



**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**

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

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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 25, 2015	2015_246196_0010	014373-15	Other

Licensee/Titulaire de permis

AUTUMNWOOD MATURE LIFESTYLE COMMUNITIES INC.
130 ELM STREET SUDBURY ON P3C 1T6

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

CEDARWOOD LODGE
860 GREAT NORTHERN ROAD SAULT STE. MARIE ON P6A 5K7

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): June 17, 18, 2015

Service Area Office Initiated Inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director/Director of Care (ED/DOC), Nursing Consultant, Registered Nursing staff, Personal Support Workers (PSW), Housekeeping staff, Residents, Family members.

During the course of the inspection, a walk through of all resident care areas was conducted, the provision of care and services to residents were observed, staff to resident interactions were observed, the health care records for several residents were reviewed and various home policies and staffing schedules were reviewed.

Ad-hoc notes were used during this inspection.

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

5 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	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 26. (3)	CO #001	2015_380593_0016		196

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
<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 failed to ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

In discussion with registered staff S#105 on June 18, 2015, it was reported that resident #001 and resident #002 were admitted to the home with altered skin integrity. The current care plans for both residents were reviewed and included the focus of "skin integrity" and "pressure ulcer" and identified expected outcomes and interventions.

Registered staff S#105 reviewed the online documentation for weekly wound assessments for both residents. The most recent wound assessment for resident #001 was documented on a particular day in the beginning of June 2015, and included information regarding three separate wounds. The most recent wound assessment for resident #002 was documented on a particular day in the beginning of June 2015, and included information regarding three separate wounds. The Treatment Administration Records (TAR) noted the completion of wound treatments for both residents as ordered.

Registered staff S#105 confirmed to the inspector that weekly wound assessments for both resident #001 and #002 had not been completed and documented since that particular day in the beginning of June 2015.

The licensee's "skin and wound care management protocol" policy # VII-G-10.80 was reviewed by the inspector and identified that "Registered staff will: with a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds: d. initiate weekly skin assessment".

Resident #001 and #002 exhibited altered skin integrity, which were not reassessed weekly by a member of the registered nursing staff. [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 that ensures that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class. O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act: 1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.

During the inspection, resident #003 was observed seated in their wheelchair with a front closing seat belt in place. The health care records were reviewed and did not include a physician's order for the use of a seat belt restraint, although there was consent from the POA and the current care plan noted "front facing seat belt applied while in wheelchair". Resident #003 was unable to undo the seat belt on their own. An interview was conducted with registered staff S#103 and it was confirmed that a MD order was not on the chart but that a fax had been sent to the physician's office two evenings previous, to obtain the order for the seat belt restraint. The MD order for the use of a front facing seat belt while in wheelchair was obtained via telephone by the ED/DOC on June 17, 2015 after Inspector #196 brought forward the issue. [s. 110. (2) 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 that ensures that where a resident is being restrained by a physical device under section 31 of the Act: 1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (4) During the hours that an Administrator or Director of Nursing and Personal Care works in that capacity, he or she shall not be considered to be a registered nurse on duty and present in the long-term care home for the purposes of subsection (3), except as provided for in the regulations. 2007, c. 8, s. 8 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that, during the hours that an Administrator or Director of Nursing and Personal Care works in that capacity, he or she shall not be considered to be a registered nurse on duty and present in the long-term care home for the purposes of subsection (3), except as provided for in the regulations.

The registered nursing staff schedule was reviewed and it identified that the ED/DOC was the RN on the day shift of June 14, 16 and 17, 2015.

An interview was conducted with the ED/DOC and it was confirmed that they were in the role as RN as well as the ED/DOC on the three shifts in June 2015 and that they were aware they cannot work in both roles at the same time. [s. 8. (4)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
 - i. persons who may dispense, prescribe or administer drugs in the home, and**
 - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

Findings/Faits saillants :

1. The licensee failed to ensure that steps are taken to ensure the security of the drug supply, including the following: 1. All areas where drugs are stored shall be kept locked at all times, when not in use.

On June 18, 2015 at 1155hrs, the nursing office/photocopier room door was unlocked and accessible to anyone. Inside the office was a treatment cart with numerous medication rolls containing pills/tablets placed on top. Registered staff #105 was informed and they told the inspector that two staff were present earlier that morning reviewing the new medication rolls that had been received from the pharmacy and confirmed with the inspector that the medications should have been locked up. [s. 130. 1.]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 212. Administrator Specifically failed to comply with the following:

s. 212. (4) Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,

(a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration; O. Reg. 79/10, s. 212 (4).

(b) has at least three years working experience,

(i) in a managerial or supervisory capacity in the health or social services sector, or

(ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d); O. Reg. 79/10, s. 212 (4).

(c) has demonstrated leadership and communications skills; and O. Reg. 79/10, s. 212 (4).

(d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 79/10, s. 212 (4).

Findings/Faits saillants :



1. Subject to subsection (5), the licensee failed to ensure that everyone hired as an Administrator after the coming into force of this section, (d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

An interview was conducted with the ED/DOC and Nursing Consultant on June 18, 2015. It was reported that the ED/DOC had not completed the required Administrator course, they were not currently enrolled in a program and were waiting for the home to settle down and then will make arrangements to take the course.

At the time of inspection, on June 18, 2015, the ED/DOC on site at the home, had not completed nor was she enrolled in a program in long-term care home administration or management [s. 212. (4) (d)]

Issued on this 25th day of June, 2015

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

Original report signed by the inspector.