



**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**

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

**Division des foyers de 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 # / Registre no	Type of Inspection / Genre d'inspection
Nov 22, 2016	2016_301561_0023	029758-16	Complaint

Licensee/Titulaire de permis

1245556 ONTARIO INC.
200 Ronson Drive Suite 305 TORONTO ON M9W 5Z9

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

BURTON MANOR
5 Sterritt Drive BRAMPTON ON L6Y 5P3

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

DARIA TRZOS (561)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 11, 12 and 14, 2016.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Social Worker, Registered Dietitian, Chaplain, Registered Staff including Registered Nurses (RN) and Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents and family member.

During the course of the inspection, the Inspector observed the provision of care, reviewed health records and reviewed relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Reporting and Complaints
Skin and Wound Care**

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

1 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>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. 30. General requirements
Specifically failed to comply with the following:

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).

Findings/Faits saillants :



1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented

A) The head to toe assessment indicated that resident #001 had an alteration in skin integrity. The health care records were reviewed and revealed that no prior documentation was present indicating when this occurred and there was no monitoring documented of the status of the altered skin integrity. The PSW #108 stated that the PSWs are to report any skin related issues to registered staff right away and if the issue was noted on a bath day PSWs were to document on the bath day skin/oral assessment sheet. The bath day skin/oral assessment for the week prior to the skin alteration in 2016, was reviewed and indicated that the resident's skin was clear and on the following bath day, the assessment was signed but did not indicate whether the skin was clear or not. PSW #109 stated that they had reported to registered staff that resident had an alteration in skin integrity. No documentation was found supporting that this was reported. The registered staff #103 stated that they were not aware of the alteration in skin integrity. The Administrator confirmed that there should have been documentation about the altered skin integrity.

B) Resident #002's health records were reviewed and indicated that the resident had an alteration in skin integrity on an identified date in 2016. The staff had followed the home's process and completed a risk management report, notified the family and documented the assessment in progress notes. The review of the progress notes also indicated that there was no follow up documentation about the altered skin integrity and no other assessments were documented in resident's health records after. The registered staff #112 stated that staff should have documented monitoring of the resident's skin after the altered skin integrity was first found and any follow up after that in progress notes. The DOC confirmed that there should have been documentation completed on the status of the altered skin integrity after it occurred. [s. 30. (2)]



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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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 8th day of December, 2016

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

Original report signed by the inspector.