Ontario

**Ministry of Health and Long-Term Care**

**Inspection Report under the Long-Term Care Homes Act, 2007**

**Ministére 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 |
|---|---|---|
| Feb 16, 17, 21, 23, Mar 5, 6, 8, 2012 | 2012_109153_0006 | Complaint |

**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**

OAK TERRACE
291 MISSISSAGA STREET WEST, ORILLIA, ON, L3V-3B9

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

LYNN PARSONS (153)

## 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 Executive Director,Director of Care,Registered Dietitian, Food Service Manager,Program Manager,Registered Nurse,Registered Practical Nurse, Personal Support Workers.**

**During the course of the inspection, the inspector(s) Reviewed clinical health record and home policies regarding Skin and Wound Care and Nutrition Care.**
**Observed residents at risk for skin breakdown.**

**The following Inspection Protocols were used during this inspection:**

**Nutrition and Hydration**

**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.)<br><br>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.<br><br>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. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and**
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. O. Reg. 79/10 states that Every licensee of a long term care home shall ensure that the programs include, a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.
Resident#1 was identified at risk for dehydration according to his plan of care.
A review of the Food and Fluid sheets for snacks and meals indicate there was no 24 hour monitoring or evaluation recorded on October 29, 30, 31, November 1, 2, 2011 as per home policy and confirmed during an interview with the Director of Care.
Resident #1 was transferred to hospital and admitted with a diagnosis of dehydration.

***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 policies in the home for Food and Fluid Monitoring are implemented and complied with, 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).**

**Findings/Faits saillants :**

Resident #1 was transferred to hospital with concerns of not eating well and intermittent vomiting.
Upon assessment at hospital it was identified that the resident had an infected wound.
Lab results indicated a diagnosis of septicemia and MRSA both in the blood and the wound.
A review of resident's home clinical record identified in the progress notes that a staff member had applied a dressing to the identified resident's foot. The application of the dressing was confirmed through interview with the staff member who indicated it was applied upon resident request but the staff member did not observe any skin breakdown on the foot.
The identified resident was receiving treatment for other areas of skin breakdown.
Interviews with all levels of nursing staff confirmed that staff were unaware of the open wound on the identified resident's foot.
Resident died on November 12, 2011 with diagnoses of Septicemia, MRSA and Renal Failure.

***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 residents with altered skin integrity receive;***
***- a skin assessment by a registered nursing staff using a clinically appropriate assessment instrument designed for skin and wound assessment***

***-immediate treatment and interventions to prevent infection, to be implemented voluntarily.***

**Issued on this 8th day of March, 2012**

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

Lynn Parsons