



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

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 10, 2014	2014_303563_0037	004625-14	Complaint

Licensee/Titulaire de permis

THE HOMEWOOD CORPORATION
150 DELHI STREET, GUELPH, ON, N1E-6K9

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

THE VILLAGE OF GLENDALE CROSSING
3030 Singleton Avenue, LONDON, ON, N6L-0B6

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

MELANIE NORTHEY (563)

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): October 2, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Director of Care, the Resident Assessment Instrument Coordinator (RAI-C), three Neighbourhood Coordinators, one Registered Practical Nurse, and two Personal Support Workers.

During the course of the inspection, the inspector(s) made observations, reviewed health records, policies and other relevant documentation.

The following Inspection Protocols were used during this inspection:



Continence Care and Bowel Management
Critical Incident Response
Hospitalization and Change in Condition
Infection Prevention and Control
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains detailed descriptions of non-compliance with LTCHA requirements and their French equivalents.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



**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**

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**
- 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).**
-

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct bladder incontinence care to the resident.

Record review of "Personal Care Observation and Monitoring Form" revealed resident #1 was incontinent of bladder and record review of the Care Plan for the "toileting" focus revealed the resident was incontinent.

Record review of the "Personal Care Profile - Quarterly" revealed under the "Elimination" section that a brief is used to manage the resident's bladder and bowel incontinence.

Record review of Minimum Data Set Resident Assessment Profiles (MDS RAPs) revealed resident # 1 interventions related to bladder incontinence and toilet use.

Staff interview with Personal Support Worker (PSW) revealed the Tena list is located at the front of the PSW binders as well as the Personal Care Profile for each resident. PSW confirmed the Tena list states the type of incontinence product used for this resident and that the list does not match with the type of product in use on all shifts. PSW confirmed the incontinence product on the Tena list is not the appropriate incontinence product for this resident's level of bladder incontinence.

The Administrator confirmed that the Tena list does not provide clear direction regarding the use of incontinence products for this resident. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Record review of the Care Plan and the Care Conference for resident # 1 revealed interventions were in place to contact family for all changes to care.

Record review of the progress notes revealed on two occasions family were not notified of a change in care or health status.

Staff interview with Neighbourhood Coordinator confirmed family were not notified.

Staff interview with the Administrator confirmed family should have been informed of any change in care or health status at the time the change occurred. [s. 6. (7)]



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 plan of care set out clear directions to staff and others who provide direct bladder incontinence care to the resident and that the care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17.
Communication and response system**

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident-staff communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times.

Observation of a home care area revealed the call bell for resident # 2 was on the opposite side of the bed near the wall and on the floor. Staff interview with PSW confirmed resident's call bell is long enough to reach while resident is sitting in chair and it should not be on the floor and out of reach.

Observation of a home care area revealed the call bell cord too short to reach resident # 3. Staff interview with Registered Practical Nurse (RPN) confirmed resident did not have access to the call bell, that the call bell should be clipped to the resident and within reach, and the call bell was too short to reach the bed.

The Administrator confirmed all call bells should be within reach and accessible to residents at all times. [s. 17. (1) (a)]

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-staff communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

8. Continence, including bladder and bowel elimination. O. Reg. 79/10, s. 26 (3).

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

15. Skin condition, including altered skin integrity and foot conditions. O. Reg. 79/10, s. 26 (3).



Findings/Faits saillants :

1. The licensee has failed to ensure that the resident's plan of care is based on an interdisciplinary assessment of the resident's continence, including bladder and bowel elimination.

Record review of Minimum Data Set (MDS) revealed resident # 1 was incontinent of bowel and pads/briefs were used.

Staff interview with PSW revealed the resident was incontinent of bowel.

Record review of the Care Plan revealed there were no goals or interventions related to resident # 1 bowel incontinence based on the MDS assessment of the resident's bowel elimination.

Staff interview with Resident Assessment Instrument Coordinator (RAI-C) confirmed there were no care plan interventions related to resident-specific bowel continence strategies. [s. 26. (3) 8.]

2. The licensee has failed to ensure that the plan of care is based on an interdisciplinary assessment that includes the resident's skin condition, including altered skin integrity and foot conditions.

Record review of the MDS revealed resident # 1 had interventions related to pressure ulcer risk.

Record review of the progress notes revealed an alteration in skin integrity was noted.

Record review of the Care Plan revealed there were no goals or interventions related to the identified risk factors documented on the "Skin Assessment Quarterly".

Record review of the "Wound /Skin Care" policy dated September 2013 revealed, "Any Resident who has been assessed as being at moderate to high risk for altered skin integrity, or whose skin integrity has been compromised, will have a Plan of Care based on their identified risks."

Staff interview with PSW revealed she would expect to see the turning and repositioning intervention in the plan of care since interventions were in place related to skin integrity.



Staff interview with a Neighbourhood Coordinator revealed interventions should be listed on the care plan related to skin care since this resident was at risk for altered skin integrity.

Interview with the Administrator revealed the Care Plan should include goals and interventions related to skin care. [s. 26. (3) 15.]

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's plan of care is based on an interdisciplinary assessment of the resident's continence, including bladder and bowel elimination and that includes the resident's skin condition, including altered skin integrity and foot conditions, to be implemented voluntarily.

WN #4: 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 failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds 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, and 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.

Staff interview with the RAI-C revealed a Weekly Wound Assessment was not completed when an alteration in skin integrity was discovered for resident #1.

The Registered Dietitian (RD) confirmed a referral was never completed for resident #1.

Record review of the "Wound /Skin Care" policy dated September 2013 revealed, "For all wounds at any stage , including skin tears and surgical incisions, a Request for Nutritional Consultation ... will be completed and sent to the Registered Dietitian"

Record review of the resident's chart revealed there was no documented evidence to support the "Request for Nutrition Consultation Referral Tool to Food Service from Physician and Nursing" was completed.

Interview with the Administrator confirmed it is the home's expectation that any resident exhibiting an alteration in skin integrity be assessed by both registered nursing and the RD. [s. 50. (2) (b)]



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

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 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, and 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, to be implemented voluntarily.

Issued on this 10th day of October, 2014

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