



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 4, 7, 11, 12, 13, 2011; 2011\_078193\_0024; Complaint

Licensee/Titulaire de permis

TORONTO LONG-TERM CARE HOMES AND SERVICES
55 JOHN STREET, METRO HALL, 11th FLOOR, TORONTO, ON, M5V-3C6

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

WESBURN MANOR
400 The West Mall, ETOBICOKE, ON, M9C-5S1

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

MONICA NOURI (193)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with resident, direct care staff, registered staff, Nurse Manger, Director of Care, and Program and Services Manager.

During the course of the inspection, the inspector(s) health care records and related home's policies and procedures

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Medication

Pain

Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

**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
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 subsections:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

- (a) the planned care for the resident;**
- (b) the goals the care is intended to achieve; and**
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**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 plan of care for an identified resident did not set out clear directions to staff and others who provide direct care to the resident regarding the resident's ability to self administer the prescribed medication. The health record does not indicate that the resident can self administer the medication.[s. 6(1)(c)]
2. The care set out in the plan of care for an identified resident was not provided as specified in the plan.
  - a) Resident's pain was not assessed and documented on an identified date.
  - b) Unsuccessful interventions for pain management were not documented and the doctor was not notified as required by the resident's plan of care.[s. 6(7)]
  - c) The resident did not receive 2 showers per week as set in the plan of care on an identified period of time.
  - d) The resident did not receive the prescribed medications on an identified period of time[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 by ensuring that the plan of care for an identified resident and any other resident of the home sets out clear directions to staff and others who provide direct care to the resident regarding the ability to self administer medication, and the care set out in the plan of care is provided as specified in the plan, to be implemented voluntarily.***

**WN #2: 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 subsections:

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  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

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**Findings/Faits saillants :**

The home's policy "Self medication" reviewed on 01/01/2007 was not complied with, in following instances related to an identified resident:

- resident's ability to self medicate was not assessed using Self Medication Assessment Record
- medications were not recorded on MAR for an identified period of time indicating "self administration"
- the resident was not provided with clear and concise instructions regarding when to report to nurse for re-ordering of medication
- counselling instructions and quantity of medication given to the resident was not documented in the progress notes
- resident's ability to self medicate was not reassessed every 3 months by completing the Self Medication Assessment Record [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 by ensuring that the home's "Self Medication" policy is complied with in regards with any resident of the home, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

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**Findings/Faits saillants :**

- a) Self Medication Assessment Record was not documented when starting a new order for an identified resident.
- b) Head to toe skin assessments were not documented when an identified resident complained of a new rash and after the treatment was started.
- c) The same resident's responses to interventions were not documented.
- d) The pain assessment, interventions and same resident's response to interventions were not documented when the resident complained of pain.

**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 by ensuring that any actions taken under a program, including assessments, reassessments, interventions and residents' responses to interventions are documented, to be implemented voluntarily.*

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**

Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

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**Findings/Faits saillants :**

An identified resident was not showered/bathed at a minimum twice a week on an identified period of time.

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

Specifically failed to comply with the following subsections:

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;  
(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;  
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and  
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

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**Findings/Faits saillants :**

- a) An identified resident exhibited altered skin integrity and the resident was not reassessed at least weekly after that.[s. 50(2)(b)(iv)]  
b) An identified resident exhibited a skin integrity and the resident did not 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.[s. 50(2)(b)(i)]
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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

Specifically failed to comply with the following subsections:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

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**Findings/Faits saillants :**

An identified resident complained of pain that was not relieved by first interventions and the resident was not assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**  
Specifically failed to comply with the following subsections:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

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**Findings/Faits saillants :**

Skin and wound care training was not provided for direct care staff from July 1, 2010 to October 2011 as per Staff education binders 2010 and 2011, and Programs and Services Manager's statement.[s. 221(1)2]

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**  
Specifically failed to comply with the following subsections:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
3. A missing or unaccounted for controlled substance.
4. An injury in respect of which a person is taken to hospital.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

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**Findings/Faits saillants :**

The licensee did not inform the Director about lack of hot water in the home between July 4 to July 16, 2011. Residents did not receive baths/showers in this period of time as the water temperature was below 40 C.[s. 107(3)2]

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**  
Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

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**Findings/Faits saillants :**

An identified resident did not receive the prescribed medication on an identified period of time.[s. 131(2)]

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**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes**

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

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**Findings/Faits saillants :**

There was no monitoring and documentation of an identified resident's response and the effectiveness of the drugs after receiving pain medication.[s. 134(a)]

Issued on this 13th day of October, 2011

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

