



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 25, 2013	2013_159178_0012	T-71-13/T-106-13	Complaint

Licensee/Titulaire de permis

HERITAGE NURSING HOMES INC.
1195 QUEEN STREET EAST, TORONTO, ON, M4M-1L6

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

THE HERITAGE NURSING HOME
1195 QUEEN STREET EAST, TORONTO, ON, M4M-1L6

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

SUSAN LUI (178)

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 17,18,19,21, 2013

During the course of the inspection, the inspector(s) spoke with Director of Care, registered staff, personal support workers (PSWs), a resident, a resident's family member.

During the course of the inspection, the inspector(s) observed resident care, reviewed resident records, reviewed home records and policies.

The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management



Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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.) 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



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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 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 staff and family interviews confirmed the following:

Resident # 1 was admitted to the home on August 16, 2011. The resident was identified on admission to have a pressure ulcer present. Record review and staff interviews confirm that the resident did not receive 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.

Staff and family interviews and record review confirm that resident # 1 frequently has open areas on an identified area of the body, caused by the resident picking at his/her skin. These open areas are being treated as directed by the resident's physician.

Staff interview and record review confirm that these areas of skin breakdown have not been assessed by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

2. Record review and staff interviews confirm that resident # 2, who developed a pressure ulcer on an identified date after admittance to the home, was not assessed by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

3. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Record review and staff interviews confirm that resident # 1, who has been exhibiting repeated skin breakdown on an identified area of the body, was not reassessed at least weekly by a member of the registered nursing staff.

The resident's open areas have been treated as directed by the resident's physician since January 11, 2013 whenever the resident will accept treatment. However the resident's open areas have not been reassessed at least weekly by the registered staff. [s. 50. (2) (b) (iv)]



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4. Staff interviews and record review confirm that resident # 2 is exhibiting a pressure ulcer, identified on November 12, 2012. The resident's wound was not reassessed at least weekly by a member of the registered nursing staff between December 1, 2012 and February 27, 2013, during which time the resident's ulcer worsened. [s. 50. (2) (b) (iv)]

5. Record review and staff interviews confirm that resident # 3 was assessed on January 2, 2013 and on January 5, 2013 to have skin ulcers on two different areas of the body. The resident's ulcers have not been reassessed at least weekly by registered staff between the time the ulcers were identified and present. The resident's upper body ulcers healed on April 3, 2013. The resident continues to exhibit an ulcer on the lower part of the body. [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 all residents exhibiting altered skin integrity

a) receive 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, and

b) are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

Issued on this 25th day of June, 2013

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

Susan Shi (178)

