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
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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
Mar 3, 2014	2014_214146_0004	H-000637-13, H-000580-13	Complaint

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

CHATEAU GARDENS NIAGARA LONG TERM CARE CENTRE
120 WELLINGTON STREET, P.O. BOX 985, NIAGARA-ON-THE-LAKE, ON, L0S-1J0

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

BARBARA NAYKALYK-HUNT (146)

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): February 25, 26, 27, 28, 2014

This complaint inspection was conducted for H-000580-13, H-000637-13, H-000851-13 and H-000224-14.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), registered staff, Personal Support Workers (PSW's), dietary staff, residents and family members.

During the course of the inspection, the inspector(s) observed resident care and feeding assistance, reviewed resident health records, staffing schedules, complaint log for 2013 and policies and procedures related to personal care, continence care, repositioning and transferring, skin and wound care and pain management.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Personal Support Services
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 élérnents 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 did not ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv) was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.
(A) Resident #003 was noted to have altered skin integrity in a specific area on a specific date. During a fifteen week period, only five weekly wound assessments were completed out of an expected thirteen.
(B) Resident #003 was assessed as having altered skin integrity in a specific area in July 2013. During the next eight weeks, only four of an expected eight weekly assessments were completed on the specific area.
(C) Resident #003 was assessed as having altered skin integrity on a specific area in June 2013. Only two of an expected ten weekly assessments were completed in the next ten weeks.
(D) Resident #001 was assessed as having altered skin integrity on a date in February. No further assessment had been completed as of sixteen days later.
Weekly wound assessments on are not being consistently completed as confirmed by the health records and the registered staff. [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 exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv) are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee did not ensure that the resident's substitute decision-maker (SDM) was given an opportunity to participate fully in the development and implementation of the resident's plan of care.
(A) Resident #003 had a pressure area which deteriorated. The SDM stated that the SDM was not notified of the pressure area until the resident was hospitalized the following month when the hospital staff notified the SDM. The home's registered staff, when interviewed, could not confirm that the SDM had been notified of the pressure ulcer and stated that their usual routine was to document when they notified the SDM in the progress notes. There was no such note in the progress notes. The SDM stated in an interview that had the SDM been aware, the SDM would have asked for a better bed and monitored the resident's positioning closely. The SDM was not given the opportunity to participate fully in the plan of care. This information was confirmed by the health record, registered staff and the SDM. [s. 6. (5)]

2. The licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.
(A) The care plan directed staff to implement a specific strategy once the resident was transferred into the chair. Staff, the health record and the resident's family confirmed that the strategy had not been implemented consistently in the past. The ADOC and DOC confirmed that the expectations of the home were to implement the strategy at all times.
(B) Resident #001's care plan indicated that the resident required total assistance with daily personal care. According to the family, the resident did not receive total care daily. This was confirmed by a review of the health record. The ADOC confirmed that the absence of check marks indicated that the care was not done and also confirmed that the home's expectation is to do the specific care daily. [s. 6. (7)]

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Issued on this 4th day of March, 2014

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

B Naykalyk-Hunt