

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux
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
Feb 22, 2021	2021_831211_0004	020435-20	Complaint

Licensee/Titulaire de permis

City of Ottawa

Community and Social Services, Long Term Care Branch 200 Island Lodge Road Ottawa
ON K1N 5M2

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

Peter D. Clark Centre

9 Meridian Place Ottawa ON K2G 6P8

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

JOELLE TAILLEFER (211)

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): January 18, 21, 25-28 and February 1, 4, 8, 2021.

The following complaint intakes were completed in this inspection:

Logs #020435-20 related to resident care concerns, infection prevention and control, nutrition and hydration, accommodation services – laundry, hospitalization and change of condition.

During the course of the inspection, the inspector(s) spoke with the Administrator, Program Manager of Resident Care (PMRC), Program Manager of Personal Care, Hospitality Manager, Registered Dietitian (RD), Enterostomal Therapy (ET) Nurse, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Resident Assessment Instrument-Minimum Data Set (RAI-MDS) Coordinator, Rehabilitation Assistant, Personal Support Workers (PSWs), Student Practical Nurse (SPN) and a family member.

During the course of the inspection, the inspector observed resident care, reviewed clinical health records, relevant licensee policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Hospitalization and Change in Condition
Infection Prevention and Control
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care**

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

**3 WN(s)
3 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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's substitute decision-maker (SDM) was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A resident's SDM stated that a specific task was performed without their permission. The Administrator stated that the process to ensure that the resident was on the list for a specific task was not followed.

Sources: Review of resident's progress notes. Interview with the resident's SDM, Program Manager of Resident Care and the Administrator. [s. 6. (5)]

2. The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when the resident started exhibiting pain behavior.

The resident's electronic health record indicated that the resident was exhibiting pain behaviors for 8 days over a period of 28 days.

Interview with a staff member stated that the PSW had said when the resident was exhibiting pain in a specific area, the resident was not mobilizing properly. This information was not reported to a Registered Nursing Staff.

The licensee has failed to ensure that the resident's plan of care was reassessed when the resident was exhibiting behavior of pain.

Sources: A resident's progress notes, medication administration records, wound assessment reports. Interviews with a Registered Nursing Staff and another staff member. [s. 6. (10) (b)]

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 substitute decision-maker (SDM), are given an opportunity to participate fully in the development and implementation of the resident's plan of care,
-to ensure a resident is reassessed and the plan of care reviewed and revised at any other time when the resident's care needs change, to be implemented voluntarily.***

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the Pain Assessment policies and procedures included in the Pain Management Program were complied with, for a resident.

O. Reg. 79/10, s. 48. (1) requires an interdisciplinary pain management programs are developed and implemented in the home to identify pain in residents and manage pain.

O. Reg. 79/10, s. 48. (2) requires that each program must, in addition to meeting the requirements set out in section 30, provide for assessment and reassessment instruments.

Specifically, staff did not comply with the licensee's policy and procedure "Pain

Assessment", indicating that residents experiencing pain must be treated using non-pharmacological and pharmacological methods to optimally control pain.

The resident's electronic health record indicated that a dressing was used to alleviate the pressure and the friction to an identified area on the resident. However, the resident didn't receive pharmacological methods to optimally control pain when the resident was exhibiting pain behaviors for eleven days within 4 months.

Therefore, the licensee has failed to ensure that the "Pain Assessment" policy and procedure indicating that when a resident was experiencing pain, pharmacological methods must be used to optimally controlled pain, was complied.

Sources: A resident's progress notes, medication administration records, wound assessment reports. Interview with a Staff member. [s. 8. (1) (b)]

2. The licensee has failed to ensure the "Reporting Lost and Misplaced Clothing items" policy and procedure was complied with, for a resident.

LTCHA s. 15 (1) (b) requires that there is an organized program of laundry services for the home to meet the personal clothing needs of the resident.

O. Reg. 79/10, s. 89. (1) (a) procedures are developed and implemented to ensure that (iii) the residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and (iv) there is a process to report and locate resident's lost clothing and personal items.

Specifically, staff did not comply with the licensee's policy and procedure "Reporting Lost and Misplaced Clothing Items".

