



**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**

**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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 18, 2018	2017_678680_0024	004427-16	Complaint

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF GREY
595 9th Avenue East OWEN SOUND ON N4K 3E3

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

LEE MANOR HOME
875 SIXTH STREET EAST OWEN SOUND ON N4K 5W5

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

TRACY RICHARDSON (680)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 19 and 20, 2017

Log #004427-16, IL #42808-LO, IL-43002-LO, IL-43742-LO, related to pain management, skin and wound management, continence care and bowel management, nutrition care and hydration programs, and transferring and positioning.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Previous Director of Care, the Nutrition Manager, the Assistant Director of Care, Registered Practical Nurses, Registered Nurses, Personal Support Workers, a Dietary Aide, and a family member.

The inspector(s) also made observations of residents, and activities and care of residents. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Continence Care and Bowel Management
Nutrition and Hydration
Pain
Personal Support Services
Reporting and Complaints
Skin and Wound Care**

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

**2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



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,**
- (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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff.

A complaint was submitted to the Ministry of Health and Long-Term Care (MOHLTC) regarding skin integrity related to a specified resident.

Review of the progress notes for a specified resident showed several dates where altered skin integrity had been documented.

Review of the multidisciplinary care conference notes on specified dates discussed altered skin integrity on a specified resident.

Review of a specified resident's care plan, showed a focus created on a specific date identified the altered skin integrity. The intervention listed was related to the policy for the specific altered skin integrity.

Review of the assessments in point click care (PCC), showed altered skin assessments were done on several dates but not weekly.



Review of the doctor's quarterly medication review showed a specific treatment for the altered skin integrity that had started on a specified date.

Assistant Director of Care acknowledged that the specified assessments had not been done weekly, and that the expectation was that the weekly assessment would have been done consistently.

A registered staff member stated that when a resident had altered skin integrity they would notify family, the physician, and the dietitian. The registered staff member stated that in a specific year the altered skin integrity concerns were assessed weekly but the assessments were in the progress notes.

In an interview with the Director of Care they stated registered staff were expected to do the specified assessments weekly.

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

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of the issue was isolated. The home had a level 3 history of on-going non-compliance with this section of the Act that included: voluntary plan of correction (VPC) issued October 17, 2016 (2016_448155_0016). [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 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A complaint was submitted to the Ministry of Health and Long-Term Care (MOHLTC) regarding pain for a specified resident.

Review of the home's policy titled "Pain and Symptom Management," dated December 2015, stated "The registered staff will: Conduct and document a pain assessment electronically:

- on admission and re-admission
- quarterly with an MDS pain score of 2 or more or with significant change of status
- on initiation of a pain medication or PRN analgesic
- when there are behaviours exhibited by resident that may be an indicator for the onset of pain."

The policy then stated

"Conduct an electronic weekly pain assessment when:

- a scheduled pain medication does not relieve the pain
- pain remains regardless of the interventions,
- pain medication is changed."

Review of the care plan for the specified resident, showed a focus for pain related to specific conditions. The interventions were in place.

Review of the Pain level using a specified pain assessment scale showed a pain level was completed on a specific date with a specific score being recorded. A second recording on the same date showed the specified pain assessment was marked with a different score. The next recorded specified pain assessment was done on a date that was more than a week.



Review of the specified resident's chart showed the resident returned to the home following a treatment for the specified condition. A full pain assessment was completed the next day.

Review of the specified resident's chart showed the resident complained of specified pain on numerous dates and times. The progress note showed that the resident was ordered a specified medication to treat the pain.

A specified staff member shared that before the specified resident had received treatment for their specific condition that they had experienced more pain, than after the treatment.

On a specified date a registered staff member shared that the specified resident had more pain prior to treatment and had improved after the treatment for the specified condition. The registered staff member shared that the resident received scheduled medications for pain, and has a history of the specified pain.

The Assistant Director of Care acknowledged that a specific medication had been ordered and given to the resident in a specified month, and that a full pain assessment had not been completed at that time.

In an interview the DOC acknowledged that a specific medication had been ordered and administered and that there was no assessment during that time. The DOC stated that "there were lots of pain notes" on the specified resident, and that the resident should have had an in-depth pain assessment completed.

The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of the issue was isolated. The home has a history of unrelated non compliance. [s. 52. (2)]



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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 when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

Issued on this 22nd day of January, 2018

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

Original report signed by the inspector.