



**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**

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

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

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 2, 2014	2014_206115_0009	003802-14	Complaint

**Licensee/Titulaire de permis**

GROSVENOR HEALTH CARE PARTNERSHIP (NO. 4)  
150 WATER STREET SOUTH, CAMBRIDGE, ON, N1R-3E2

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

COUNTRY VILLAGE HEALTH CARE CENTRE  
440 County Road 8, R. R. #2, Woodslee, ON, N0R-1V0

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

TERRI DALY (115)

**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): August 21 & 26, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, and two Registered Practical Nurses.**

**During the course of the inspection, the inspector(s) reviewed the clinical record of one resident and policies and procedures related to the inspection.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**



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 did not ensure that the home's Policy and Procedure for Stasis Ulcers, Surgical & Other Wounds Policy # 03-08 was complied with.

The Policy and Procedure indicates:

Procedures

1. For residents with a stasis ulcer, surgical wound or other wound Registered Staff will:

- a. Assess and document the assessment of a resident's wound;
- e. Weekly assess the status of the wound,

On admission Resident #1 was assessed as having a wound.

Physician orders indicate a dressing change is required.

A review of the clinical record, including the medication/treatment record reveals that documentation is incomplete for the dressing change on two occasions.

The Director of Care indicated that Extencicare Wound Care Records were not yet implemented per policy.

Two registered staff and the Director of Care all confirmed that a skin and wound assessment of the resident's wound should have been documented at least weekly in the progress notes. [s. 8. (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 the home skin care policy related to wound assessment is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**



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

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

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**Findings/Faits saillants :**

1. The licensee did not ensure when Resident #1 had a fall that a post fall assessment had been conducted using an assessment instrument designed for falls.

During a clinical record review myself, two registered staff and the Director of Care were unable to locate a post fall assessment for a fall Resident #1 had.

The homes Policy and Procedure for Post Fall Assessment Policy # RESI-10-02-02 indicates:

**Policy Statement**

A post falls assessment will be completed after each resident fall.

**Procedures**

**By Interdisciplinary Team**

1. Complete a post fall assessment after each fall a resident experiences within the first 24 hours.

All three staff interviewed confirmed that a post fall assessment should have been completed in Point Click Care. [s. 49. (2)]

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**Issued on this 2nd day of September, 2014**

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