



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

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Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 18, 2015	2015_348143_0012	O-001592-15	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF KINGSTON
216 Ontario Street KINGSTON ON K7L 2Z3

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

RIDEAUCREST HOME
175 RIDEAU STREET KINGSTON ON K7K 3H6

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

PAUL MILLER (143), AMBER MOASE (541), BARBARA ROBINSON (572), WENDY
BROWN (602)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 4th, 5th, 6th, 9th, 10th, 11th, 12th and 13th, 2015.

The following inspections were also completed concurrently with the Resident Quality

Inspection:

Complaint Logs O-000906-14, O-001087-14, O-001408-14, ~~O-000738-14~~^{PM}, O-001470-15 and O-001815-15.

Critical Incident Logs O-001225-14, O-001351-14, O-001359-14, O-001452-14 O-001675-15, O-001690-15, O-001718-15 and O-001803-15.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Assistant Director of Care (ADOC), Administrative Staff, a Regional Director (Extendicare), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), a Registered Dietitian, the Environmental Supervisor, Life Enrichment Staff, the Supervisor of Resident Programs and Services, maintenance staff, housekeeping staff, family members and residents.

During the course of the inspection, the inspector(s) completed an initial walk through tour of all resident care units, observed resident dining, resident activities, and resident care, observed medication administration including medication storage areas, reviewed resident health care records and home policies related to various practices in the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**

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

**4 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>Legendé</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



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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 :



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1. The licensee has failed to comply with O. Reg. 79/10, s. 50(2)(b)(iv) whereby the licensee did not ensure that a resident exhibiting altered skin integrity including skin breakdown, pressure ulcers, skin tears or wounds are assessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Re: Log O-000906-14

On a specified date a pressure ulcer was identified for resident #48 and a treatment was ordered for 10 days. The progress notes indicated that on a specified date that the treatment was completed and the area was healed.

A review of Resident #48's clinical record indicated that no skin assessments were completed for a thirteen day period as well as a sixty day period and that treatment had been documented as given on the treatment administration record.

In an interview on a specified date the Power of Attorney (POA) for Resident #48 reported that Resident #48's dressing remained on for five or six days and that she\he was concerned as the dressing had not been changed or the area reassessed. The POA discussed the concern with nursing staff and stated that when the dressing was removed the wound had deteriorated significantly. There is no documentation about Resident #48's skin for a specified period, indicating that the wound had deteriorated and required more intensive treatment.

On March 12, 2015 RPN # S134 and the ADOC confirmed and acknowledged that skin and wound assessments were not completed weekly for Resident #48. [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 to ensure that all resident's with altered skin integrity have weekly skin assessments, if clinically indicated, completed, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information



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Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
 - (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007 s. 79(3)(o) whereby the licensee did not ensure that the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council, are posted in the home, in a conspicuous and easily accessible location.

In an interview on March 10, 2015, the President of the Family Council said that she provided monthly meeting minutes to the home and that the minutes are filed in a binder in the mail room.

In an interview on March 11, 2015, the Family Council's assistant #S125 said that she could not locate any minutes after May, 2014, which were filed in the binder in the mail room but not posted.

In an interview on March 12, 2015, the DOC acknowledged that the most recent minutes of the Family Council meetings from May, 2014 were not posted in the home. [s. 79. (3) (o)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg. 79/10, r. 129. (1)(a)(ii) whereby the licensee has not ensured that drugs that are stored in an area or on a medication cart are secure and locked.

On March 9, 2015, Inspector #572 observed RPN #S115 administer medications to two residents on a resident home area. The medication cart was left unlocked and out of his/her sight as he/she administered medications to the residents in their room. Residents and a family member were observed walking in the hallways at the time.

On March 9th, 2015 at approximately 1300 hours Inspector #143 observed a Personal Support Worker treatment cart stored in the hallway of the third floor B wing. In the bottom drawer of the this treatment cart it was observed that three residents had medicated cream stored in an unlocked area of the treatment cart. No staff were observed using this treatment cart and residents were observed walking past the cart. On March 10th, 2015 this cart was observed stored in an open closet on 3rd floor B wing with 3 identified resident medicated creams stored in it. This cart was not equipped with a locking mechanism on it. [s. 129. (1) (a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (5) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).**

Findings/Faits saillants :



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1. The licensee failed to ensure staff on every shift record symptoms of infection in residents and take immediate action as required.

According to the a Minimum Data Set (MDS) assessment completed on a specified date Resident #18 was diagnosed with an infection. Resident #18 was assessed by the physician and a documented progress note indicated a treatment was ordered for the infection.

Resident #18's progress notes were reviewed for a twenty three day period which indicated that documentation of monitoring of the resident's respiratory symptoms or response to the prescribed antibiotic had not occurred.

According to an MDS assessment completed on a specified date, Resident #46 was diagnosed with an infection.

A review of Resident #46's health care record indicated that over a 21 day period that the resident did not have his\her infections monitored and documented.

During an interview with Inspector #541 on March 10 and 11, 2015 respectively, staff #S110 and ADOC #S105 stated residents' infectious symptoms would be monitored in the progress notes as well as identified on the daily surveillance monitoring sheets located on each resident home area. [s. 229. (5) (b)]

Issued on this 18th day of March, 2015

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

Original report signed by the inspector.