



**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**

**Division de la responsabilisation et de la
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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
Nov 26, 2014	2014_321501_0017	T-1131-14	Complaint

Licensee/Titulaire de permis

ROYAL CANADIAN LEGION DISTRICT 'D' CARE CENTRES
59 Lawson Rd TORONTO ON M1C 2J1

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

TONY STACEY CENTRE FOR VETERANS' CARE
59 Lawson Road TORONTO ON M1C 2J1

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

SUSAN SEMEREDY (501), SUSAN LUI (178)

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): September 15, 16, 17, 18, 19, 22, 23, 24, 25, and 26, 2014.

This inspection was conducted concurrently with the Resident Quality Inspection (T-140-14), two other complaint inspections (T-854-13 and T-5810-14) and one critical incident (T-337-14).

During the course of the inspection, the inspector(s) spoke with the acting Administrator, Director of Care (DOC), nurse managers, food services manager (FSM), registered dietitian (RD), registered nursing staff, personal support workers (PSWs), residents and substitute decision makers (SDMs).

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

Skin and Wound Care

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

5 WN(s)

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

Specifically failed to comply with the following:

- s. 6. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of the care set out in the plan of care is documented.

Record review and staff interviews confirmed that the repositioning of resident #12 as a skin and wound care intervention, was not consistently documented.

Record review and staff interviews confirmed that resident #12 experienced a pressure ulcer, identified on a specified date. The physician ordered that the resident should be repositioned every two hours. Interviews with front line staff indicate that the resident was being repositioned every two hours around the clock, however review of the resident's treatment records and progress notes identify many shifts when repositioning was not documented or signed for.

Record review confirms that there is no signature on the treatment record or progress note to indicate that resident was turned during the nights of 14 specified dates. There are also no signatures or progress notes indicating repositioning on evenings or nights on a specified date, any shift on a specified date, and evenings or nights on two specified dates.

Interview with the DOC confirmed that the registered staff should have ensured that the front line staff was indeed repositioning the resident every two hours, and document this care on the resident's treatment record. [s. 6. (9)]

2. Record review and staff interviews confirm that on July 31, 2014, resident #12's physician ordered that his/her wound should be cleansed and the dressing should be changed at least daily.

Record review and staff interviews confirm that there is no documentation present to indicate that resident #12's coccyx dressing was changed on three specified dates. During interviews, registered staff members maintain that the resident's dressing was changed as per his plan of care on these dates.

Registered staff members and the home's DOC confirmed that when a dressing is changed, the nurse documents the care by initialing on the resident's treatment record, and documents a note in the resident's progress notes. However, neither the treatment record, nor the progress notes contain any documentation that resident #12's dressing was changed on these dates. [s. 6. (9)]



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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 the provision of the care set out in the plan of care is documented, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).

(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the RD who is a member of the staff of the home complete a nutritional assessment for the resident on admission and whenever there is a significant change in the resident's health condition.

Record review revealed that resident #12 was admitted for respite care during a specified time frame. During this time the resident developed difficulty chewing, poor intake of food and a pressure ulcer. Review of the RD's notes revealed that some data and progress was documented but a nutritional assessment had not been completed.

Interview with the RD confirmed that he/she had not received a referral for this resident until a specified date at which time the resident had already been ordered supplements by the physician and a change of diet texture had already been ordered by a speech language pathologist. Interview with the RD confirmed that a nutritional assessment for this resident was never fully completed. [s. 26. (4) (a),s. 26. (4) (b)]



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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 the RD who is a member of the staff of the home complete a nutritional assessment for the resident on admission and whenever there is a significant change in the resident's health condition, to be implemented voluntarily.

WN #3: 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 the resident exhibiting pressure ulcers, received 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.

Record review and staff interviews confirm the following:



On a specified date, a pressure ulcer was identified on resident #12's skin. The resident received immediate treatment, and the following day the resident's physician was informed and orders were received. However, the resident was not assessed by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, until a specified date. During this time, the ulcer worsened. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including pressure ulcers, be assessed by a RD who is a member of the staff of the home.

Record review revealed that resident #12 was admitted for respite care for a specified period of time. During this time the resident developed a pressure ulcer. Review of the plan of care revealed that the physician had added nutritional supplements on a specified date but a referral to the RD was not ordered until several days later. Further record review revealed that the RD did not receive this referral until a further several days later.

Interview with the RD confirmed that he/she had not received a referral for this resident until a specified date and did not assess this resident. [s. 50. (2) (b) (iii)]

3. The licensee has failed to ensure that the resident exhibiting pressure ulcers has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Record review and staff interviews confirm that resident #12, who exhibited a pressure ulcer, was not reassessed at least weekly by a member of the registered nursing staff.

Resident records and staff interviews confirm the following:

On a specified date, a pressure ulcer was identified on the skin of resident #12.

Between a certain time frame, the ulcer progressed.

During interview, the home's DOC confirmed that the registered staff should reassess a resident's wound weekly, and document the assessment on the Weekly Ulcer/Wound Assessment Record. Review of resident #12's record shows that the wound was reassessed and documented on this form only on two specified days. Review of the resident's progress notes showed no indication that the wound was reassessed weekly



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by the registered staff. [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 the resident exhibiting pressure ulcers, receive 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, that the resident exhibiting altered skin integrity, including pressure ulcers, be assessed by a RD who is a member of the staff of the home and that the resident exhibiting pressure ulcers has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
 - (e) a weight monitoring system to measure and record with respect to each resident,**
 - (i) weight on admission and monthly thereafter, and**
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the nutrition and hydration programs include the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration, in consultation with a RD who is a member of the staff.

Review of the nutrition care and hydration programs revealed that the home lacks policies and procedures for implementing of any risks related to nutrition care such as making referrals to the RD and monitoring and evaluating food and fluid intake of residents with identified risks such as documenting food and fluid intake at each meal.

Interview with the DOC, FSM and RD confirmed the home has specific forms such as referral to the dietitian, nutrition assessment, dietary record, diet order requisition, daily food intake record but do not have policies and procedures to guide the use of these forms. These staff members stated they would work together to put together a nutrition care, dietary services and hydration program. [s. 68. (2) (a)]

2. The licensee has failed to ensure that there is a weight monitoring system to measure and record each resident's weight monthly.

Record review revealed resident #12 was not eating well, was pocketing food and needed assistance to eat. Record review indicated that the resident was admitted as respite care during a specified time frame. Review of the weight monitoring record revealed that no weight was recorded for resident #12 during a specified month.

Review of the home's policy titled Weight Changes dated January 1, 2011, states that every resident is to be weighed monthly. Interview with the FSM and RD confirmed that not all weights are taken and recorded monthly as per the home's policy. [s. 68. (2) (e) (i)]



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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 the nutrition and hydration programs include the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration, in consultation with a RD who is a member of the staff, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:

- 1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).**
- 2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).**

Findings/Faits saillants :

- 1. The licensee has failed to ensure that all staff who provide direct care to residents receive the training in skin and wound care annually, or as per each staff member's individually assessed training needs.**

Interview with the home's DOC confirmed that registered and non-registered front line staff members have not received training in skin and wound care in 2013 and 2014. [s. 221. (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 all staff who provide direct care to residents receive the training in skin and wound care annually, or as per each staff member's individually assessed training needs, to be implemented voluntarily.

Issued on this 10th day of December, 2014

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

S. Semeredy.

Original report signed by the inspector.