

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

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## 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

Dec 5, 2014

2014 370162 0015 T-1324-14

Complaint

### Licensee/Titulaire de permis

Chartwell Master Care LP 100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

THE GIBSON LONG TERM CARE CENTRE
1925 STEELES AVENUE EAST NORTH YORK ON M2H 2H3

### Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs TIINA TRALMAN (162)

# Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 13, 14, 17, 2014.

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, assistant director of care, registered staff, personal support workers, dietary staff, family member.

The following Inspection Protocols were used during this inspection:



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#### Skin and Wound Care

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	
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.



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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. The licensee has failed to 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 is specifically designed for skin and wound assessment.

Record review and interviews with the assistant director of care (ADOC), registered staff and personal service workers (PSW) revealed that prior to the breakfast meal service on an identified date, resident #1 was identified with the right hand as being swollen, red and warm. The registered staff on duty requested the physician on site to assess the resident. The resident has been assessed by the physician on the same day with an unsure diagnosis. Treatment has been started and monitoring continued.

Record review revealed that a skin assessment using a clinically appropriate tool was not carried out during an identified period of time. Interview with the ADOC revealed that on an identified date, she observed the resident's right hand to be "extremely swollen with blisters, warm to touch with redness" and recommended that the resident be sent to the hospital.

Interview with the director of care (DOC) confirmed that registered staff are responsible to complete a skin assessment of skin integrity and alterations in skin, in accordance with the home policy LTCE-CNS-I-1, and that the skin assessment has not been conducted using a clinically appropriate instrument specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

Issued on this 8th day of December, 2014

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

Original report signed by the inspector.

Juna Walmas