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**

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

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Dec 1, 2017 | 2017_650565_0016 | 025457-17 | Resident Quality Inspection |

### Licensee/Titulaire de permis

UNIONVILLE HOME SOCIETY
4300 Highway #7 MARKHAM ON L3R 1L8

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

UNION VILLA
4300 Highway #7 Unionville ON L3R 1L8

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

MATTHEW CHIU (565), JULIEANN HING (649)

### Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): November 8, 9, 14, 15, and 16, 2017.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing and Personal Care (DNPC), Assistant Director of Nursing and Personal Care (ADNPC), Nurse Manager (NM), Registered Dietitian (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Residents, and Family Members.**

**The inspectors conducted a tour of the resident home areas, observations of medication administration, staff and resident interactions, provision of care, meal services, record review of resident and home records, meeting minutes for Residents' Council, staffing schedules and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**
**Continence Care and Bowel Management**
**Dignity, Choice and Privacy**
**Infection Prevention and Control**
**Medication**
**Minimizing of Restraining**
**Residents' Council**
**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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 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 was complied with.

On an identified date and time, observation of the narcotic storage area was conducted with Registered Practical Nurse (RPN) #101 on an identified home area and the following was noted.
- Resident #012's identified drug administration record indicated a count of a specified number of tablets remained, however, the medication card indicated one tablet less. Further review indicated on the previous count the day before, resident #012's identified drug administration record indicated a count of the specified number of tablets when it should be one tablet less due to an identified drug administration.

A review of the home's policy titled Narcotics Controlled Drugs, policy # 15625, revision date of April 2011, and June 2011, revealed "the registered staff on duty and the registered staff coming on duty will jointly count narcotics at shift change by comparing the card containing the narcotics with the individual narcotic count sheet and then writing the actual count on the unit count sheet and signing it with the oncoming registered staff".

Interview with RPN #101 revealed that he/she did not count the narcotics together with Registered Nurse (RN) #104 at the change of shift on the day prior to the observation, and counted the narcotics by him/herself. According to the RPN, he/she did not notice there was a discrepancy between the number written on the identified drug administration record and the medication card.

Interview with RN #104 revealed that he/she had not counted the narcotics together with the oncoming RPN #101 at the change of shift on the day prior to the observation. According to the RN he/she had counted the narcotics, the day before, with RPN #109 and had signed the identified drug administration record as the specified number of tablets when there was one tablet less in the medication card.

Interview with RPN #109 revealed that he/she had counted resident #012's identified drug together with RN #104 on the day before indicating there was the specified number of tablets when there was one less in the medication card due to the identified drug administration. The RPN stated maybe they both did not look properly.

Interview with the Director of Nursing and Personal Care (DNPC) revealed that two registered staff must count the narcotics together and confirmed that the home's policy had not been followed. [s. 8. (1) (b)]

***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 was complied with, 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, including skin breakdown, pressure ulcers, skin tears or wounds, 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 and implemented.

Resident #004 was triggered during stage one of the Resident Quality Inspection (RQI) for skin and wound related to an identified altered skin integrity. Record review of the resident's plan of care revealed the resident had the identified altered skin integrity on the specified body area.

Review of resident #004's progress notes under skin and wound assessments indicated documentation of the identified altered skin integrity on an identified date.

A review of the home's policy titled Wound Care Protocol, policy #15720, revision date of October 21, 2007, July 12, 2010, and February 19, 2014, indicated to consult with the skin care nurse/team, Registered Dietitian (RD), Physiotherapist (PT), and Occupational Therapist (OT) if needed.

Interview with RPN #101 revealed that a referral is sent to the RD for a specified status of the identified altered skin integrity and a referral had only been sent to the RD on an identified date two months after the above mentioned progress notes documentation.

Interview with the RD revealed that he/she had first became aware of resident #004 having the identified altered skin integrity upon receipt of the above stated referral. According to the RD, he/she expects to receive a referral when the altered skin integrity is first identified.

Interview with the Assistant Director of Nursing and Personal Care (ADNPC) confirmed when resident #004's identified altered skin integrity was initially documented on the progress notes, the resident should be referred to and assessed by the RD, but he/she was not. [s. 50. (2) (b) (iii)]

2. The licensee has failed to ensure a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is reassessed at least weekly by a member of the registered staff, if clinically indicated.

Resident #004 was triggered during stage one of the RQI for skin and wound related to an identified altered skin integrity. Record review of the resident's plan of care revealed the resident had the identified altered skin integrity on the specified body area.

A review of #004's progress notes indicated that weekly skin and wound assessments are documented under the progress notes. A review of an identified skin and wound

assessment revealed the resident's identified altered skin integrity. Further review of the skin and wound assessments indicated the identified altered skin integrity was reassessed on two days and three days later, and on another identified date over a month later. Record review indicated there was no weekly skin and wound assessments completed during this identified period.

Interview with RPN #101 and the ADNPC confirmed that weekly skin and wound assessments were not completed during the above mentioned period for the resident's identified altered skin integrity. [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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds:***
***- 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 and implemented,***
***- Is reassessed at least weekly by a member of the registered staff, if clinically indicated, to be implemented voluntarily.***

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**Issued on this 20th day of December, 2017**

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

**Original report signed by the inspector.**