



**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
performance et de la conformité**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 27, 2015	2015_338147_0005	H-001005-14	Complaint

Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.
195 DUFFERIN AVENUE SUITE 800 LONDON ON N6A 1K7

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

ERIN MILLS LODGE NURSING HOME
2132 DUNDAS STREET WEST MISSISSAUGA ON L5K 2K7

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

LALEH NEWELL (147)

Inspection Summary/Résumé de l'inspection



**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**

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

**This inspection was conducted on the following date(s): February 10,11, 12 and 17,
2015**

H-001005-14

**During the course of the inspection, the inspector(s) spoke with Administrator,
Director of Care (DOC), Assistant Director of Care (ADOC), RAI (Resident
Assessment Instrument) Co-ordinator, Registered staff, Personal Support Workers
(PSW), family and residents.**

**The Inspector also toured the home, observed the provision of care and services,
and reviewed documents including but not limited to: clinical health records,
policies and procedures and meeting minutes.**

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Skin and Wound Care**

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

3 WN(s)

3 VPC(s)

0 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. 3. Residents' Bill of Rights



Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that every resident has the right to participate fully in the development, implementation, review and revision of his or her plan of care.

Review of resident #501 clinical records and interview with the registered staff confirmed that the resident had been assessed for two pressure ulcers by an Advanced Practice Wound Consultant. The physician was contacted and treatment and interventions were developed to address the two pressure ulcers.

Interview with the registered staff and review of the progress notes confirmed that the resident's Power of Attorney (POA) was contacted by the Wound Consultant and the physician to provide an update on the status of the pressure ulcer and obtain consent for the treatment recommended. However, review of the documentation and interview with the registered staff confirmed that there were no further updates to the POA related to the changes and worsening of the pressure ulcers.

Interview with the resident's POA also confirmed that he was not consulted by the home after the initial contact by the the Wound Consultant and the physician related to the resident's pressure ulcers. Therefore, he was not able to fully participate in the development and review of the resident's plan of care related to the pressure ulcers. [s. 3. (1) 11. i.]

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 every resident has the right to participate fully in the development, implementation, review and revision of his or her plan of care, to be implemented voluntarily.

**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:

- 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 has failed to ensure that the resident is reassessed and the plan of care reviewed and revised when, the resident's care needs change or care set out in the plan is no longer necessary.

Review of the home's policy and procedure titled – Skin and Wound Care Assessment and Management – Doc No: RCM04-06-01 effective date: December 2014 states that the home, through an interdisciplinary team assessment completed with the Resident Assessment Instrument (RAI) -Minimum Data Set (MDS) 2.0 on admission, quarterly and with a significant change in status, a Skin and Wound Care Program will be implemented for each resident that meets the individual needs of the resident, promotes skin integrity, prevents the development of wounds and pressure ulcers, and provides effective skin and wound care interventions. The home will also ensure that Registered staff will complete a skin assessment, when there has been a change in the resident's health status that affects skin integrity and the plan of care will be reviewed and revised by the interdisciplinary team members when there is a change in the resident's needs.

Review of resident #501 clinical records and interview with the registered staff confirmed that the resident had been assessed for two pressure ulcers by an Advanced Practice Wound Consultant. The physician was contacted and treatment and interventions were developed to address the two pressure ulcers.

Review of the resident's electronic and clinical record, including RAI-MDS for the past three quarters and interview with the Assistant Director of Care (ADOC) indicated that the resident was reassessed as having had a deterioration in skin condition. However, when the significant change in status was identified and the resident's care needs had changed the plan of care related to skin integrity was not reviewed and revised with the new recommended strategies and interventions. [s. 6. (10) (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 the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary., 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 has failed to ensure that resident #501 was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Review of resident #501 clinical records and interview with the registered staff confirmed that the resident had been assessed for two pressure ulcers by an Advanced Practice Wound Consultant. The physician was contacted and treatment and interventions were developed to address the two pressure ulcers.

Review of the home's policy and procedure titled – Skin and Wound Care Assessment and Management – Doc No: RCM04-06-01 – effective date: December 2014 states that when the resident exhibiting altered skin integrity, including pressure ulcers, have a skin assessment completed by a registered staff and reassessed at least weekly by a member of the registered staff in clinically indicated. Interview with the ADOC/Skin care co-coordinator who confirmed that the expectation of the home would be that a weekly skin assessment would have been completed by the registered staff for resident #501 related to the management of the pressure ulcers.

Review of the residents clinical and electronic records confirmed that there was no consistent documented evidence to support that weekly 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 was completed for either of the pressure ulcers. [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 that resident #501 was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.



**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**

Issued on this 17th day of April, 2015

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

Original report signed by the inspector.