Ontario

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

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 apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 20, 2017	2017_582548_0017	009899-17, 016432-17	Complaint

Licensee/Titulaire de permis

CITY OF OTTAWA
Community and Social Services, Long Term Care Branch 200 Island Lodge Road
OTTAWA ON K1N 5M2

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

PETER D. CLARK CENTRE
9 MERIDIAN PLACE OTTAWA ON K2G 6P8

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

RUZICA SUBOTIC-HOWELL (548)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): July 25, 26,27,31 and August 1 and 2, 2017

Complaint log# 009899-17 related to skin and wound management, nutrition and hydration, care conferences and general care
Complaint log# 016432-17 related to skin and wound management

During the course of the inspection the inspector reviewed resident health care records and home specific policies

During the course of the inspection, the inspector(s) spoke with Substitute Decision Makers, Program Manager of Resident Care, Registered Nurses, Registered Practical Nurses, Physician, Personal Support Workers.

The following Inspection Protocols were used during this inspection:
Personal Support Services
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). 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. 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident #003 is reassessed and the plan of care reviewed and revised when the resident’s care needs change.

A complaint was submitted to the Director under the Long-Term Care Homes Act (LTCHA), 2007 related to the licensee not communicating a change in health status for resident #003, the development of a new area of altered skin integrity, to the Substitute Decision Maker (SDM).

Resident #003 was dependent on staff to assist in all aspects of activities of daily living.The resident was placed on comfort measures on a specified date as a request from family.

On July 25, 2017 during an interview with the Inspector #548 the Program Manager of Resident Care indicated that any change 'redness, an opening or bruising' is considered an alteration in skin integrity. She explained that a skin assessment using a clinically appropriate tool ‘Skin Assessment’ is conducted for any alteration in skin integrity and for the revision of the care plan.

A progress note entry on a specified date in August 2016, a registered nursing staff member described an alteration in skin integrity to a specific area on the resident's #003 body.

Several days later the SDM observed there was an alteration in skin integrity and informed staff of its presence. A progress note entry, dated the same day, indicated that staff were aware of the alteration in skin integrity to the specific area of the resident's #003 body and treatment was provided.
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Five days later the Minimum Data Set assessment indicated that the resident’s #003 skin was desensitized to pain or pressure and specified the location of the area of altered skin integrity to the area observed by both staff and SDM.

The Inspector #548 reviewed the health care record.

A progress note entry dated on a specified day in September 2016 indicated that the resident #003's care plan was updated and reflected the resident’s current health status.

Review of the resident #003's care plan (September 2016) interventions for the maintenance of skin integrity specified that there were other areas of alteration of skin and did not mention the area observed by both staff and SDM.

The Licensee failed to ensure that the resident #003 was reassessed when there was a change in condition to identify the changes in the resident's skin integrity. [s. 6. (10) (b)]

Issued on this 20th day of September, 2017

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

Original report signed by the inspector.