



**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 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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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 29, 2018	2018_575214_0008	007942-18	Resident Quality Inspection

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**Licensee/Titulaire de permis**

Clarion Nursing Homes Limited  
337 Highway #8 STONEY CREEK ON L8G 1E7

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

Clarion Nursing Home  
337 Highway #8 STONEY CREEK ON L8G 1E7

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

CATHY FEDIASH (214), DARIA TRZOS (561), ROSEANNE WESTERN (508), YULIYA  
FEDOTOVA (632)

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**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): April 24, 25, 26, 27, 30,  
May 1, 2, 3, 4, 8, 2018.**

**PLEASE NOTE: The following Critical Incident System (CIS) was conducted  
concurrently with the RQI:  
Intake # 002233-18 related to Outbreak Management.**

**During the course of the inspection, the inspector(s) spoke with Administrator;  
Director of Care (DOC); Relief Director of Care (RDOC #104); Housekeeping  
Supervisor; Dietitian; Activity Co-ordinator; Maintenance Supervisor; Registered  
staff; Personal Support Workers (PSW's); chairperson for Residents' Council;  
chairperson for Family Council.**

**During this inspection the Inspector's toured the home; reviewed resident's clinical  
records; policies and procedures; outbreak management documents; meeting  
minutes and observed the provision of care; meal service and medication  
administration.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Reporting and Complaints  
Residents' Council  
Skin and Wound Care**



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

- 3 WN(s)
- 1 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**

**Specifically failed to comply with the following:**

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the home was equipped with a resident-staff communication and response system that was on at all times.

On an identified date during stage one observations, the Long Term Care Home (LTCH) Inspector pulled resident #018's call bell next to the resident's bed to test the home's resident-staff communication system.

The indicator light located outside this room was observed to be on; however, the LTCH Inspector could not hear an audible sound. The LTCH Inspector spoke with PSW #122 who was in the hallway near this resident's room and confirmed that the call bell could not be heard.

The PSW indicated that the audible call bell system which controlled all call bells on the identified floor must have been turned off. The PSW went to a device stationed on the wall at the end of the hallway, switched the device to the on position and the activated bell began to ring.

During interviews with the DOC and the RDOC, it was identified that the ability to turn the call bell system off had been disabled to ensure that the sound could not be shut off. The switch on the other identified floor was then tested and when switched to the off position call bells that had been activated continued to ring.

It was confirmed during an observation and during interviews conducted with the DOC and the RDOC on an identified date, that the licensee failed to ensure that the home was equipped with a resident-staff communication response system that was on at all times.  
[s. 17. (1) (b)]

***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 home is equipped with a resident-staff communication and response system that is on at all times, to be implemented voluntarily.***

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**WN #2: 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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #004 triggered from the Minimum Data Set (MDS) assessment for a identified alteration to their skin integrity according to the most recent assessment on an identified date, relative to the previous assessment.

The MDS quarterly assessment dated with an identified date, indicated that the resident did not have any alterations to their skin integrity.

The MDS 'significant change status assessment' dated on an identified date, indicated that the resident had an identified alteration to their skin integrity and listed specified treatments that had been in place.

The progress notes were reviewed and indicated that the resident was admitted to the hospital on a specified date and returned with a specified alteration to their skin integrity.

Resident's clinical records were reviewed and weekly skin assessments could not be found. An interview with registered staff #114, indicated that every resident with identified alterations to their skin integrity was to be reassessed weekly, using a tool that the home had in place which was on paper. Registered staff #114 confirmed that the resident was not reassessed weekly, on two identified dates in a specified month and year. A progress note dated at the end of an identified month and year, indicated that the wound had healed.

The "Skin and Wound Management Program", revised 2017, was reviewed and indicated that registered staff were to reassess residents on at least a weekly basis, using the "Wound Assessment Sheet (Weekly)" for residents who exhibit altered skin integrity.

The DOC was interviewed on an identified date and stated that resident #004 was not reassessed weekly when they had an identified alteration to their skin integrity.

The licensee failed to ensure that resident #004 was reassessed at least weekly when they had an alteration in skin integrity. [s. 50. (2) (b) (iv)]



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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.  
Satisfaction survey**

**Specifically failed to comply with the following:**

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the advice of the Resident`s Council was sought, in developing and carrying out the survey, and in acting on its results.

Interview with the home`s Residents' Council Chair on an identified date, indicated that the home had not sought the advice of the Resident`s Council in developing and carrying out the survey, which was completed in an identified month and year. Interview with the DOC on a specified date, indicated that Residents' Council meetings were not held during a specified period in time for identified reasons and confirmed that the home did not seek the advice of the Resident`s Council in developing and carrying out the survey. [s. 85. (3)]

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**Issued on this 31st day of May, 2018**

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

**Original report signed by the inspector.**