



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance

Division

Performance Improvement and Compliance Branch

Division de la responsabilisation et de la

performance du système de santé

Direction de l'amélioration de la performance et de la conformité

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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 16, 17, 18, Nov 2, 5, 2012	2012_099188_0040	Complaint

Licensee/Titulaire de permis

MANITOULIN CENTENNIAL MANOR HOME FOR THE AGED BOARD OF MANAGEMENT  
70 Robinson Street, Postal Bag 460, LITTLE CURRENT, ON, P0P-1K0

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

MANITOULIN CENTENNIAL MANOR HOME FOR THE AGED  
70 ROBINSON STREET, POSTAL BAG 460, LITTLE CURRENT, ON, P0P-1K0

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

MELISSA CHISHOLM (188)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Registered Nursing Staff, Personal Support Workers, Residents and Families.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed staff to resident interactions, reviewed health care records and reviewed various policies and procedures.

The following Inspection Protocols were used during this inspection:

Pain

Personal Support Services

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following subsections:**

**s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**

1. It was identified to the inspector by a resident substitute decision-maker (SDM) that a requested for a change to the residents sleep routine was made. Inspector noted a progress note which confirms this request. Inspector reviewed the resident's plan of care and noted it does not reflect the new request. The licensee failed to ensure the resident's SDM was given an opportunity to participate fully in the development and implementation of the plan of care. [LTCHA 2007, S.O. 2007, c.8, s.6(5)]
2. Inspector reviewed the health care record for a resident. Inspector noted the resident developed a pressure ulcer. Inspector noted the home's wound care protocol was initiated as treatment for the wound. Inspector spoke with the resident's SDM who reports that the home did not identify the wound or the home's treatment plan when it was discovered. Inspector spoke with staff who identified if the SDM had been notified it would be documented in the progress notes. Inspector reviewed the progress notes and did not locate any documentation indicating the resident's SDM has been made aware of the newly acquired wound. The licensee failed to ensure the resident's SDM be given an opportunity to participate fully in the development and implementation of the plan of care. [LTCHA 2007, S.O. 2007, c.8, s.6(5)]

**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 ensure the resident's SDM is given an opportunity to participate fully in the development and implementation of the plan of care, to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

Specifically failed to comply with the following subsections:

- 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;
  - (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;
  - (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
  - (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).
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**Findings/Faits saillants :**

1. Inspector reviewed the health care record for a resident. Inspector noted the resident developed a pressure ulcer. Inspector noted the home's wound care protocol was initiated as treatment for the wound. Inspector was unable to locate weekly reassessment by a member of the registered nursing staff. Inspector spoke with staff who identified that as per the home's policy weekly assessment should have been completed. The licensee failed to ensure that a resident exhibiting altered skin integrity has been reassessed at least weekly by a member of the registered nursing staff. [O.Reg. 79/10, s.50(2)(b)(iv)]
2. Inspector reviewed the health care record for a resident. Inspector noted the resident developed a pressure ulcer. Inspector noted the home's wound care protocol was initiated as treatment for the wound. Inspector was unable to locate an assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. Inspector spoke with staff who confirmed an assessment should have been completed as per the home's policy however it was not. The licensee failed to ensure that a resident, exhibiting altered skin integrity receives an assessment, by a member of the registered nursing staff, using a clinically appropriate tool specifically for skin and wound assessment. [O. Reg. 79/10, s.50(2)(b)(i)]

**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 residents' who are exhibiting altered skin integrity receive assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument, to be implemented voluntarily.***

Issued on this 5th day of November, 2012



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Long-Term Care**

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the Long-Term Care  
Homes Act, 2007**

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

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

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

A handwritten signature in black ink, appearing to read "M. [unclear]". The signature is written in a cursive style and is located within the signature box.