



**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 rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 8, 2016	2016_287548_0012	008162-16, 010874-15	Complaint

Licensee/Titulaire de permis

The Governing Council of the Salvation Army in Canada
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Long-Term Care Home/Foyer de soins de longue durée

THE SALVATION ARMY OTTAWA GRACE MANOR
1156 WELLINGTON STREET OTTAWA ON K1Y 2Z3

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

RUZICA SUBOTIC-HOWELL (548)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): On May 17,18 and 19, 2016

Logs#: 010874-15 and 008162-16 regarding complaints related to: care being provided, skin and wound, falls prevention and infection prevention and control.

During the course of the inspection, the inspector(s) spoke with Administrator, Acting Director of Care (ADOC), Registered Nurses, Registered Practical Nurses, Personal Support Workers, Maintenance Worker, Director of Environmental Services and Family member.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Falls Prevention

Medication

Nutrition and Hydration

Pain

Personal Support Services

Reporting and Complaints

Skin and Wound Care

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

3 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
Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).



Findings/Faits saillants :

1. The licensee failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds received 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 assessments.

On a specific day in March, 2016 the Substitute Decision-Maker (SDM) informed the MOHLTC that care was not being provided to a family member at the home.

Resident #016 requires assistance for activities of daily living and is at risk for altered skin integrity due to a co-morbidity. On a specified day in May, 2016 during an interview the SDM reported the resident had reddened areas and the SDM provided to the home non-prescription modalities to alleviate this issue.

On May 17, 2016 during an interview RPN #118 indicated that any alteration to the condition and structure of skin integrity, new admissions and resident's returning from hospital all require a skin assessment. RPN #118 further indicated the home has a clinically appropriate tool specific to skin and wound assessments and these assessments are recorded in the progress notes. RPN #118 added that the resident #016 has had altered skin integrity due to the resident's behaviours.

On May 17, 2016 during an interview both the ADOC and Charge RN confirmed that skin assessments are conducted when there is an alteration in skin integrity, for new admissions and post hospitalizations. The Charge RN indicated there is a clinically specific tool used for skin assessments.

The health care record was reviewed.

The care plan dated April 20, 2016 specifies care interventions related to skin integrity to include assessment of the general condition of the skin.

The Minimum Data Set assessment dated for a specified day in October, 2015 indicated the need for an application of dressings for altered skin integrity.

The progress notes, assessments and Treatment Administration Record were reviewed from a specific period of time from October, 2015 to May, 2016.



Resident #016 returned from hospital on a specified day in October, 2015 after several days. Upon return to the home, a progress note entry dated for a specified day in October, 2015 describes a specific area of altered skin integrity.

On a specified day in November, 2015 a progress note entry describes another area of altered skin integrity to one of the resident's legs.

On a specified day in March, 2016 a progress note entry describes another area of altered skin integrity and the SDM is informed. A few days later there is an entry that indicated that treatment for a right leg wound was administered however, there is no description of the wound.

The home policy titled: Skin and Wound Program, policy #E18, Revision date: November 2015 specifies that residents are to be assessed upon return from hospital. In addition, accompanying the policy is an assessment tool titled: Skin Care Assessment. There is a descriptor on the tool that specifies that an assessment is to be conducted quarterly or when there is a change in health status affecting skin integrity.

On May 17, 2016 during an interview the ADOC indicated the tool is specific to skin assessments and the observations of the assessment are to be recorded in the progress notes. The skin assessment tool specifies the documentation of: Distribution/Location, Appearance, Colour, Texture, Skin Temperature, Character, Shape and Treatment.

On May 18, 2016 ADOC reviewed the progress notes in the presence of Inspector #548 and confirmed no skin assessment was conducted upon the resident's return to the home from hospital and of those documented in the progress notes lacked completeness. The ADOC indicated the skin assessment for any altered skin integrity should be recorded to include a description of the wound: Distribution/Location, Appearance, Colour, Texture, Skin Temperature, Character, Shape and Treatment.

