

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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
Jul 15, 2021	2021_898541_0005	010086-21, 010099-21	Complaint

Licensee/Titulaire de permis

Gibson Holdings (Ontario) Ltd.
343 Amherst Drive Amherstview ON K7N 1X3

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

Helen Henderson Nursing Home
343 Amherst Drive Amherstview ON K7N 1X3

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

AMBER LAM (541)

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 12-14, 2021

2 logs related to resident care were completed during the inspection:

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Assistant Director of Care, registered nurses, registered practical nurses, personal support workers, a housekeeper and residents. In addition, the inspector conducted observations of dining services, observed staff to resident interactions, reviewed resident health care records and reviewed relevant policies.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Infection Prevention and Control

Personal Support Services

Safe and Secure Home

Skin and Wound Care

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

4 WN(s)

3 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 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 failed to ensure that a resident's plan of care was reviewed and revised when the care set out in the plan is no longer necessary.

The resident's plan of care indicates that they are to be repositioned every 2 hours as an intervention. 2 PSWs were interviewed and indicated not being aware the resident required repositioning. They indicated this intervention was not present on the resident's Point of Care. The DOC was interviewed and indicated that the resident refuses to be repositioned and this is no longer an intervention.

The resident's plan of care was not updated to remove the intervention of repositioning every 2 hours when it was no longer necessary. [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, (a) a goal in the plan is met; (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that treatment for a resident's altered skin integrity under the skin and wound care program, was documented.

A resident was identified as having altered skin integrity. The resident's Treatment Administration Record (TAR) was reviewed for a 4 and a half month period and it indicated the resident was to have a wound treatment every 3 days and as needed. The TAR was not completed every 3 days when treatment was to be given to the resident.

Sources: A resident's progress notes and TAR, interview with DOC. [s. 30. (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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, 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 3 residents who have altered skin integrity, received a skin assessment by the registered nursing staff using a clinically appropriate assessment instrument specifically designed for skin and wound assessment.

According to an RN, assessments are supposed to be completed using an assessment tool however due to the length of time it takes to fill out this tool, registered staff have been using progress notes to document skin assessments. As per the Director of Care, progress notes are sufficient to complete the skin and wound assessments.

There are no skin and wound assessments completed using a clinically appropriate assessment instrument for the 3 identified residents. The skin and wound assessments entered in the progress notes are not consistent in their assessment in that they do not identify the stage of the wound, wound measurements and any change from one assessment to the next.

This non-compliance presents a risk to residents in that their altered skin integrity is not being assessed in a consistent manner which could result in a deterioration and/or lack of treatment of the area being assessed.

Sources: Progress notes and care plans for 3 residents, TAR for a resident, interviews with an RN and the DOC. [s. 50. (2) (b) (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 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, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident had a post-fall assessment conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

The resident sustained an unwitnessed fall on June 24, 2021. An RN indicated the post-fall assessments are completed using a tool available on Point Click Care under the assessment tab. There was no post-fall assessment completed for the resident's fall. The RN who responded to the resident's fall confirmed there was no post-fall assessment completed.

Sources: A resident's progress notes, interview with 2 RNs. [s. 49. (2)]

Issued on this 26th day of August, 2021

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

Original report signed by the inspector.