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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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
Dec 3, 2013	2013_226192_0022	L-00002-13	Complaint

Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.
195 DUFFERIN AVENUE, SUITE 800, LONDON, ON, N6A-1K7

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

LANARK HEIGHTS LONG TERM CARE CENTRE
46 LANARK CRESCENT, KITCHENER, ON, N2N-2Z8

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

DEBORA SAVILLE (192), NANCY JOHNSON (538)

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): November 29, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, and Registered Practical Nurse.

During the course of the inspection, the inspector(s) reviewed medical records, policy and procedure, assessment, and the skin and wound binder.

The following Inspection Protocols were used during this inspection:
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
O. Reg. 79/10, s. 50 (2).

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 failed to ensure that a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return of the resident from hospital.

Resident #001 was admitted to hospital in 2012 related to an infected wound. Surgical intervention was completed and the resident returned to the home. Documentation at the time of readmission indicates resident #001 had a surgical wound and a dressing on the heel. Record review and interview confirm that the resident did not receive a skin assessment by a member of the registered nursing staff upon return to the home.

Communication with the resident's daughter identified that a small open area was present on the heel at the time of discharge from hospital.

In 2012 altered skin integrity was noted by the physiotherapist and documented by the Registered Practical Nurse. The wound was noted to be open and weeping, with sero -sanquinous discharge. A wound assessment was completed, 13 days following return from hospital.

Resident #001 who was at risk of altered skin integrity did not receive a skin assessment by a member of the registered nursing staff upon return of the resident from hospital. [s. 50. (2) (a) (ii)]

2. The licensee failed to 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.

Resident #001 had a documented wound that was being treated. Documentation review and interview confirm that the resident's wounds were not assessed weekly by a registered nurse in October, November and December 2012.

Interview confirms that weekly wound assessments are to be completed in the electronic documentation system on a Skin and Wound Assessment Form.

Record review and interview confirm that assessments were not completed for specified weeks in 2012. Following return from hospital, weekly wound assessments are not documented for 13 days, when one of the residents wounds was noted to be

significantly worse. No weekly assessment is documented for the week of December 19, 2012. [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 ensuring that a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return of the resident from hospital, to be implemented voluntarily.

WN #2: 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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

Resident #001 was admitted to hospital in 2012 related to an infected wound. While in hospital the resident underwent surgery. The resident was readmitted to the home with a surgical wound and a pressure ulcer in 2012.

In 2012 a Resident Assessment Protocol meeting was held to review the residents current status. Documentation from the meeting indicates that the resident had a surgical wound and no other skin issues.

Thirteen days following readmission from hospital documentation indicates that the physiotherapist identified a large area of altered skin integrity.

Documentation by the Registered Dietitian eight days later indicates that resident #001's skin was intact except for a surgical wound.

Assessments completed on resident #001 by staff and others are not consistent with the needs of the resident and do not compliment each other. [s. 6. (4) (a)]

Issued on this 3rd day of December, 2013

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

Debora Saville (192)