



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

**Ministère de la Santé et des Soins
de longue durée**

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

**Rapport d'inspection prévue
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 Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 5, 2018	2018_555506_0021	012534-18	Complaint

Licensee/Titulaire de permis

Park Lane Terrace Limited
284 Central Avenue LONDON ON N6B 2C8

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

Park Lane Terrace
295 Grand River Street North PARIS ON N3L 2N9

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

LESLEY EDWARDS (506)

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 5, 6 and 7, 2018.

This inspection was conducted, in part, concurrently with Resident Quality Inspection, report number 2018_695156_0006, for log number 016725-18 and findings of non compliance for Ontario Regulation 79/10 sections r. 50. (2) (b) (i) and 30. (2) will be issued on that report.

During the course of the inspection, the inspector(s) spoke with Acting Executive Director, Corporate Vice President Quality and Strategic Directions, Associate Director of Care (ADOC), Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), former Director of Business Services, Director of Programs and Support Services, families and residents.

During the course of the inspection, the inspector toured the home, observed resident care including dining observations, reviewed clinical records, policies and procedures and conducted interviews.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Nutrition and Hydration
Skin and Wound Care**

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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 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 failed to ensure that the resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds was assessed by a registered dietitian (RD) who was a member of the staff of the home, and that any changes made to the plan of care related to nutrition and hydration were implemented.

Interview with the ADOC on an identified date in September 2018, verified that residents with areas of altered skin integrity would be referred to the RD for assessment and that an electronic referral would be submitted to the RD in Point Click Care (PCC).

A review of the clinical record identified that resident #200 had several new areas of altered skin integrity identified in August 2018. There was no documentation in the clinical record of a referral to the RD on an identified date in September 2018. The ADOC confirmed on an identified date in September 2018, that there was not a referral to the RD and this should have been completed at the time the resident's areas of altered skin integrity were identified.

The above non-compliance was identified during a Complaint inspection log #0012534-18. [s. 50. (2) (b) (iii)]



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 who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds was assessed by a registered dietitian (RD) who was a member of the staff of the home, and that any changes made to the plan of care related to nutrition and hydration were implemented, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:**

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, procedures were implemented for cleaning of supplies and devices, including personal assistance services devices, assistive aids and positioning aids.

A complaint was submitted to the Director on an identified date in August 2018, regarding resident #200 being soiled. A review of the progress notes confirmed that the resident was checked at a specified time on an identified date in August 2018 and the resident was clean and dry; however the medical device was not. Interview with PSW #167 on an identified date in September 2018, confirmed that the medical device was soiled and had to be cleaned immediately. Interview with RPN #106, on an identified date in September 2018, also confirmed that the resident was dry but the medical device was soiled. It was documented that the medical device was checked and cleaned during the night shift on an identified date in August 2018.

The above non-compliance was identified during a Complaint inspection log #0012534-18. [s. 87. (2) (b)]

Issued on this 6th day of November, 2018

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

Original report signed by the inspector.