



**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 7, 2015	2015_240506_0005	H-002056-15	Complaint

Licensee/Titulaire de permis

955464 ONTARIO LIMITED
3700 BILLINGS COURT BURLINGTON ON L7N 3N6

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

CRESCENT PARK LODGE
4 Hagey Avenue Fort Erie ON L2A 5M5

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

LESLEY EDWARDS (506)

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 26, 27 and March 4, 2015

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Resident Assessment Instrument Co-ordinator(RAI Co-ordinator), registered staff, Personal Support Workers(PSWs), Registered Dietitian (RD), Food Service Nutrition Manager, residents and family members.

The following Inspection Protocols were used during this inspection:

Medication

Responsive Behaviours

Skin and Wound Care

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

5 WN(s)

4 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



Specifically failed to comply with the following:

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).

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; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that care set out in the plan of care was provided to resident #001 as specified in the plan.

In reviewing resident #001's plan of care and the blood sugar monitoring form it confirmed that on five separate occasions during two months, the resident did not receive their blood sugar testing as indicated in the resident's plan of care. The resident was to have their blood sugars tested twice a week. The RAI Co-ordinator confirmed that the blood sugars were not completed as specified in resident's plan of care. [s. 6. (7)]

2. The licensee failed to ensure that the resident's plan of care was reviewed and revised when the resident's care needs changed.

Resident #001 was identified as having several areas of altered skin integrity on their body on an identified date in December 2014. Record review indicated that the resident's wounds were not assessed again until an identified date in February 2015. There was no treatment plan developed to manage the resident's wounds and it was noted that the treatment record did not include identification of the resident's wounds. Interview conducted with the RAI Co-ordinator on an identified date in February 2015, confirmed that the home did not review and revise the resident's care plan when the resident's care needs changed prior to the wound deteriorating and becoming infected. [s. 6. (10) (b)]



Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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 the home's weight change policy was complied with.

The home's policy "Dietician Consultation" (policy number CN-D-06-1, dated April 2011) directed nursing staff to notify the Food Service and Nutrition Manager (FSNM) of the need for RD consultation, who will notify the RD directly, when a resident experienced unexplained weight change of 10 percent or more in 6 months, as well as when there is the potential for or actual altered skin integrity including skin breakdown and/or wounds.

i) Review of resident #001's weight records on an identified date in February 2015, revealed that the resident experienced a significant weight loss of 18.3 percent over six months. There was no evidence that a referral was sent to the FSNM or RD regarding the resident's weight loss as per the home's policy.

ii) Review of the resident's records revealed that there was no evidence of altered skin integrity on their last quarterly nutrition assessment. The resident developed altered skin integrity on an identified date in December 2014. There was no evidence that a referral was sent to the FSNM or RD regarding the resident's altered skin integrity as per the home's policy.



-Interview with the RD on an identified date in March, 2015 confirmed the home's policy was not complied with. [s. 8. (1) (b)]

2. The licensee has failed to ensure that the home's Glucometer policy was complied with.

The home's policy "Glucometer" (policy number CN-G-01-1, dated March 2011) directed nursing staff when taking a blood sugar reading if the value is 10 fasting or 13 random (or greater), the result is to be retested using another glucometer to confirm the result is accurate. This policy also stated registered staff will annually review the home's policy on glucometers.

- i) Review of resident #001's fasting blood sugar reading sheets from August 2014 to February 2015 identified that there were 21 fasting blood sugar values that were greater than 10 and should have been retested as per the policy.
- ii) Review of resident #001's random blood sugar reading sheets from August 2014 to February 2015 identified that there were 19 random blood sugar values that were greater than 13 and were not retested as per the policy.
- iii) The registered staff confirmed that the policy was not complied with as the blood sugars were not retested as per the home's policy.
- iv) In an interview with the registered staff it was confirmed the home does not provide annual glucometer education. The Administrator confirmed that the policy was not complied with as the home had not provided education on glucometer usage on an annual basis. [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 that weight change, glucometer policies are complied with, to be implemented voluntarily.

WN #3: 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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

On an identified date in December 2014, resident #001 had an open area to their skin; on an identified date in January 2015, staff identified another open area; on an identified date in January 2015, staff identified two open areas; on an identified date in February 2015, staff identified two more areas of breakdown; on an identified date in February 2015, staff identified the area on the resident's body was red and irritated. Staff interviewed and documentation confirmed the resident's skin was not assessed on these dates, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, were assessed by a registered dietitian who was a member of the staff of the home.

Resident #001 had several areas of altered skin integrity identified in December 2014. As of February 2015, there was no assessment of the resident related to the areas of altered skin integrity completed by the RD in the clinical record. Interview with the RD confirmed that an assessment had not been completed nor was a dietary referral for the area of altered skin integrity sent to the RD. [s. 50. (2) (b) (iii)]

3. The licensee has failed to ensure the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was not reassessed at least weekly by a member of registered nursing staff.

On an identified date in December 2014, registered staff noted an area of altered skin integrity on resident #001. The area was dressed with a dressing. The clinical record was reviewed from dates in December 2014, until dates in February 2015, and there was no reassessment of the area noted. The RAI co-ordinator confirmed that there was no reassessment completed after the initial discovery of the area on an identified date in December, 2014. [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 residents who exhibit altered skin integrity are assessed using a clinically appropriate assessment instrument and are assessed by a registered dietitian and are assessed at least weekly by a member of registered nursing staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :

1. The licensee has failed to ensure that the residents with the following weight changes were assessed, and that actions were taken and outcomes are evaluated;
3. A change of 10 per cent of body weight, or more, over 6 months.

A) Resident #001's experienced a significant weight loss of 18.3 percent over six months. Review of the resident's clinical health records and interview with the RD on an identified date in March 2015, confirmed that the resident was not assessed for significant weight loss. [s. 69. 3.]



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 with weight changes are assessed, and that actions are taken and outcomes are evaluated, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

- (a) a written record is created and maintained for each resident of the home; and**
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

Findings/Faits saillants :

1. The licensee has failed to ensure that residents' written records were kept up to date at all times.

A) Resident #001 was being treated for an infection and developed symptoms on an identified date in February 2015 at 0628 hours and did not take any nourishment on the night shift the symptom was identified. During a review of the resident's clinical record it was noted that there was no documentation in the resident's clinical file to indicate that the resident was assessed for the symptom again for over 24 hours when the resident presented with the symptom. The RAI Co-ordinator confirmed that the resident's clinical record was not kept up to date at all times. [s. 231. (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 residents' written records are kept up to date at all times, to be implemented voluntarily.

Issued on this 13th day of April, 2015

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

Original report signed by the inspector.