

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
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
Apr 13, 2021	2021_779641_0009	000164-21, 000688- 21, 001515-21	Complaint

Licensee/Titulaire de permisProvidence Care Centre
752 King Street West Kingston ON K7L 4X3**Long-Term Care Home/Foyer de soins de longue durée**Providence Manor
275 Sydenham Street Kingston ON K7K 1G7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CATHI KERR (641)

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): February 22, 23, 24, 25, 26, March 1, 15, 17, 18, 19, 22, 23, 2021.

This inspection was conducted in reference to intake logs #000164-21, #001515-21, and #000688,21 - CIS #3005-000005-21, concerns related to resident care.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, the Infection Prevention and Control Lead, the Regional Director of Infection Prevention and Control for the Licensee, the RAI Coordinator, the Assistant RAI coordinator, Registered Nurses, Registered Practical Nurses, Personal Support Workers, families, and residents.

During the course of the inspection, the inspectors conducted a tour of the home, made resident care observations, reviewed resident health care records, observed and reviewed infection control practices, and policies and procedures related to Infection Prevention and Control, Prevention of Abuse and Neglect and Skin and Wound.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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 wound on a resident was reassessed at least weekly by a member of the registered nursing staff.

A resident had been admitted to the home with an existing wound. The Nurse Practitioner wrote a new order for daily wound care and for the wound to be measured every seven days.

A review of the resident's progress notes for a 7- week period, indicated that an assessment of the wound that included the description and measurement of the wound, as required by the licensee's policy, was completed on four days during the 7-week period. On five other dates, some description of the wound was documented but no wound measurement noted. There was no documentation of the description or measurement of the wound during the last two weeks of the review period.

Source: Resident progress notes and e-TAR, interviews with staff, licensee's policies and procedures related to skin and wound care. [s. 50. (2) (b) (iv)]

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 that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff,, to be implemented voluntarily.

Issued on this 13th day of April, 2021

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

Original report signed by the inspector.