident #001's health care records and was not able to find documentation by the registered nursing staff regarding the initial assessment or any subsequent assessment of the new skin integrity issue sustained by the resident. Although there was some documentation in the progress notes indicating the presence of the skin integrity issue to the specified body part on two specified dates, there was no documentation of an assessment indicating the size, the color and characteristics of the skin integrity issue on the day the injury occurred and any other days after. There was no incident report completed until nine days after the incident occurred.

During an interview on December 13, 2017, RN #107 provided the inspector with a detailed description of the new skin integrity issue at the time it occurred and indicated that as the day progressed it got worse. She did not know why she did not document her assessment in the progress notes and complete an incident report at the time the incident occurred as per the home's policy.

As evidenced, the licensee's Skin and Wound Care program, policy #CARE12-O10.04, LTC - Management of bruises, rashes, incontinence associated dermatitis (IAD) and abrasions was not complied with when resident #001 sustained a new skin integrity issue to a specified body part. [s. 8. (1) (b)]



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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 the licensee's Skin and Wound Care program is implemented in the home, specifically related to the documentation of new skin integrity issues,, to be implemented voluntarily.

Issued on this 7th day of February, 2018

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

Original report signed by the inspector.