



**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 # / No de registre	Type of Inspection / Genre d'inspection
Nov 27, 2017	2017_678680_0020	012124-16	Complaint

Licensee/Titulaire de permis

CORPORATION OF THE CITY OF WINDSOR
1881 Cabana Road West WINDSOR ON N9G 1C7

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

HURON LODGE LONG TERM CARE HOME
1881 CABANA ROAD WEST WINDSOR ON N9G 1C7

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

TRACY RICHARDSON (680)

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 23, 24, 25, 26, 27 and 30, 2017.

The complaint # IL-44316-LO was related to skin and wound care.

This inspection was completed concurrently while in the home: Resident Quality Inspection (RQI) # 2017_563670_0026, Log # 013186-17.

Findings in this inspection related to:

O. Reg. 79/10, s. 48. (2) Each program must, in addition to meeting the requirements set out in section 30, (a) provide for screening protocols; and (b) provide for assessment and reassessment instruments, have been issued in the Resident Quality Inspection # 2017_563670_0026.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, the Registered Nurse (RN) Educator, the Pharmacist, Registered Nurses, Registered Practical Nurses, Personal Support Workers.

The inspector(s) also made observations of residents, and activities and care of residents. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed.

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Personal Support Services
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

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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 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 a 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.

A review of a complaint submitted to the Ministry of Health and Long-Term Care (MOHLTC) on a specified date, identified that there were concerns with the frequency of treatments of altered skin integrity for a specified resident.

A progress note for a specific resident on a specific date, stated that the resident had altered skin integrity.

The medication administration record (MAR) showed that there was a specific treatment initiated for the altered skin integrity.

Review of the Doctor's order showed that there was a treatment ordered for the altered skin integrity for the specific resident.

Review of the home's altered skin assessment record, showed that the form was initiated related the resident's altered skin integrity. Further documentation showed that the altered skin integrity for the specified resident had healed.



Review of the home's Skin and Wound Management policies and procedures had no reference, procedure or instruction related to the completion of assessments or reassessments of residents with impaired skin integrity.

In an interview with a registered staff member, they stated that weekly assessments were in the computer and that the details regarding the altered skin integrity were to be included in the documentation.

In an interview, the Director of Care reviewed the weekly assessments with the inspector and acknowledged that weekly assessments had not been completed regarding this altered skin integrity.

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.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of the issue was determined to be a pattern. The home has a history of unrelated noncompliance. [s. 50. (2) (b) (iv)]

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 a 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, to be implemented voluntarily.



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Issued on this 27th day of November, 2017

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

Original report signed by the inspector.