

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
Aug 21, 2019	2019_577611_0023	011544-19	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare St. Catharines
283 Pelham Road St. Catharines ON L2S 1X7

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

KELLY CHUCKRY (611)

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): July 29, 30, 31, 2019

During the course of this inspection, the inspector(s) observed the provision of resident care, reviewed relevant clinical health records, reviewed complaint logs, policies and procedures, staffing plans, and bathing schedules.

During the course of the inspection, the inspector(s) spoke with the complainant, residents, the Administrator, Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Health Care Aides (HCAs). Housekeeping aides and janitors.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dining Observation

Personal Support Services

Reporting and Complaints

Skin and Wound Care

Sufficient Staffing

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

3 WN(s)

1 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. 33. Bathing
Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

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1. The licensee failed to ensure that residents were bathed, at minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A) A complaint inspection Log #011544-19, identified concerns with respect to bathing of residents. During this inspection, the bathing schedule for identified unit(s) was reviewed. In addition, the written plans of care were reviewed for a total of twelve (12) residents to determine care expectations for baths or showers.

i) The plan of care current as of an identified date, for resident #001 identified their shower and bathing expectations and preferences. According to the Point of Care (POC) documentation, for an identified period of time, this resident did not receive seven (7) scheduled baths, with no identified refusals.

ii) The plan of care current as of an identified date, for resident #002 identified their shower and bathing expectations and preferences. According to the POC documentation for an identified period of time, this resident did not receive two (2) scheduled showers.

iii) The plan of care current as of an identified date, for resident #005, identified their shower and bathing expectations and preferences. According to the POC documentation for an identified period of time, this resident did not receive eight (8) baths.

iv) The plan of care current as of an identified date, for resident #010, identified their shower and bathing expectations and preferences. According to the POC documentation for an identified period of time, this resident did not receive a total of five (5) baths.

v) The plan of care current as of an identified date, for resident #011, identified that their shower and bathing expectations and preferences. According to the POC documentation for an identified period of time, this resident did not receive this care seven (7) times, with no identified refusals.

In an interview conducted with the DOC, it was acknowledged that resident #001, #002, #005, #010, and #011 did not receive baths or showers, at a minimum of twice a week.
[s. 33. (1)]

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 residents are bathed, at minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

WN #2: 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 failed to ensure that (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (i) 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, (ii) received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required, (iii) was 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) was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A complaint inspection Log #011544-19 identified concerns with the skin and wound program provided to resident #001. A review of the progress notes on an identified date identified that this resident had an area of altered skin integrity. A separate progress note on the same day indicated a referral to the dietitian was completed.

Upon further review of the clinical health record for resident #001, an initial skin assessment was not completed for this area of altered skin integrity.

In an interview conducted with the DOC, and registered staff #101, it was acknowledged that an initial skin assessment was not completed for resident #001, despite there being an area of altered skin integrity. [s. 50. (2) (b) (i)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a documented record was kept in the home that included, (a) the nature of each verbal or written complaint; (b) the date the complaint was received; (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; (d) the final resolution, if any; (e) every date on which any response was provided to the complainant and a description of the response; and (f) any response made in turn by the complainant.

A complaint inspection Log #011544-19 identified concerns with complaints made to the home. The complainant identified that at least on three (3) separate occasions, they brought a care issue with respect to resident #001, to the attention of the DOC. The complainant reported this in the form of a verbal complaint.

A review of the 2019 complaint log revealed one (1), complaint from the complainant on the identified date. One of the items in this complaint included the care issue. There were no other complaint log entries pertaining to this issue.

In an interview conducted with the DOC, it was acknowledged that at least three (3) separate complaints were made by the complainant with respect to resident #001. It was further acknowledged that this recurring issue had not been identified on the complaint log on at least two (2) separate occasions. [s. 101. (2)]

Issued on this 3rd day of September, 2019

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

Original report signed by the inspector.