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

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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 4, 2017	2017_641513_0004	003540-17	Resident Quality Inspection

Licensee/Titulaire de permis

NISBET LODGE
740 Pape Avenue TORONTO ON M4K 3S7

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

NISBET LODGE
740 PAPE AVENUE TORONTO ON M4K 3S7

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

JUDITH HART (513), DEREGE GEDA (645), SARAH KENNEDY (605)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 13, 14, 15, 16, 17, 22, 23, 24, 2017.

The following critical incident inspection was conducted concurrently with the RQI: #004543-17 related to skin and wound.

During the course of the inspection, the inspector(s) spoke with residents and families, Director of Care (DOC), Registered Nurses, Personal Support Workers (PSWs), Registered Dietitian (RD), Dietary Aide, Director of Human Resources, Staff Development and Quality Improvement, Receptionist, Substitute Decision Makers (SDMs), Residents' Council President and Family Council Representative.

During the course of the inspection, the inspector(s): conducted a tour of the home; observed medication administration, dining observation, resident to resident interactions, staff to resident interactions and the provision of care; reviewed resident health care records, staff training records, meeting minutes for Residents' and Family Councils, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Infection Prevention and Control
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care

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

1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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, 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.

A critical incident system (CIS) report, dated February 2017, was received indicating resident #003 sustained an alteration in skin integrity to a body part. The alteration in skin integrity was initially observed by Inspector #513 on the day prior to the CIS being submitted and promptly reported to the home. The CIS indicated the cause of the alteration in skin integrity was unknown.

A review of the current written plan of care indicated the resident required one-person total assistance for activities of daily living (ADL) and was at high risk for impaired skin integrity. The minimum data set (MDS) dated January 2017, revealed the resident has had previous alterations in skin integrity. A review of the treatment administration record indicated the resident was receiving treatments for an unrelated skin condition.

Interviews with Personal Service Workers (PSW) #100 and #102 indicated the resident had fragile skin and care was taken when providing care.

On February 24, 2017, a review of the progress notes and assessments could not locate an assessment of the an alteration in skin integrity using a clinically appropriate assessment instrument specifically designed for skin and wound assessment.

An interview with registered staff #101 and the Director of Care (DOC) confirmed a skin assessment had not been conducted after the an alteration in skin integrity had been identified, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.

A CIS report dated February 2017, was received indicating resident #003 sustained an alteration in skin integrity to a body part. The alteration in skin integrity was initially observed by Inspector #513 the day prior to the CIS being submitted and promptly reported to the home. The cause of the alteration in skin integrity was unknown.

A review of the current written plan of care indicated the resident required one-person total assistance for activities of daily living (ADL) and was at high risk for impaired skin integrity. The minimum data set (MDS) dated January 2017, revealed the resident has had previous alterations in skin integrity. A review of the treatment administration record indicated the resident was receiving treatments for an unrelated skin condition.

Interviews with PSWs #100 and #102 indicated the resident had fragile skin and care was taken when providing care.

An interview with registered staff #101 indicated a pain assessment was not conducted following the identification of the alteration in skin integrity, nor were any analgesics requested, offered or administered.

An interview with the DOC confirmed resident #003 sustained an alteration in skin integrity to a body part, a pain assessment was not conducted, nor were any analgesics offered or administered, therefore not receiving immediate treatment and interventions to

reduce or relieve pain. It is an expectation that a pain assessment would have been completed as part of the immediate treatment for this alteration in skin integrity. [s. 50. (2) (b) (ii)]

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 for residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, a) 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 and b) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required, to be implemented voluntarily.

Issued on this 7th day of March, 2017

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

Original report signed by the inspector.