Interview with the Hospitality Manager stated that a resident's family member stated that the resident's clothes were stained, wrinkled and ripped. Peter D. Clark has their own laundry services to wash and dry residents' personal clothes. The manager further stated if a resident's clothes were misplaced and sent with the linen, face clothes and bath towels to the external laundry contractor company, the resident's clothes may have been damaged. The form titled "Lost Article(s) Report-Resident" that was also used for resident damaged items, was not completed.

The licensee has failed to ensure the "Reporting Lost and Misplaced Clothing items"

policy and procedure was complied with, when a resident's family member reported resident's personal clothes were lost or damaged.

Sources: Review of "Reporting Lost and Misplaced Clothing items" policy and procedure #460.12 and form titled "Lost Article(s) Report-Resident. Interviews with Hospitality Manager and a resident's family member. [s. 8. (1) (b)]

3. The licensee has failed to ensure the "Assessment: Skin: New Admission and Residents at Risk for altered Skin Integrity" policy and procedure included in the Skin and Wound care Program was complied with, for a resident.

O. Reg. 79/10, s. 48. (1) requires a skin and wound interdisciplinary program to promote skin integrity, prevent the development of wounds and pressure ulcers and provide effective skin and wound care intervention.

O. Reg. 79/10, s. 50. (1) 2. requires that the skin and wound care program includes strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents, and

O. Reg. 79/10, s. 50. (2) (c) requires that supplies and devices referred to in subsection (1) are readily available at the home as required to relieve pressure and promote healing.

Specifically, staff did not comply with the licensee's policy and procedure "Assessment: Skin: New Admission and Residents at Risk for altered Skin Integrity" that the resident care staff is supported by an independent Enterostomal Therapy (ET) Nurse who consults with staff for those resident care issues that are not responding to regular interventions.

A resident's electronic health record indicated that the resident sustained an altered skin integrity to specific areas. The altered skin integrity from the areas were resolved within a month. One of the altered skin integrity area reappeared two months later, then was resolved after nineteen days, and reappeared six weeks later. A dressing was used to alleviate the pressure and the friction between the areas.

Review of the resident's progress notes on a specific date indicated that when they evaluated the resident's clothing items size, they considered that the altered skin integrity was possibly associated to the resident's clothing items.

Interview with a Registered Nursing Staff stated that their assessment indicated that the altered skin integrity to the area was caused by the resident's clothing items. The staff brought this concern to the resident's SDM, but a different kind of clothing items were not purchased. Furthermore, the resident's body area was occasionally not covered with the clothing items which consequently increased the risk of infection to the area. The Program Manager of Resident Care stated a resident's altered skin integrity would be assessed and managed by Registered Nursing Staff with the physician and if the interventions were not effective, they would refer the resident to the independent ET Nurse.

The licensee has failed to ensure the "Assessment: Skin: New Admission and Residents at Risk for altered Skin Integrity" policy and procedure included in the Skin and Wound care Program was complied with, when a resident's altered skin integrity area reappeared on a specific date.

Sources: A resident's progress notes, wound assessment reports and MARs.
"Assessment: Skin: New Admission and Residents at Risk for altered Skin Integrity" policy and procedure #315.12. Interview with a Registered Nursing Staff and Program Manager of Resident Care. [s. 8. (1) (b)]

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 where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with, to be implemented voluntarily.

WN #3: 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 to an area was 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.

A resident's electronic health record indicated that the resident sustained an altered skin integrity to specific areas. The altered skin integrity from the areas were resolved within a month. One of the altered skin integrity area reappeared two months later, then was resolved after nineteen days, and reappeared six weeks later. A dressing was used to alleviate the pressure and the friction between the areas.

Interview with the RD stated that the resident's altered skin integrity was not assessed by a RD. Therefore, the resident's plan of care relating to nutrition and hydration was not implemented for the resident's altered skin integrity.

Sources: A resident's progress notes, medication administration records and interviews with the Registered Dietician and the Program Manager of Resident Care. [s. 50. (2) (b) (iii)]

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 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 9th day of March, 2021

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

Original report signed by the inspector.