



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 prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 22, 2019	2019_778563_0003	030998-18	Complaint

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

MELANIE NORTHEY (563)

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): January 16, 17 and 18, and February 21, 2019

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Directors of Care, Resident Assessment Instrument Coordinator, the Local Health Integration Network Registered Nurse Care Coordinator, the Manager of Community Life, Registered Practical Nurse, Personal Support Workers and one family member.

The inspector reviewed relevant policies and procedures, investigation notes, clinical records and plan of care for the identified resident.

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

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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>Légende</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. 24. 24-hour admission care plan

Specifically failed to comply with the following:

s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

7. Skin condition, including interventions. O. Reg. 79/10, s. 24 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the care plan must identify the resident and must



include, at a minimum, the following with respect to the resident: Skin condition, including interventions.

Ontario Regulation 79/10 s. 24 (1) states, "Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home."

The Critical Incident System (CIS) report was submitted to the Ministry of Health and Long Term Care (MOHLTC) with an allegation of staff to resident physical abuse. Also, there was a complaint reported to the MOHLTC related to the same critical incident.

The Dearness Pressure Ulcers Policy #03-07 states all residents will be assessed for risk of skin breakdown on admission. The resident had a Pressure Ulcer Risk Scale (PURS) that indicated risk of skin breakdown and pressure ulcer development.

The Pressure Ulcer Resident Assessment Profile (RAP) flags both the need for addressing an existing pressure ulcer, and for risk of developing one. The PURS could be used as information to further delineate and identify individuals at greater or lesser risk of developing pressure ulcers.

The Head To Toe Skin Assessment Form - V2 was completed on admission for the resident. The assessment documented no altered skin integrity on admission. The Head to Toe Assessment however does not identify risk, it was a skin inspection that identified the presence of altered skin integrity at the time of the assessment. The Dearness Head to Toe Assessment Policy #03-04 stated, "any skin care needs as well as interventions related to skin care and treatments are documented in the resident's plan of care".

The Dearness Pressure Ulcers Policy #03-07 stated, "Risk factors for skin breakdown will be care planned for with appropriate interventions to minimize the skin breakdown." The resident was identified through the PURS as at risk for pressure injury and according to this policy would require care planning to address risk factors with appropriate interventions to minimize the skin breakdown. The resident had multiple risk factors. The risk factors were to be care planned with interventions to avoid skin breakdown. There were skin care needs for the resident to prevent skin breakdown and those interventions were to be documented in the resident's plan of care.

The Point Click Care (PCC) care plan had the documented planned care related to falls



and transfers only. Both Assistant Directors of Care (ADOC) stated that there would not be a skin care section unless there was identified altered skin integrity on admission or thereafter. They also shared that the intervention to turn and reposition every two hours was only added to the task list in Point of Care (POC) when there was a concern, otherwise it is the home's policy to always turn and reposition every two hours as part of the skin and wound program.

The Dearness Preventative Skin Care Policy #03-03 stated the “plan of care should outline specific preventative skin care the resident requires based on the resident status and outcomes of resident assessments.” The outcome of the Minimum Data Set (MDS) Assessment determined the resident was at risk for pressure injury and the plan of care must then outline specific preventative skin care. The ADOC stated that additional preventative skin measures were only added if skin breakdown had been identified. However, the skin and wound program policies address risk of skin breakdown, not just identified skin breakdown.

The care plan did not identify at a minimum the resident’s skin condition including the interventions implemented to prevent skin breakdown. [s. 24. (2) 7.]

Issued on this 1st day of April, 2019

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

Original report signed by the inspector.