



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London ON N6B 1R8

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection May 4, 2011	Inspection No/ d'inspection 2011_172_2729_04May093916	Type of Inspection/Genre d'inspection Complaint-L-000517
---	---	--

Licensee/Titulaire
Sharon Farms and Enterprises Limited, 1340 Huron St. London, Ontario N5V 3R3

Long-Term Care Home/Foyer de soins de longue durée
Kensington Village, 1340 Huron St. London, Ontario N5V 3R3

Name of Inspector/Nom de l'inspecteur
Joan L. Woodley ID# 172

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint inspection related to Resident care.

During the course of the inspection, the inspector spoke with: 3 Registered nursing staff, 3 personal support workers, 1 Personal support care student, 1 resident, acting Director of Nursing and Personal Care, and Administrator.

During the course of the inspection, the inspector: observed dressing change, observed lunch service, observed specific resident's positioning and activity, observed a.m. snack, held interviews, reviewed resident's plan of care, and reviewed Nursing policy and procedure manual.

The following Inspection Protocols were used during this inspection: Skin and Wound Care; Dignity, Choice and Privacy

Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN
3 VPC

Revised for publication

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O.Reg.79/10, s. 50(2)(b)(iv).

Every licensee of a long-term care home shall ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Findings:

1. A reassessment of Resident #100003's stage 4 ulcer was documented on May 4, 2011 by RN, which included measurements.
2. Wound reassessments of Resident #100003's stage 4 ulcer were documented by the wound care Consultant, with her monthly visits.
3. No weekly assessments for Resident #100003's stage 4 ulcer were found in progress notes, by RPN, RN, or Inspector 172.

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 with s.50(2)(b)(iv), to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg.79/10, s. 48(1)2.

Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers and provide effective skin and wound care interventions.

Findings:

1. May 4, 2011 staff interview completed with RN whereby she confirmed that registered staff should be completing weekly assessments, including measurements and the RN was not able to locate any weekly assessments in Resident #100003's progress notes.
2. May 4, 2011, staff interview completed with RPN whereby she confirmed that registered staff are suppose to be completing weekly assessments and documenting them in the progress notes. These assessments are triggered on their Electronic Treatment Administration Record the day they are due and assessments include measurements. The RPN was unable to find weekly assessments on Resident #100003's file.
3. May 4, 2011 chart review was completed and no weekly skin assessments were found other than the one completed on May 4, 2011.

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 with s.48(1)2, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg.79/10, s. 8(1)(a)(b).

Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put into place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is in compliance with and is implemented in accordance with all applicable requirements under the Act.

Findings:

1. May 4, 2011 a review of the home's policy # NS-II-420 Skin Care and Ulcer Management Policy, effective May 2009 indicates that weekly skin assessments are to be completed.
2. There is no evidence that weekly skin assessments are being completed.

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 with s.8(1)(a)9b), to be implemented voluntarily.

WN # 4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.3 (1).
Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individually and respects the resident's dignity.

Findings:

1. On May 4, 2011, the RPN was observed completing treatments in the residents' lounge area opposite the nursing station. There were 5 other residents and 3 staff present completing the morning snack.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
		<i>Jean A. Woodley RA</i>	
Title:	Date:	Date of Report:	
		<i>May 16, 2011</i>	