Ontario

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

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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 22, 2016	2016_200148_0019	016479-16, 035943-15, 021160-15	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF CORNWALL
1900 Montreal Rd. CORNWALL ON K6H 7L1

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

GLEN-STOR-DUN LODGE
1900 MONTREAL ROAD CORNWALL ON K6H 7L1

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

AMANDA NIXON (148)

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): June 20-22 and June 24, 2016

The inspection included complaints related to nursing care and assessment, alleged abuse and neglect, continence, wound and bathing care and medication administration.

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Secretary, Staff Development Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), family and residents.

The Inspector also reviewed resident health care records and related documents and the home's policy to promote zero tolerance of abuse and neglect of residents. The Inspector observed resident care and services and resident/staff interaction.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Hospitalization and Change in Condition
Medication
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
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 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 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 #002 exhibiting altered skin integrity, including pressure ulcers, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument, receives immediate treatment and intervention to reduce or relieve pain, promote healing, and prevent infection and is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #002 has several diagnosis that may impact the risk of skin breakdown.

As it relates to a compliant of wound care, the Inspector reviewed the PSW Skin Checklist for October 2015. On a specified date in October 2015, during the provision of resident #002's bath, PSW #102 completed a skin check and checked off, "reddened areas" (area not specified). Inspector #148 spoke with PSW #102 who recalls that when she noted the redness it was with regards to skin breakdown at a specified site. She noted that her usual practice would be to report the wound to the RPN. It was determined by interview with RPN #109 and RPN #110, that if a report of skin breakdown is made by the PSW, the RPN would then sign the space available on the bottom half of the Skin Checklist and write a progress note related to the skin wound.

The earliest progress note related to the wound for resident #002 was four days after

PSW #102 noted the skin breakdown. The progress notes, by RPN #112, indicated the identification of a pressure ulcer to which a dressing was applied, the location of which was not specified.

RPN #109 indicated to the Inspector that in review of the chart, it would appear that treatment to the specified wound site was first provided four days after the noted redness by PSW #102. With the exception of the progress note, no other skin assessment using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments could be identified for seven days after the redness was noted by PSW #102.

In a progress note seven days after the redness was noted, RPN #109 indicates the resident's complaints of his/her wound site burning. RPN #109 noted that there was no dressing applied at that time. RPN #109 initiated a Wound Assessment/Progress Tool on the same date, cleansed the area and applied a dressing.

A care conference note in late October 2015, indicates the resident presently has a stage II pressure area with dressing that is changed on bath days. The resident's physician assessed the pressure ulcer on in mid-November 2015, noting that consultation was made to the wound management nurse. The physician further noted the need for debridement and current exudate of the wound. An order was made for antibiotic and dressing.

An MDS assessment completed in the fall of 2015, describes the resident with a stage 3 pressure ulcer, noting that a referral to enterostomal therapist was made. The resident's plan of care was updated to indicate that a stage X pressure ulcer exists. The plan of care further directs staff to provide treatment to the stage 4 ulcer as per the wound care book.

A review of progress notes and Wound Assessment/Progress Tools, indicates that weekly wound assessments by registered staff were not completed, exampled by a gap of 18 days and a second gap of 14 days, within a three month period.

Resident #002 was not provided with an assessment of the skin breakdown, using a clinically appropriate tool, until seven days after the initial redness was noted by a PSW staff member. Although treatment was provided four days after the redness was noted, the health care record and staff interviews indicate that the treatment and interventions to promote healing and relieve pain were not provided between days four to seven, at which

time the resident complained of discomfort at the wound site. In addition, weekly wound assessment were not completed as required on two occasions within a three month period. [s. 50. (2) (b) (iv)]

Issued on this 22nd day of July, 2016

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

Original report signed by the inspector.