



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**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  
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<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>
Apr 26, 2013	2013_171155_0014	L-000166-13	Complaint

**Licensee/Titulaire de permis**

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP  
1090 MORAND STREET, WINDSOR, ON, N9G-1J6

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

ERRINRUNG NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME  
LIMITED PARTNERSHIP  
67 Bruce Street, P.O. Box 7069, THORNBURY, ON, N0H-2P0

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

SHARON PERRY (155)

**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): April 16 and 17, 2013.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, RAI/Clinical Coordinator, Maintenance, Program Manager, Activity Aide, Food Service Manager, Registered Nurse, Personal Support Worker, Environmental Worker, 3 Residents, and Family member.

During the course of the inspection, the inspector(s) toured resident living areas, observed resident and staff interactions, observed residents in programs, checked functioning of front door, checked medication storage areas, reviewed activity calendars, reviewed program evaluations and reviewed resident clinical records.

The following Inspection Protocols were used during this inspection:  
Medication

Recreation and Social Activities

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 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 :**



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1. Every licensee of a long-term care home shall ensure that a resident exhibiting altered skin integrity is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Three out of three (100%) residents reviewed were receiving topical prescriptions that are applied by the Personal Support Workers. There were no weekly assessment of the skin areas by the registered nursing staff.

This was confirmed by the Registered Nurse. [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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,  
i. persons who may dispense, prescribe or administer drugs in the home, and  
ii. the Administrator.

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

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**Findings/Faits saillants :**



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1. On April 17, 2013 at 1240 hours the north clean utility room door was not locked and prescription topical creams were on the counter. This was confirmed by the Administrator. [s. 130. 1.]

2. Prescription topical medications are being kept in the clean utility rooms . All staff have access to these rooms. This was confirmed by staff. [s. 130. 2.]

***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 all areas where drugs are stored shall be kept locked at all times, when not in use and access to these areas shall be restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
  - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

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**Findings/Faits saillants :**

1. On April 17, 2013 five cans of diabetic strawberry resource with expiry dates of February 2013 and March 2013 were found in the fridge in the north dining room. This was confirmed by the Food Service Manager and the cans were removed. [s. 129. (1) (a)]



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Issued on this 26th day of April, 2013

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

*Sharon Perry*