



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 sous la Loi de 2007 sur les foyers de soins de longue durée

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

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Jun 27, 2013, 2013_108110_0006, T-2117-12, Complaint

Licensee/Titulaire de permis

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

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

HUMBER VALLEY TERRACE
95 Humber College Blvd., Rexdale, ON, M9V-5B5

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

DIANE BROWN (110)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 15, 16, 21 and June 7th, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Director of Care, Registered Dietitian, Food Service Manager, Registered Nurses, Personal Support workers, Food Service Workers.

During the course of the inspection, the inspector(s) Observed resident environment, record review, menu review and relevant polices and procedures

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping



**Nutrition and Hydration
Skin and Wound Care**

Findings of Non-Compliance were found during this inspection.

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).

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 a resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff upon return from hospital.

Resident #001 had altered skin integrity prior to hospitalization with hospital records confirming the presence of two ulcers on admission.

Staff interview and record review confirm that Resident #001 was not assessed by a member of the registered nursing staff upon return from hospital. [s. 50. (2) (a) (ii)]

2. The licensee failed to ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.

Record review and interviews confirm that Resident #001 had a second ulcer, stage 3, on the thoracic spine with no interventions to reduce or relieve pain, promote healing, and prevent infection. [s. 50. (2) (b) (ii)]

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

Resident #001 had a stage 2 pressure ulcer on coccyx that required dressing changes to be conducted every two days. Staff interviews and record review confirm that Resident #001's wound was not reassessed weekly. There was no reassessment after October 10, 2012. Resident #001's hospital admission of November 6th, 2012 referred to stage 2 healing ulcer at the coccyx. [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 exhibiting altered skin integrity receive a skin assessment by a member of the registered nursing staff upon any return from hospital, 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. (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 care set out in the plan of care provided to the resident as specified in the plan.

Resident #001 with altered skin integrity has treatment orders to change dressing to the coccyx wound every two days. Record review and staff interviews confirm that the required treatment was provided every three days and not according to the resident's plan of care. [s. 6. (7)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).

s. 71. (2) The licensee shall ensure that each menu,

(a) provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and O. Reg. 79/10, s. 71 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's menu cycle includes menus for regular, therapeutic and texture modified diets for both meals and snacks. Menu review and staff interviews confirm that the homes' Indian/South Asian menu cycle does not include menus for texture modified diets (minced and pureed). Resident #001 requiring a regular pureed texture diet had a plan of care intervention to offer South Asian meals as per preference. [s. 71. (1) (b)]

2. The licensee failed to demonstrate that the home's menu cycle provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRI's). An interview with the Registered Dietitian and record review revealed that the licensee has not demonstrated that home's Indian menu provides for adequate nutrients, fibre and energy for the residents based on the current Dietary reference Intakes (DRI's). The home's Indian menu in place does not include portion sizes of menu items to be served. An interview with staff revealed that "it's a guess" as to how much food should be served. [s. 71. (2) (a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that there is an organized food production system in the home providing for standardized recipes and production sheets for all menus. Staff interviews and record review confirmed that there are no texture modified (minced and pureed) standardized recipes for the Indian/South Asian menu in the home. The lack of standardized recipes does not ensure that taste, nutritive value, appearance and food quality are preserved. [s. 72. (2) (c)]



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Loi de 2007 sur les foyers de
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Issued on this 9th day of July, 2013

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

Deane Brown

