



**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 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
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 7, 2015	2015_258519_0032	026267-15	Resident Quality Inspection

Licensee/Titulaire de permis

PARKWOOD MENNONITE HOME INC.
726 New Hampshire Street WATERLOO ON N2K 4M1

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

PARKWOOD MENNONITE HOME
726 New Hampshire Street WATERLOO ON N2K 4M1

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

SHERRI GROULX (519), DOROTHY GINTHER (568), RAE MARTIN (515)

Inspection Summary/Résumé de l'inspection



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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

This inspection was conducted on the following date(s): September 28, 29, 30, October 1, 2, 5, 6, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Clinical Coordinator, the Restorative Care Coordinator, the Programs Manager, the Registered Dietitian, the Chaplain, a Restorative Care Aide, a Dietary Aide, Registered Nurses, Registered Practical Nurses, Personal Support Workers, the Resident Council Representative, the Family Council Representative, Families, and Residents.

The Inspectors toured the home, observed meal service, medication passes, medication storage area and care provided to residents, reviewed medication records and plans of care for specified residents, reviewed policy and procedures, observed recreational programming, staff interaction with residents and general maintenance and cleaning of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Personal Support Services

Reporting and Complaints

Residents' Council

Skin and Wound Care



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

3 WN(s)
3 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.

**WN #1: 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:

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 licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Record review revealed that a Resident had numerous falls during the last four months. The Post Fall Investigation assessments identified that fifty percent of the falls occurred while the Resident was trying to self transfer. In two situations the Resident fell while trying to reach for something not easily accessible. The Falls Risk Assessments indicated that the Resident was at a high risk for falls. The Resident's plan of care outlined a number of interventions to mitigate risk such as placing commonly used items within the Resident's reach.

On a specified date and time, the Resident was observed trying to reach for an item not easily accessible while sitting in bed. This was observed to happen on two occasions. Because of the distance of the item from the bed the Resident had to lean and reach at the same time. The Resident was observed to start to slide off the bed when a Personal Support Worker (PSW) entered the room and managed to stop the Resident from sliding further. The staff member then assisted the Resident into a wheelchair.

On a specified date and time the Resident's items were observed to remain in the area beyond their reach.

Staff interview with a PSW revealed that the Resident was at a high risk to fall and that their items were not within reach while seated at the edge of the bed. Many of the Resident's falls occurred when they tried to self transfer or walk on their own.

The Restorative Care Coordinator / Falls Lead acknowledged that the Resident's personal item was not within reach of the Resident when in bed and confirmed that the plan of care related to falls had not been provided to the Resident. [s. 6. (7)]



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 was provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: 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:

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 O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system in place was complied with.

A review of the home's policy titled, "Skin and Wound Care Program" indicated the "Weekly Wound Care Rounds Nurse" reviewed the "Residents with Skin/Wound Issues" tracking sheet, and for each Resident on the list, the nurse examined the skin issue and completed a weekly electronic Wound Assessment.

A clinical record review for a Resident indicated that the Resident was admitted to the home on a specified date with two areas of altered skin integrity. For a period of seven months, it was observed that for seventeen out of thirty weeks (fifty seven percent), there was no documented evidence that weekly electronic Wound Assessments were completed.



The Clinical Coordinator and the Director of Care (DOC) both verified the observation.

The DOC confirmed that the expectation was that the nurse would complete a weekly electronic Wound Assessment for each Resident with skin and wound issues and that staff would comply with the policy. [s. 8. (1) (a),s. 8. (1) (b)]

2. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Documentation review revealed that a Resident had an area of altered skin integrity. An electronic Wound Assessment was done on a specified date for the initial pressure area.

A review of the documentation in the progress notes regarding the area of altered skin integrity revealed that after the area was discovered an electronic Wound Assessment was completed two days later, and then no further electronic Wound Assessments were completed.

The progress notes indicated that the healing stages of the area of altered skin integrity changed in the eight months it was present. There were no electronic Wound Assessments completed to indicate the change over that time span.

According to the home's policy, titled "Skin and Wound Care Program", it stated under "Weekly Wound Care Rounds Nurse" Number 1: On arrival for her wound care shift the registered nurse reviewed the "Residents with Skin/Wound Issues" tracking sheet in the front of each home area's TAR binder. This clearly lists each resident with any wound issue, its location, when it started, type of wound and when it was last followed up with. It also stated under Number 3: For each resident on the list, the Wound Care Nurse examined the skin issue and completed an electronic Wound Assessment.

Upon interview with the Director of Care on a specified date and time, it was confirmed that the Resident had an initial electronic Wound Assessment completed when the area of altered skin integrity was discovered, but that weekly electronic Wound Assessments had not been completed since that date, even though the Resident continued to have issues with skin integrity in that area. [s. 8. (1) (a),s. 8. (1) (b)]



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 any plan, policy, protocol, procedure, strategy or system in place was complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A review of documentation in the Minimum Data Set (MDS) Assessment, on a specified date for a Resident, revealed the Resident had moderate pain less than daily.

A review of the Medication Administration Records (MAR) and pain assessments for a period of five months revealed that the Resident was requiring more frequent pain medication each month. For five consecutive months the Resident required increased doses of analgesia with no documentation of completed pain assessments.

In an interview with the Clinical Coordinator and Director of Care it was verified that pain assessments were not completed for the Resident. The Director of Care also confirmed the home's expectation was that when a Resident's pain was not relieved by initial interventions, the Resident would be assessed using a clinically appropriate assessment instrument. [s. 52. (2)]



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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 when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

Issued on this 7th day of October, 2015

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

Original report signed by the inspector.