

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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 # / No de registre	Type of Inspection / Genre d'inspection
Nov 10, 2021	2021_866585_0013	009112-21	Complaint

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village of Wentworth Heights
1620 Upper Wentworth Street Hamilton ON L9B 2W3

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

LEAH CURLE (585), FARAH_KHAN (695)

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): October 7, 8, 13, 14, 15, 19, 25, 26, 27, 28, November 1, 2 and 3, 2021.

Intake #009112-21 was completed during this complaint inspection, which was related to medications, responsive behaviours, continence, skin and wound, pain and personal support services.

During the course of the inspection, the inspector(s) spoke with residents, housekeeping staff, agency staff, Personal Support Workers (PSW), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Pharmacists, the Administrative Assistant, a Neighbourhood Coordinator, the Registered Dietitian (RD), Director of Environmental Services (DES), physicians, the Director of Nursing Care (DNC) and the Assistant General Manager (AGM).

During the course of the inspection, the inspectors toured the home, observed residents, reviewed relevant home policies and procedures, clinical health records, program evaluations, staff schedules and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Infection Prevention and Control

Medication

Pain

Personal Support Services

Responsive Behaviours

Skin and Wound Care

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

4 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>Légende</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. 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 has failed to ensure that when a resident was identified as experiencing incontinence, they received an assessment using a clinically appropriate assessment instrument specifically designed for assessment of incontinence.

A resident's Resident Assessment Instrument - Minimum Data Set (RAI-MDS) noted they experienced incontinence.

Documentation completed by Personal Support Workers (PSWs) and interviews with PSWs confirmed the resident experienced incontinence.

The home's instrument used for the assessment of incontinence was the "Continence Evaluation".

The Director of Nursing Care (DNC) confirmed a Continence Evaluation was not completed when it had been identified that the resident was experiencing incontinence.

Failure to complete the Continence Evaluation had potential risk to the resident as the evaluation was the home's tool to assess and identify factors, patterns, type of incontinence and potential to restore the resident's function with specific interventions.

Sources: a resident's RAI-MDS assessment, Point of Care (POC) documentation, interviews with PSWs and the DNC. [s. 51. (2) (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 and ensure that 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, 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's plan of care was reviewed and revised when the care set out in the plan was no longer necessary regarding a specified treatment.

On a date in 2021, an order was made for the resident to receive a treatment over a period of weeks. The intervention remained in the resident's written plan of care for several months after the treatment order was discontinued.

The DNC confirmed the intervention was not removed from the written plan of care when the care was no longer necessary.

Sources: a resident's written care plan, a resident's orders, interview with DNC and other staff. [s. 6. (10) (b)]

WN #3: 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 skin assessment was conducted by a member of the registered nursing staff using the home's skin and wound assessment tool when a resident had altered skin integrity on a specified area of their body.

The home's skin and wound assessment tool was the Skin and Wound Evaluation - V. 6.0.

On a date in 2021, registered staff noted alteration to the resident's skin. The physician assessed the resident, a treatment was ordered and implemented. The resident's skin condition improved; however, a Skin and Wound Evaluation was not completed by registered nursing staff when the alteration was noted.

Failure to complete the skin assessment posed a potential for risk to the resident as it was used as a tool to assess the condition of the wound and the effectiveness of treatment interventions.

Sources: a resident's clinical record including progress notes, interview with registered nursing staff and others. [s. 50. (2) (b) (i)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).

(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that actions taken to meet the needs of two residents with responsive behaviours were documented at all times, when required.

Two residents demonstrated a change in behaviours. An intervention was added to both of the resident's plan of care; however documentation of their response to the intervention was not completed at all required times.

Sources: two resident clinical records, interviews with registered nursing staff and the DNC. [s. 53. (4) (c)]

Issued on this 12th day of November, 2021

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

Original report signed by the inspector.