



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Toronto Service Area Office 55 St. Clair Avenue West, 8th Floor TORONTO, ON, M4V-2Y7

Bureau régional de services de Toronto 55, avenue St. Clair Ouest, 8ième étage TORONTO, ON, M4V-2Y7

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jan 10, 11, 12, 16, 17, 18, 19, 20, 24, 2012; 2012_109153_0001; Complaint

Licensee/Titulaire de permis

COLLINGWOOD NURSING HOME LIMITED 250 CAMPBELL STREET, COLLINGWOOD, ON, L9Y-4J9

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

COLLINGWOOD NURSING HOME 250 CAMPBELL STREET, COLLINGWOOD, ON, L9Y-4J9

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

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Resident Services, Registered Dietitian, Food Services Supervisor, Registered Nurse, Registered Practical Nurse, Kinesiologist, Personal Support Workers and Residents

During the course of the inspection, the inspector(s) Reviewed resident clinical records, and home policies related to Pain Management, Nutritional Care and Skin and Wound Programs. Observed the provision of care to residents.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Pain

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.)	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. 68. Nutrition care and hydration programs
Specifically failed to comply with the following subsections:**

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
(b) the identification of any risks related to nutrition care and dietary services and hydration;
(c) the implementation of interventions to mitigate and manage those risks;
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The home's nutrition and hydration program does not include a system to evaluate fluid intake of residents' with identified risks.
2. The identified resident was at risk for inadequate fluid intake and dehydration. This resident's fluid intake was monitored but not evaluated. Based on the resident's condition the home's policy required nursing staff to complete a referral to the Registered Dietitian.
3. The identified resident with a fluid restriction ordered on admission. The identified resident's fluid intake was monitored and consistently reported to exceed the identified fluid restriction per day. The identified resident's fluid monitoring was not evaluated.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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 subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The written plan of care for the identified resident related to skin care does not direct staff to provide the following interventions which include reposition every 2 hours with use of pillows, apply pressure reducing boots and the use of a pressure relieving surface which were confirmed to be in place during staff interviews.

2. The identified resident with a fluid restriction on admission had a quarterly assessment completed by the Registered Dietitian. The assessment included documentation that the identified resident's fluid intake exceeded the fluid restriction level. (Registered Dietitian confirmed he averaged fluid intake over a 7 day period). The plan to achieve the prescribed fluid restriction was not reviewed and revised when the identified resident's intake consistently exceeded the prescribed daily fluid restriction.

3. The identified resident's plan of care identifies this resident at high risk for inadequate fluid intake which required hospitalization for dehydration.

The plan of care implemented prior to being hospitalized identified the following goals related to inadequate fluid intake, "to provide adequate nutrition/hydration" and "maintain appropriate fluid volume". The Registered Dietitian when interviewed was unable to provide a fluid amount or range that would be "adequate" for this resident.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
- (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The identified resident's plan of care identifies this resident at risk for inadequate fluid intake with hospitalization for dehydration.

The Registered Dietitian completed a quarterly review.

The Registered Dietitian failed to assess identified resident's fluid requirement. The plan implemented did not meet resident hydration needs. The Registered Dietitian when interviewed was unable to provide a fluid amount or range that would be "adequate for the identified resident.

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 an assessment has been completed for the identified resident by the Registered Dietitian related to hydration status and any risks related to hydration, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following subsections:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The identified resident was not assessed for pain using a clinically appropriate assessment instrument specially designed for this purpose when the resident experienced an increased frequency of unrelieved pain that required changes in pain medication.

A review of the clinical record for the identified resident did not locate any pain assessments for the identified time period. This was confirmed by staff.

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 residents are assessed using a clinically appropriate assessment instrument specifically designed for assessing pain that is not relieved by initial interventions, to be implemented voluntarily.

WN #5: 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 subsections:

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

Findings/Faits saillants :

1. The policies and procedures for the home's Wound and Skin Care program Section 4.16 directs the interdisciplinary team to "refer to the Enterostomal Therapist or Wound and Skin Specialist if the ulcer deteriorates or new areas develop and implement recommendations for Stage 2 and 3 wounds."

The identified resident developed numerous areas of skin breakdown involving several unstageable wounds and a stage 4 pressure ulcer. A referral was not completed to an Enterostomal Therapist or Wound Skin Specialist as directed by the home's policy.

Issued on this 8th day of February, 2012



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
prévus le Loi de 2007 les
foyers de soins de longue

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

Lynn Parsons



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**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**

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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	LYNN PARSONS (153)
Inspection No. / No de l'inspection :	2012_109153_0001
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Jan 10, 11, 12, 16, 17, 18, 19, 20, 24, 2012
Licensee / Titulaire de permis :	COLLINGWOOD NURSING HOME LIMITED 250 CAMPBELL STREET, COLLINGWOOD, ON, L9Y-4J9
LTC Home / Foyer de SLD :	COLLINGWOOD NURSING HOME 250 CAMPBELL STREET, COLLINGWOOD, ON, L9Y-4J9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	PETER ZOBER

To COLLINGWOOD NURSING HOME LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
(b) the identification of any risks related to nutrition care and dietary services and hydration;
(c) the implementation of interventions to mitigate and manage those risks;
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Order / Ordre :

The Licensee shall ensure that the home's Nutrition Care and Hydration Programs include a system to evaluate the fluid intake of residents' with identified risks related to hydration.

Grounds / Motifs :

1. The home's nutrition and hydration program does not include a system to evaluate fluid intake of residents' with identified risks.
1. The identified resident was at risk for inadequate fluid intake and dehydration. This resident's fluid intake was monitored but not evaluated. Based on the resident's condition the home's policy required nursing staff to complete a referral to the Registered Dietitian.
2. The identified resident with a fluid restriction on admission. The fluid intake was monitored and consistently reported to exceed the identified fluid restriction per day. The identified resident's fluid monitoring was not evaluated. (153)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 13, 2012



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # / Ordre no :	002	Order Type / Genre d'ordre :	Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure there is a written plan of care for each resident that sets out clear directions for hydration and skin care needs to staff and others who provide direct care to the residents.

Grounds / Motifs :

1. The identified resident's plan of care identifies this resident at risk for inadequate fluid intake with hospitalization for dehydration.
The plan of care implemented prior to being hospitalized identified the following goals related to inadequate fluid intake, "to provide adequate nutrition/hydration" and "maintain appropriate fluid volume". The Registered Dietitian when interviewed was unable to provide a fluid amount or range that would be "adequate" for the identified resident. (153)
2. The written plan of care for the identified resident related to skin care does not direct staff to provide the following interventions which include reposition every 2 hours with use of pillows, apply pressure reducing boots and the use of a pressure relieving surface which were confirmed to be in place during staff interviews

Related Non-Compliance LTCHA s.6(1)c was issued on March 17, 2011 and September 7, 2011. (153)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 13, 2012



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 24th day of January, 2012

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** LYNN PARSONS

**Service Area Office /
Bureau régional de services :** Toronto Service Area Office