



**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 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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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 31, 2016	2016_276537_0022	014112-16	Resident Quality Inspection

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**Licensee/Titulaire de permis**

THE CORPORATION OF THE COUNTY OF MIDDLESEX  
c/o Strathmere Lodge 599 Albert Street, P.O. Box 5000 STRATHROY ON N7G 3J3

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

STRATHMERE LODGE  
599 Albert Street Box 5000 STRATHROY ON N7G 3J3

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

NANCY SINCLAIR (537), CAROLEE MILLINER (144), REBECCA DEWITTE (521),  
TERRI DALY (115)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): May 16, 17, 18, 19, 20, 24, 25 and 26, 2016**

**The following Critical Incidents were inspected concurrently with this inspection:**

**Log #001429-15/CI M627-000005-15 related to a fall resulting in injury**

**Log #013349-15/CI M627-000018-15 related to a fall resulting in injury**

**Log #035824-15/CI M627-000031-15 related to a fall resulting in injury**

**Log #001726-16/CI M627-000001-16 related to a medication incident**

**Log #001775-16/CI M627-000002-16 related allegations of abuse to a resident**

**Log #013246-16/CI M627-000005-16 related to a fall resulting in injury**

**Log #015808-16/CI M627-000006-16 related to a fall resulting in injury**

**A Follow-up Inspection Log #035334-15 was also conducted related to the Pain Management Program and Continence Care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Resident Care(ADRC), RAI Coordinator, Food Services Manager, Nursing Co-ordinator, Clinical Support Nurse, Registered Dietitian, Physio Assistant, five Registered Nurses(RN), three Registered Practical Nurses (RPN), 11 Personal Support Workers (PSW), Resident Council Representative, Family Council Representative, Residents and Families.**

**The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided to them, meal service, medication passes, medication storage areas, reviewed health care records and plans of care for identified residents, policies, procedures, programs and associated training, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.**

**The following Inspection Protocols were used during this inspection:**



Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Recreation and Social Activities  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care

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

2 WN(s)  
2 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 30. (1)	CO #002	2015_326569_0023	537
O.Reg 79/10 s. 51. (2)	CO #001	2015_326569_0023	537

**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. 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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The home's policy titled "Skin Care and Wound Management - Procedure for Wound and Ulcer Assessment - SW010", last reviewed February 26, 2010, included the following directive for registered staff:

"Registered Staff will assess the wound weekly and complete a Wound Care Assessment Form. The assessment will consist of the following: Bates-Jensen Wound Assessment Tool, Percentage of Wound Healing Calculation, wound related pain, stage of wound/pressure ulcer, Braden Scale, Pressure Ulcer Scale for Healing Tool."

Review of the clinical record for an identified resident revealed the resident experienced a area of altered skin integrity. There were no weekly wound assessments related to these incidents within the clinical record for the Inspector to review.

Registered Practical Nurse(RPN), staff #108 stated that registered staff do not document weekly assessments at this time as the home's Skin and Wound Program is under review and the new program will be implemented on June 1, 2016.

The Acting Director of Resident Care (ADRC), staff #111 further verified it was her expectation that registered staff continue to complete weekly wound assessments in the progress notes section of the resident's clinical record and to also document the occurrence of a wound and any change to the wound. The ADRC stated the revised Skin and Wound Program was scheduled for implementation June 1, 2016.

The scope of this issue is isolated. This area of noncompliance was previously issued as a Voluntary Plan of Correction on November 2, 2015. The final severity is determined to be a level 2, minimal harm or potential for actual harm. [s. 50. (2) (b) (iv)]



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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 to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**

**Specifically failed to comply with the following:**

**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):**

**4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the Director was 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): 4. An injury in respect of which a person is taken to hospital and that results in a significant change in the resident's health condition.

Review of the clinical records and critical incidents for three identified resident in which the residents sustained an injury in respect of which the residents were taken to hospital and that resulted in a significant change in the resident's health condition, was reported no later than one business day after the occurrence of the incident.

The homes policy titled " Resident Accident/Injury - Reporting Policy- NMR002 last reviewed October 1, 2014, indicated:

"9. If the incident results in a resident transfer to the hospital for further assessment and/or admission to the hospital, the Registered Staff member must indicate this on the Med-E-Care "Incident Report" or the "Accident/Injury Reporting Form". The DRC or designate will complete a Ministry of Health Critical Incident Report when required".

The Acting Director of Resident Care stated that the home should have submitted critical incidents for all noted occurrences no later than one business day after the occurrence of the incidents.

The scope of these issues is a pattern. A related area of noncompliance was previously issued as a Voluntary Plan of Correction on June 11, 2014. The final severity is determined to be a level 2, minimal harm or potential for actual harm. [s. 107. (3) 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 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): 4. An injury in respect of which a person is taken to hospital and that results in a significant change in the resident's health condition, to be implemented voluntarily.***



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**Issued on this 31st day of May, 2016**

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

**Original report signed by the inspector.**