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 # / Registre no	Type of Inspection / Genre d'inspection
Feb 8, 2017	2016_569508_0019	034465-16	Resident Quality Inspection

Licensee/Titulaire de permis

SHALOM MANOR LONG TERM CARE HOME
12 Bartlett Avenue GRIMSBY ON L3M 4N5

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

SHALOM MANOR LONG TERM CARE HOME
12 BARTLETT AVENUE GRIMSBY ON L3M 4N5

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

ROSEANNE WESTERN (508)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): December 14, 15, 16, 19, 20, 21, 22, 2016. Inspector Kelly Hayes (583) was on-site December 14 and 15, 2016.

During the course of the inspection, the inspectors toured the facility, observed provision of care, reviewed resident clinical records, relevant policies and procedures, staff training records, interviewed staff, residents and family members.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, Director of Care (DOC), Assistant Director of Care (ADOC), the Resident Assessment Instrument (RAI) Coordinator, registered staff, Personal Support Workers (PSW), Residents' Council President, Family Council President, residents and family members.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Residents' Council
Responsive Behaviours
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **2 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Resident #004 required total assistance with toileting. The resident's plan of care indicated that the resident wore a brief for episodes for incontinence; however, staff were to offer to assist the resident to the toilet to manage their incontinence.

On an identified date in 2016, resident #004 was taken back to their room with the assistance of a family member. The family member called for the assistance of a staff member to assist the resident to the toilet before the resident went to bed.

The staff member did not attempt to toilet the resident and then instructed the resident to void in their brief.

It was confirmed during an interview with the family member on December 16, 2016, and the ADOC that the care set out in the plan of care was not provided to the resident as specified in the plan. [s. 6. (7)]

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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: 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 resident who exhibited altered skin integrity received a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Resident #007 had a fall resulting in an injury and was transferred to hospital in 2016 for surgery. The resident was re-admitted back to the home from hospital several days later.

A review of the resident's clinical record indicated that on an identified date in 2016, a referral had been completed for the Registered Dietitian to assess the resident for an alteration in their skin integrity on three identified areas.

On two identified dates, it was documented in the resident's clinical record that the resident had an alteration in skin integrity; however, no skin assessment using a clinically appropriate assessment instrument was completed.

It was confirmed during an interview with the ADOC on December 20, 2016, that the resident who exhibited altered skin integrity had not received a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument specifically designed for skin and wound. [s. 50. (2) (b) (i)]

2. The licensee failed to ensure that the resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

Resident #007 had a fall resulting in an injury and was transferred to hospital on an identified date in 2016. The resident was re-admitted back to the home from hospital several days later. A re-admission assessment identified that the resident had new areas of altered skin integrity.

A review of the resident's clinical record revealed that a skin assessment was completed two days after the resident was re-admitted. Although treatments were being provided daily, the resident's alteration in skin integrity was not reassessed again until 15 days later.

It was confirmed during an interview with the Assistant Director Of Care (ADOC) on December 20, 2016, that weekly skin assessments had not been conducted when clinically indicated for resident #007. [s. 50. (2) (b) (iv)]

3. Resident #001 had an alteration in their skin integrity on identified areas of the body. On an identified date in 2016, it was identified that the resident developed an alteration in their skin integrity on a specific area of their body and then it was identified that the resident had another wound on another area of their body.

A review of the resident's clinical record indicated that these identified areas were not reassessed at least weekly when clinically indicated. The resident's alteration in skin integrity on an identified area was assessed on two dates in June, 2016. A note in the progress notes revealed that in July, 2016, this wound healed; however, assessments had not been done weekly.

The other alteration in skin integrity was identified and assessed on an identified date in July, 2016; however, a review of the resident's skin assessments indicated that between July through to December, 2016, these assessments were not being conducted weekly.

It was confirmed by the Director of Care on December 20, 2016, that the resident's areas of altered skin integrity were not reassessed at least weekly by a member of the registered nursing staff when clinically indicated. [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 residents who exhibit altered skin integrity receive a skin assessment and weekly reassessments by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident who was incontinent received an assessment that was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident required.

A review of the resident's admission continence assessment and the Minimum Data Set (MDS) coding for resident #001 indicated that the resident was continent for bowel in May, 2016. The resident had a change in their condition and in August, 2016, the resident was coded as usually continent for bowel.

The resident's clinical record indicated that the resident had not been reassessed when the resident's level of continence declined.

It was confirmed by the ADOC during an interview on December 20, 2016, that when the resident had a change in their continence an assessment had not been conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence. [s. 51. (2) (a)]

Issued on this 20th day of February, 2017

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

Original report signed by the inspector.