Ontario

Ministry of Health and Long-Term Care

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

Ministére 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
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 10, 14, 17, 2012	2012_070141_0019	Critical Incident

Licensee/Titulaire de permis

HALTON HEALTHCARE LTC INC.
327 REYNOLDS STREET, OAKVILLE, ON, L6J-3L7

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

WYNDHAM MANOR LONG TERM CARE CENTRE
291 REYNOLDS STREET, OAKVILLE, ON, L6J-3L5

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

SHARLEE MCNALLY (141), LALEH NEWELL (147)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurse (RN), the physician and Personal Support Workers (PSWs)

During the course of the inspection, the inspector(s) reviewed resident records, home's policies and procedures, investigation notes, and staff schedules

Log# H-001922-12

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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. (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).

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;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee did not ensure that the care set out in the plan of care was provided to resident #1 as specified in the plan of care. The resident was discovered with an injury in September, 2012. The resident's written plan of care stated two staff were to assist with toileting care. The staff member who cared for the resident on the evening shift prior to the injury confirmed the resident's incontinent product was changed, provided peri-care was provided, clothing changed, and the resident turned and repositioned without the assistance of a second staff member. The staff member who cared for the resident on the night shift prior to the injury confirmed the resident's incontinent product was changed, care was provided and the resident was turned and repositioned without the assistance of a second staff member. The DOC confirmed that there should of been 2 staff members present for the resident's care. s.6(7)
2. The licensee did not ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs changed or care set out in the the plan was no longer necessary. Resident #1 documentation indicated a history of multiple skin tears in 2012. The most recent Resident Assessment Protocol (RAP) identified the resident had an existing RAP for risk of skin breakdown and identified this RAP would be care planned. The resident's current written plan of care, reviewed during the inspection, indicated the resident had a current skin tear in a specific location. The progress notes indicated this skin tear was healed in August, 2012. The resident records identified the resident had a new skin tear and a new pressure ulcer after the identified healed skin tear, which were not care planned. The risk for skin breakdown including preventative strategies was also not care planned. Staff confirmed that the resident was at high risk for skin tears due to fragile skin. s.6(10)(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 the care set out in the plan of care is provided to a resident as specified in the plan of care and the plan of care is reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the the plan is no longer necessary, 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).

Findings/Faits saillants :

1. The licensee did not ensure where the Act or the Regulation required 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 was complied with.
a. Resident #1 was not turned and repositioned by nursing staff following the home's policy "Skin and Wound Care" (10-01-02). The policy stated all residents will be repositioned/transferred using methods and equipment which protects the skin and prevent damage/injury e.g. lift sheets, sliders and transfer boards. The resident was identified as being unable to reposition self in bed. Two PSWs who provided care to the resident on separate shifts in September, 2012 confirmed they turned and repositioned the resident in bed without the aid of another staff member using soaker pads and bed sheets.
b. An investigation of alleged abuse of resident #1 was not completed following the home's policy "Resident Abuse and Neglect" (OPER-02-02-04). The policy stated upon being notified of suspected or witnessed abuse or neglect the home is to immediately remove the employee from the work schedule with pay pending investigation. The home's internal investigation related to an injury to resident #1 was initiated in September,2012 as per home's policy. However staff members who were involved in the home's internal investigation of the incident were not removed immediately from the work schedule and continued to work multiple shifts prior to being placed on paid leave. 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 where the Act or the 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 is complied with, to be implemented voluntarily.

Issued on this 18th day of October, 2012

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