



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 16, 2015	2015_417178_0010	T-2953-15	Complaint

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### Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

SHERWOOD COURT LONG TERM CARE CENTRE  
300 Ravineview Drive Maple ON L6A 3P8

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

SUSAN LUI (178)

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## 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): August 11, 12, 13, 14, 17,  
September 4, 14, 2015**

**During the course of the inspection, the inspector(s) spoke with the complainant,  
personal support workers (PSWs), housekeeping staff, registered staff, Assistant  
Directors of Care (ADOCs), Director of Care (DOC), Executive Director (ED),  
Physiotherapist, Physician.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Skin and Wound Care**

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

**4 WN(s)**

**4 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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**

**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 is in compliance with and is implemented in accordance with all applicable requirements under the Long Term Care Homes Act (LTCHA).

Regulation 50 (2)(b)(i) of Ontario Regulation 79/10 of the LTCHA, states that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, must receive 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.

Interviews with registered staff #103 and the home's DOC revealed that it is not the home's practice to use a clinically appropriate assessment instrument specifically designed for skin and wound assessment to assess a resident exhibiting skin redness, irritation or rash. Registered staff #102, who also serves as the home's Wound Care Champion, stated that in the past staff has not used an assessment tool to assess skin redness or rashes, but for the past couple of months staff has started to use the Treatment Observation Record (TOR) to assess skin redness and rashes. Registered staff #102 explained that the TOR is a skin assessment tool, which prompts the staff to assess and document the size, location, description of impaired skin, including presence of exudate, odour, and evidence of infection.

Review of the policy titled SKIN AND WOUND CARE PROGRAM, policy # LTC-E-90, revised August 2015, revealed that the policy does not direct staff to use a clinically appropriate assessment instrument specifically designed for skin and wound assessment to assess a resident exhibiting skin redness, irritation, or rash. The policy defines altered skin integrity as the potential or actual disruption of epidermal or dermal tissue, and states that "this includes all skin breakdown, including but not limited to bruises, skin tears, rashes, wounds/ulcers, burns and lesions". The policy further states that a Treatment Observation Record (TOR)-Initial Wound Assessment [LTC-E-90-10(A)] is initiated when a resident has any open area or wound, and that the TOR-Ongoing Wound Assessment [LTC-E-90-10(B)] is then completed with every dressing change, for a minimum of every 7 days. The policy does not direct staff to use the TOR, or any other clinically appropriate assessment instrument specifically designed for skin and wound assessment to assess residents who experience skin redness, rashes or irritation.



Appendix D to the SKIN AND WOUND CARE PROGRAM policy, Management of Rashes, Lesions and Irritations [LTC-E-90-Appendix D] directs the nurse to assess skin rashes, lesions and irritations (including location, size and characteristics) a minimum of every seven days, and documents this in the Interdisciplinary Progress Notes. However, Appendix D does not direct staff to use the TOR, or any other clinically appropriate assessment instrument specifically designed for skin and wound assessment to assess residents who experience skin redness, rashes or irritation.

Interviews with the home's DOC and ED confirmed that the home's skin and wound care policies do not direct registered staff to use a clinically appropriate assessment instrument specifically designed for skin and wound assessment to assess residents who experience skin redness, rashes or irritation. [s. 8. (1) (a)]

***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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with and is implemented in accordance with all applicable requirements under the LTCHA, to be implemented voluntarily.***

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**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 has failed to ensure that a resident exhibiting altered skin integrity 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 assessment.

Review of resident #01's progress notes and interviews with registered staff #102 and #103 all confirmed that resident #01 experiences frequent skin redness, irritation and rashes. However when interviewed, registered staff #102 and #103 both confirmed that when the resident's skin becomes red and irritated or develops a rash, an initial assessment is not conducted using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. Rather, the staff assesses the rash without using a skin assessment instrument, and documents the assessment in the resident's progress notes. [s. 50. (2) (b) (i)]



***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 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, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

**Specifically failed to comply with the following:**

**s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff in the home have received retraining in infection prevention and control annually as per section 219 (1) of Ontario Regulation 79/10 of the Long Term Care Homes Act.

Review of training records for housekeeping staff #110 confirmed that this staff member did not receive retraining in 2014 regarding infection prevention and control practices, including hand hygiene, use of personal protective equipment (PPE), modes of transmission, and cleaning and disinfecting practices.

Interview with the home's Executive Director confirmed that staff #110 did not receive retraining in infection prevention and control in 2014. [s. 76. (4)]



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***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 staff in the home have received retraining in infection prevention and control annually as per section 219 (1) of Ontario Regulation 79/10 of the Long Term Care Homes Act, to be implemented voluntarily.***

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**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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Observations of signage on resident #01's door during the inspection period, and review of resident progress notes confirmed that the resident required identified precautions to prevent the spread of infection. During interviews with registered staff #102, #103, and the home's lead for the Infection Prevention and Control (IPAC) program, they all confirmed that the resident required the identified precautions to prevent the spread of infection.

Interview with the home's lead for the IPAC program confirmed that these precautions include wearing a gown and gloves for direct care of the resident, including bathing, turning, and providing peri-care.

On August 12, 2015, staff #101 confirmed that he/she had not worn a gown this week when providing direct care to resident #01, including peri-care. [s. 229. (4)]

2. Interview with housekeeping staff #110 on August 17, 2015, confirmed that the staff member did not wear a gown when cleaning resident #01's room that day, even though he/she was aware that the resident required identified precautions to prevent the spread of infection. Staff #110 stated that he/she believed that since the resident was not present in the room, the resident is probably not very ill so gloves and a mask would suffice. Furthermore, staff #110 stated that he/she did no cleaning around resident #01's bed space that day, other than emptying the garbage can. The staff member confirmed that high touch areas were not cleaned for this resident, or any residents requiring identified precautions to prevent the spread of infection.

Interview with the home's IPAC lead, and review of the home's policy Routine Practices and Additional Precautions (policy IPC-B-20) confirmed that housekeeping staff should wear a gown and gloves when cleaning the room of a resident requiring identified precautions to prevent the spread of infection, and that high contact areas in these rooms such as over bed tables, bed rails and call bells should be cleaned twice daily. [s. 229. (4)]



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***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 staff participate in the implementation of the infection prevention and control program, specifically in regards to the use of additional precautions to prevent the spread of infectious disease, to be implemented voluntarily.***

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**Issued on this 21st day of September, 2015**

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

**Original report signed by the inspector.**