



**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
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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
Jun 18, 2015	2015_171155_0017	010408-15	Resident Quality Inspection

Licensee/Titulaire de permis

THE ELLIOTT GROUP
170 Metcalfe Street GUELPH ON N1E 4Y3

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

THE ELLIOTT COMMUNITY
170 METCALFE STREET GUELPH ON N1E 4Y3

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

SHARON PERRY (155), DOROTHY GINTHER (568), SHERRI GROULX (519)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 1, 2, 3, 4, 5, 9, 10, 11, 2015.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Restorative Care Coordinator, RAI Coordinator, Director of Recreation and Volunteer Services, Infection Control Coordinator, Director of Environmental Services, Registered Nurse, two Registered Practical Nurses (RPN), 14 Personal Support Workers (PSW), Housekeeper, Dietary Aide, Resident Council representative, Family Council representative, four family members and 40+ residents.

The inspector(s) also conducted a tour of all resident living areas and common areas; observed residents and care provided to them; observed meal service, medication pass, medication storage areas; reviewed health care records and plans of care for identified residents; reviewed policies and procedures of the home, minutes from meetings, staffing schedules, staffing plans, and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Continence Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Personal Support Services

Residents' Council

Responsive Behaviours

Skin and Wound Care

Sufficient Staffing



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

4 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. (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; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

**(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

Resident #029 was identified to be receiving a medication at bedtime. The medication monitoring record indicates why resident #029 is receiving the medication.

Interview with a PSW confirmed that they were aware of why resident #029 was receiving the medication. Review of resident #029 care plan did not include why resident #29 was receiving the medication and there were no interventions identified to provide directions to staff and others who provide direct care to the resident.

The Director of Care confirmed that the care plan did not include interventions and the expectation is that it be included. [s. 6. (1) (c)]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15.
Accommodation services**



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

During the initial tour on June 1, 2015, it was observed that the carpets in the hallways on Eramosa, Paisley, and Wellington resident living areas had white stains and appeared dirty.

Upon interview with the Administrator, it was confirmed that the removal of these carpets and the replacement with new flooring has been approved for this year's capital budget plan.

Upon interview with the Director of Environmental Services it was confirmed that the removal of the carpets and installation of replacement flooring has been approved and will be installed by the end of August 2015 on Eramosa, Paisley, and Wellington resident living areas. The Director of Environmental Services added that the white staining on the hallway carpets on these living areas are a result of cleaning with some chemicals that bleached the carpets. [s. 15. (2) (c)]

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 has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, 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.

Resident #035 was identified during stage one of this inspection to have an area of altered skin integrity. An interview with a RPN confirmed that resident #035 did have an area of altered skin integrity.

Record review revealed that the home uses an assessment in Point Click Care and that the staff were using this assessment for resident #035. Review of six of the assessments revealed that the assessments were not fully completed.

The Director of Care confirmed that the assessments were not fully completed. [s. 50. (2) (b) (i)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

During the medication room observation, it was noted that in the laboratory specimen fridge there was a resident urine sample. It was also noted that this laboratory specimen fridge also contained food and fluids.

The Director of Care confirmed that having food and fluids in the laboratory specimen fridge was not in accordance with infection prevention and control practices and that they had requested that staff remove all food and fluids from the specimen fridge immediately. [s. 229. (4)]

Issued on this 19th day of June, 2015

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

Original report signed by the inspector.