



**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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| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|-----------------------------------|---------------------------------------|
| Mar 8, 20, Apr 10, 11, 12, 2012               | 2012_026147_0008                  | Critical Incident                     |

**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

NORTHRIDGE  
496 POSTRIDGE DRIVE, OAKVILLE, ON, L6H-7A2

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

LALEH NEWELL (147)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care (ADOC), staff and residents.

During the course of the inspection, the inspector(s) interviewed the Administrator, Assistant Director of Care and Staff, reviewed clinical charts and progress notes, reviewed Policy and Procedure related to Skin and Wound and Continence Program.

H-000212-12

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

| Legend  | Legendé  |
|---|--|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order   | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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. 30. General requirements  
Specifically failed to comply with the following subsections:**

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**Findings/Faits saillants :**

1. The home failed to ensure that their organized nursing program required under s. 8(1) of the Act included written policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes for residents requiring an identified procedure. [r.30(1)1]

a. An identified resident sustained an injury as a result of an incorrect nursing procedure by a staff in the home which required hospitalization of the resident for the treatment of the injury. Interview with the home's registered staff and the management team, confirmed the home did not have a policy and procedure for the care and monitoring of risk and outcomes related to the identified nursing procedure in the home.

b. Interviews with the home's management team and the review of the home's internal investigation documentation into the incident, indicate that the home implemented a new policy related to the identified nursing procedure.

**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 the nursing program includes a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required, to be implemented voluntarily.*

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**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. The home failed to ensure that a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return of the resident from hospital.

[r. 50(2)(a)ii]

a. An identified resident sustained an injury as a result of an incorrect nursing procedure by a staff in the home which required hospitalization of the resident for the treatment of the injury. According to staff interview, review of the progress notes and the resident's clinical chart there is no evidence to support a skin assessment was completed by a member of the registered staff upon the resident's return from the hospital.

**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 all residents at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return of the resident from the hospital, to be implemented voluntarily.*

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**WN #3: 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

**Findings/Faits saillants :**

1. The home failed to ensure resident's care set out in the plan of care was provided to the resident as specified in the plan. [s.6(7)]

a. An identified resident sustained an injury as a result of an incorrect nursing procedure by a staff in the home which required hospitalization of the resident for the treatment of the injury. The staff of the home did not provide the care set out in the plan of care for the resident as specified by the physician.

b. The registered staff did not assess the resident post nursing procedure for risks, or monitor for outcomes. It was identified approximately several hours after the procedure was completed that the resident required hospitalization for treatment of the injury.

**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 care set out in the plan of care is provided to the residents as specified in the plan., to be implemented voluntarily.*

Issued on this 24th day of May, 2012

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

