



**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  
performance du système de santé  
Direction de l'amélioration de la  
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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 25, 2015	2015_240506_0024	H-003145-15	Complaint

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### **Licensee/Titulaire de permis**

PARK LANE TERRACE LIMITED  
284 CENTRAL AVENUE LONDON ON N6B 2C8

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

PARK LANE TERRACE  
295 GRAND RIVER STREET NORTH PARIS ON N3L 2N9

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

LESLEY EDWARDS (506)

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## 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): November 13, 16, 17 and 18, 2015.**

**Concerns that were identified to be reviewed while at the home were as follows:**

**Item #1 Skin and Wound Care.**

**Item #2-Abuse and Neglect.**

**Item #3-Safe transferring and positioning techniques.**

**Item #4- Medication Administration.**

**During this inspection the inspection listed below was conducted concurrently with this complaint inspection:**

**Log#021174-15 - related to infection control practices and staff communication response system.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Physician, Registered Staff, Resident Assessment Instrument Co-ordinator(RAI), Personal Support Workers(PSWs), housekeeping staff, families and residents.**

**During the course of the inspection the inspectors toured the home, observed the provision of care and services, reviewed relevant records including policies and procedures, complaint logs and residents health records.**

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

**Infection Prevention and Control**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

**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	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.

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**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,**  
**(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; O. Reg. 79/10, s. 50 (2).**

**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 failed to ensure that resident #002 who was at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff, upon return of the resident from hospital.

Resident #002 was sent to the hospital on an identified date in October 2015, the resident returned several hours later. The resident had a known history of altered skin integrity. A review of the clinical record did not include a skin assessment when the resident returned to the home. The DOC confirmed that the skin assessment was not completed by registered nursing staff when the resident returned from the hospital.[s. 50. (2) (a) (ii)]

2. The licensee failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

On an identified date in November 2015, resident #002 had an identified area of altered skin integrity which appeared to be infected according to clinical documentation. An interview with registered staff #105 on an identified date in November 2015, and review of the clinical record confirmed the resident's skin was not assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. [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 to ensure residents with altered skin integrity receive a skin assessment by a member of the registered nursing upon any return from hospital and when residents are exhibiting altered skin integrity, including breakdown receive a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument, to be implemented voluntarily.***



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**Issued on this 26th day of November, 2015**

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

**Original report signed by the inspector.**