



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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
Jul 19, 2018	2018_729615_0025	012824-18	Resident Quality Inspection

Licensee/Titulaire de permis

Steeves & Rozema Enterprises Limited
265 North Front Street Suite 200 SARNIA ON N7T 7X1

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

Westmount Gardens Long Term Care Home
590 Longworth Road LONDON ON N6K 4X9

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

HELENE DESABRAIS (615), CASSANDRA TAYLOR (725), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



**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**

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): July 9, 10, 11, 12, 13, 16, 17 and 18, 2018.

The following complaint reports were inspected during the Resident Quality Inspection (RQI):

Complaint IL-54316-LO/IL-54426-LO/Log #027272-17 related to prevention of abuse and neglect;

Complaint IL-54243-LO/Log #026787-17 related to medication;

Complaint IL-56699-LO/Log #008674-18 related to prevention of abuse and neglect;

Complaint IL-57713-LO/Log #016092-18 related to accommodation services - maintenance.

The following critical incident system reports (CIS) were inspected during the RQI:

CIS #2878-000053-16/Log #033936-16 related to prevention of abuse and neglect;

CIS #2878-000018-17/Log #015403-17 related to prevention of abuse and neglect.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care (MRC), the Assistant Manager of Resident Care (AMRC), the Maintenance Manager (MM), the Resident Assessment Instrument Coordinator (RAI Coordinator), six Registered Practical Nurses (RPNs), five Personal Support Workers (PSWs), the Family Council Representative, the Resident Council Representative, over 20 residents and family members.

During the course of the inspection, the inspectors toured all resident home areas, observed the general maintenance and cleanliness of the home, medication rooms, medication

administration and medication incidents, the provision of resident care, staff to resident interactions, infection prevention and control practices and reviewed resident clinical records, relevant policies and procedures, the posting of required information and other relevant documentation.

The following Inspection Protocols were used during this inspection:



**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**

**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**

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

3 WN(s)

2 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>Legendé</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 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, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

During stage one of the RQI, a resident was observed with a bandage on their body.

A review of the resident's post fall skin assessment completed on a specific date, stated that the resident sustained a skin alteration on their body and a treatment plan was initiated on that date.

Further review of the resident's records showed that the weekly wound and skin assessment had not been completed to date.

During an interview, the Skin and Wound Care Nurse (RPN) acknowledged that there was no weekly wound and skin assessment for the resident's skin alteration.

A review of the home's policy #RCM 10-06-01 Skin and Wound Program, last revised August 11, 2017, stated in part "Altered Skin Integrity: includes skin breakdown, pressure ulcers, skin tears or wound, including potential or actual disruption of the epidermal or dermal tissue. Procedure indicates: Residents with Altered Skin Integrity is assessed at least weekly by a member of the registered nursing staff, if clinically indicated".

During an interview, the MRC said that when a resident sustained a skin alteration that it was the home's expectation that a weekly wound and skin assessment was completed as part of the home's skin care protocol. [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, if clinically indicated, to be implemented voluntarily.



**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**

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

A review of the home's policy #RCM 09-13 "Medication - Ordering and Transcribing" last reviewed August 7, 2017, stated in part "Transcribing orders is a basic competency of Registered Team Members. Procedure: Verifying that the order is complete, or follow up with the physician to obtain a complete prescription".

A review of the home's medication incidents for the last quarter, January, February and March 2018 stated the following:

January: two pharmacy errors;

February: three medication errors;

March: two medication errors.

According to the home's medication incident report, the last medication error that reached a resident was as follow: the physician's orders stated that the resident's specific medication that was scheduled three times a day, was to be changed to two times a day when needed (PRN). The physician's order had not been transcribed by the registered staff, then not faxed to the pharmacy to reflect the change.

A review of the resident's Medication Administration Record (MAR) indicated that the resident received the scheduled medication three times on a specific date after the change.

During an interview, a RPN stated that medication orders had to be transcribed and processed so residents could receive their appropriate medication.

During an interview, the Administrator and MRC stated that the home's expectation was that registered staff processed medication orders so that residents could received their appropriate medication and that no error occurred. [s. 131. (2)]



**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**

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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that they sought the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

A Family Council Questionnaire was sent to Family Council Representative via email on July 10, 2018 and completed and returned on July 12, 2018.

A review of the said questionnaire stated in part that the Family Council did receive results and action items from annual surveys, however they had not been involved in the review or development of the surveys.

A review of the Family Council minutes from January 2018 to July 18, 2018, had no mention that the Family Council were involved with the review or development of the survey.

During an interview, the Administrator stated that they did not have the participation of the Family Council to develop the satisfaction survey in 2017 and 2018, and that it was a recommendation, in the past, from the Accreditation to have the council's participation and that they seek the participation of the council in the future. [s. 85. (3)]

Issued on this 20th day of July, 2018

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

Original report signed by the inspector.