



**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
Jan 11, 2019	2019_664602_0001	009254-18, 023284- 18, 027257-18, 031805-18	Critical Incident System

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

WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 2 - 4 & January 8, 2018

Log #009254-18 (M569000021-18) - regarding wound care.

Log #023284-18 (M569000029-18) - regarding a fall resulting in injury and hospitalization.

Log #027257-18 (M569000034-18) - regarding a fall resulting in injury and hospitalization.

Log #031805-18 (No CIR) - regarding a fall /no hospitalization required.

During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Quality Assurance Advisor, the Registered Dietician, the Assistant Directors of Care, the Director of Care and the Administrator. In addition, observations of resident care service delivery, and reviews of the electronic record, and relevant Long-Term Care home policies were completed.

The following Inspection Protocols were used during this inspection:

Falls Prevention

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

<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. 8. Policies, etc., to be followed, and records



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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 instituted or otherwise put in place was complied with, specifically: Policy and Procedure RC-06-12-02 Skin and Wound Program: Wound Care Management.

O. Reg. 79/10, s. 48(1) states that every licensee of a long-term care home shall ensure that an interdisciplinary skin and wound care program, that promotes skin integrity, prevents the development of wounds and pressure ulcers, and provides effective skin and wound care intervention, is developed and implemented in the home.

According to resident #001's plan of care effective a specified date, the resident had potential for / impaired skin integrity due to poor bed mobility, frequent incontinence, and a limited ability to ambulate. On a specified date, a skin assessment was completed for resident #001 using a wound assessment tool; it indicated the resident had a wound requiring weekly (re)assessments.

The home's policy and procedure RC-06-12-02 Skin and Wound Program: Wound Care Management outlines that the Nurse/Wound Care Lead is to: " Monitor resident skin condition with each dressing change. Reassess at minimum weekly. Reevaluation and documentation of treatment with creams or other medicated preparations should occur at minimum weekly".

On a specified date, Assistant Director of Care (ADOC) #103 noted that the weekly reassessments for resident #001's wound, required by Policy and Procedure RC-06-12, had not been completed on multiple dates.

Upon discovery of the missed assessments the home took the following actions in an effort to prevent recurrence:

- Skin and Wound (re)education for all direct care staff.
- Review skin and Wound related policies and procedures when completing the annual staging education.
- Learning plan was submitted by staff involved indicating how they will ensure policies and procedures are followed.
- Review of all current wounds in home to ensure all documentation is in place.
- Ongoing reviews to be completed by Wound Care Resource Nurse or designate.

The licensee failed to (re)assess resident #001's wound, as clinically indicated, as per policy RC-06-12-02 Skin and Wound Program. [s. 8. (1) (a),s. 8. (1) (b)]



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Issued on this 17th day of January, 2019

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

Original report signed by the inspector.