As such, no skin assessment was located in the resident's health care record at the time of the inspection. [s. 50. (2) (a) (ii)]



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 a resident exhibiting altered skin integrity receive a skin assessment by a member of the registered nursing staff using a clinically appropriate tool, to be implemented voluntarily.

WN #2: 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Resident #016 is followed by the physiotherapy program at the home due to a recent diagnosis.

On a specified day in May, 2016 the resident's SDM indicated the home began to use a lift for transfers without SDM input and knowledge and that the resident is able to walk with assistance using a walker.

The health care record was reviewed.

The resident requires extensive assistance with activities of daily living for bed mobility, transfers, dressing, toileting and eating.



The resident's care plan dated for a specified day in April, 2016 indicated the resident requires constant guidance and extensive two person physical assistance with the use of a lift.

Review of the care plan indicated the intervention, extensive two person physical assistance with the lift, was revised on a specified day in November, 2015. The ADOC confirmed that the lift was being used for transfers at that time.

On specified days in October, 2015, January, 2016 and April, 2016 on the document titled: Physiotherapy Quarterly Assessment it reads : Lift to be used for all transfers.

A progress note entry dated on a specified day in February, 2016 by the physiotherapist indicated that for Transfers: the resident remained a two person pivot transfer.

A progress note entry dated for a specified day in February, 2016 by the ADOC indicated that there were numerous meetings and consultations regarding the lift and transfer of the resident and the nurses were advised to transfer the resident as per care plan.

On May 17, 2016 during an interview the Physiotherapist indicated nursing staff were made aware of the recommendations to use a lift for transfers however, did not communicate these recommendations with the SDM.

On May 18, 2016 during an interview with the ADOC she indicated that physiotherapy recommendations are reviewed by nursing staff and the care plan was updated to reflect this change. The ADOC indicated that the conversation with the family would be captured in the progress notes and could not recall if it had happened.

Review of the progress notes from a specified period of time from October, 2106 to May,2016 resulted in no record of a conversation with the SDM regarding the change in the care plan to include use of a lift for transfers and of the staff interviewed, no staff could recall having consulted with the SDM on this recommendation. [s. 6. (5)]

WN #3: 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 failed to ensure 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, (b) is complied with.

O. Reg. 79\10 r. 89. (1). As part of the organized program of laundry services every licensee of a long-term care home shall ensure that,

(iv) there is a process to report and locate residents' lost clothing and personal items.

The resident's #016 SDM indicated that the resident's #016 dentures and some clothing items are missing and have not been located.

The homes process to locate resident missing items is a shared responsibility between registered nursing staff and maintenance services. The home's process involves registered staff to complete a Missing Article Log describing the missing article, actions taken to locate it and forwarding this documentation to Maintenance.

During an interview with PSW #119 and RPN #118 both indicated knowing that the residents' dentures were missing and had not been located. Both indicated the unit would have been searched and other staff would have been informed that the item was missing.

On May 18, 2016 during an interview the Maintenance worker indicated that maintenance was not aware of the missing item and the home's process is the completion of a missing items. Those logs are retained on the unit. In the presence of the



Inspector #548 the maintenance worker indicated the most recent log to be dated for the year 2012. The maintenance worker indicated that sometimes registered nursing staff will send an email to the Director of Environmental Services informing him of the lost item.

On May 19, 2016 the Director of Environmental Services indicated the homes policy titled: Missing Resident Items specifies the process for searching for missing items. The Director indicated that they had not been made aware of the missing dentures and clothing as this was not reported and there was no email indicated the same.

The homes policy titled" Missing Resident Items, revised date of December 2010 outlines the process for searching for items that are reported missing. The policy indicated that registered nursing staff are to complete the top portion of the log form, search the home, inform the person who reported the article missing and if the article is not found forward the form to Director of Environmental Services.

As such, there is no record of the missing dentures and clothing and the items remain missing. [s. 8. (1) (a)]

Issued on this 9th day of June, 2016

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

Original report signed by the inspector.