

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
Apr 8, 2022	2022_981218_0006	002168-22	Complaint

Licensee/Titulaire de permis

Steeves & Rozema Enterprises Limited
265 North Front Street Suite 200 Sarnia ON N7T 7X1

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

St. Andrew's Terrace Long Term Care Community
255 St. Andrew's Street Cambridge ON N1S 1P1

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

APRIL RACPAN (218)

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): March 24-25 and 28-31, 2022.

**The following intake was completed in this inspection:
-002168-22 related to skin and wound care.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Interim Manager of Resident Care (MRC), Assistant Manager of Resident Care (AMRC), Skin and Wound Lead, Housekeeping staff, Registered staff, Personal Support Workers, residents and family members.

During the course of the inspection, the inspector(s) conducted a tour of the resident home areas (RHAs), observed IPAC practices and meal services, and completed resident/family and staff interviews. The inspector(s) also reviewed posting of required information, relevant home policies and procedures, and other pertinent documents.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Skin and Wound Care**

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

3 WN(s)

3 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. 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 failed to ensure that the skin and wound policy was complied with for resident #001.

The O. Reg 79/10 s. 30 (1) 1. and s. 50 (1) requires the licensee to have a written description of the skin and wound program that includes the relevant policies and procedures for the provision and management of skin care. The licensee shall also ensure that the program is complied with.

The home's skin and wound policy indicated that direct care staff were responsible for examining residents' skin during routine care, including their bath days. They were also responsible for documenting any skin concerns on the Point of Care (POC) task, followed by reporting the concern to a registered staff member.

Resident #001 was considered at risk for developing skin breakdown related to their cognitive status, mobility, and other health concerns.

Three direct care staff members who bathed and provided care to resident #001 stated that they had observed resident #001 present with a skin concern for multiple weeks. They acknowledged that they did not follow the home's policy as required because they did not document the skin concern when they initially observed it during care.

The RPN on the unit said they were not informed by the direct care staff that resident #001 had a pre-existing skin concern.

There were no documented records to demonstrate that the skin concern was observed by the direct care staff. It was not until multiple weeks later, when resident #001 was assessed by a registered staff member, to which by this time, the skin concern had progressed.

Not following the home's skin and wound policy resulted in actual harm when the direct care staff failed to document the skin concern immediately upon discovery and report it to a registered staff member.

Sources: LTCH's Skin and Wound Program Policy #:RCM 10-06-01, last revised March 4, 2019, resident #001 clinical and care task records, Point Click Care (PCC) Skin Assessments and photo, interviews with PSWs and other relevant staff. [s. 8. (1)]

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 home's skin and wound policy is complied with, to be implemented voluntarily.

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).

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(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).**

Findings/Faits saillants :

1. The licensee failed to ensure that resident #001 was reassessed weekly by a member of the registered staff.

Resident #001 developed a skin concern and it was not assessed by a registered staff member for two weeks in a row between January – February, 2022.

Resident #001 developed a secondary skin concern and it was not assessed by a registered staff member for one week between January – February, 2022.

RPN #107 and RN #110 acknowledged that the skin assessments were not completed weekly as required for resident #001.

The gap in weekly assessments increased the likelihood that appropriate interventions would not be in place to treat the wounds if they started deteriorating.

Sources: LTCH's Skin and Wound Program Policy #:RCM 10-06-01, last revised March 4, 2019, PCC Skin Assessments, interviews with registered staff. [s. 50. (2) (b) (iv)]

2. The licensee failed to ensure that resident #001 was repositioned every two hours as required, including while resident #001 was asleep as clinically indicated.

Resident #001 was considered at risk for skin breakdown and required to be turned and repositioned every two hours everyday, including while they were asleep.

RPN #107 and a family member said they had not observed staff turning and repositioning resident #001 every two hours as required.

Care task records documented that resident #001 was not repositioned every two hours for four nights in January 2022. AMRC #102 said that if the care was not documented, then they considered the care task not completed.

When resident #001 was not repositioned throughout the night for four days in January, it placed them at potential risk for wound progression.

Sources: resident #001 clinical records and PCC assessments, care task records, interviews with RPN #107, and other relevant individuals. [s. 50. (2) (d)]

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 with skin concerns are reassessed weekly by a member of a registered staff and are turned and repositioned throughout the night shifts when clinically indicated, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff participated in the implementation of the home's hand hygiene program.

Public Health Ontario (PHO) best practice guidelines for hand hygiene (HH) practices emphasized that residents' hands were to be cleaned before and after eating their meals and snacks.

The home's expectation was for staff to encourage and assist residents to perform hand hygiene using an alcohol-based hand rub (ABHR). Alcohol-free wet wipes were available for use when residents' hands and faces were visibly soiled, followed by the use of ABHR.

However, during the course of the inspection the following were observed related to resident hand hygiene:

-On the Beech Grove RHA during a lunch meal service, multiple residents were not provided with proper HH assistance after they finished eating their lunch. Staff provided residents with wet wipes for HH and the practice was not followed up with the use of

ABHR.

-On Cedarwood RHA during a snack service in the common area, multiple residents were not encouraged or assisted with HH before they had their snack or beverage.

-On Glen Oaks RHA, multiple residents were not provided with proper HH assistance after they finished eating their breakfast. Two staff members provided residents with wet wipes for HH and the practice was not followed up with the use of ABHR.

A family member and a resident stated that the home did not offer residents with HH assistance using ABHR.

The IPAC Lead acknowledged that the use of wet wipes for residents hand hygiene was not considered an appropriate method of hand hygiene.

Not following the home's hand hygiene program during meal services placed staff and residents at minimal risk of harm for disease transmission.

Sources: Multiple meal and snack observations, PHO: Just Clean Your Hands Long Term Care Home (LTCH) Implementation Guide, PHO Best Practices for Hand Hygiene in All Health Care Settings 4th Edition (April 2014), LTCH's Hand Hygiene Policy #ICM 02-09, last revised November 23, 2021, interview with a resident, family member, IPAC Lead, and other staff. [s. 229. (4)]

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 all staff participate in the implementation of the home's hand hygiene program, to be implemented voluntarily.

Issued on this 19th day of April, 2022

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

Original report signed by the inspector.