



**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
May 14, 2018	2018_594624_0005	024356-17, 025360-17	Complaint

Licensee/Titulaire de permis

City of Toronto
55 John Street Metro Hall, 11th Floor TORONTO ON M5V 3C6

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

Bendale Acres
2920 Lawrence Avenue East SCARBOROUGH ON M1P 2T8

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

BAIYE OROCK (624)

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): February 28, March 1 & 2, 5-9, 12-16, 19-22, 2018.

A Resident Quality Inspection (RQI report #2018_594624_0006) was conducted concurrently on March 5-9, 12-16, 19-22, 2018.

The following logs were inspected in this Complaint Inspection:

Log #024356-17 related to multiple care concerns/ allegation of abuse, and

Log #025360-17 related to proper feeding techniques.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing (DON), Nursing Managers (NM), the Skin Care Coordinator, the Food and Nutrition Manager (FNM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and a family member.

The inspector observed several meal services in the dining rooms and observed staff to resident interaction/provision of feeding assistance during these observations. The inspector also reviewed progress notes, assessment records, Medication Administration Records (MARs), Treatment Administration Records (TARs), weekly menus, dietary information sheets, nursing and personal records for food and fluid intake/provision of assistance related to activities of daily living (ADL), referral forms, as well as relevant policies and procedures related to skin and wound care, nutrition and hydration, medication administration, and continence care.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Hospitalization and Change in Condition

Medication

Nutrition and Hydration

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)

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. 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 any plan, policy, protocol, procedure, strategy or system that the licensee is required by the Act or Regulation to have instituted or otherwise put in place was complied with.

O. Reg. 79/10, s. 30 (1): Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral to specialized resources where required.

O. Reg. s 48 (1). Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

A review of the home's skin and wound care program policy by Inspector #624, entitled, Skin Care and Wound Prevention, policy #RC-0518-02, published April 01, 2016, indicated:

Under Procedure:

13. Reassess all identified areas of skin integrity using the Ulcer/Wound Assessment Record weekly and more frequently as indicated

Under Treatment Protocol B:



Stage 2 - An area of altered skin integrity that has an identifiable presentation.

11. Refer the resident to the skin care coordinator for follow up as indicated. Notify him/her if the area of altered skin integrity deteriorates or new areas develop and implement recommendations.

Related to log #024356-17,

On a specified date in 2017, complaint log #024356-17 was submitted to the Ministry of Health and Long-Term Care (MOHLTC) related to skin and wound care concerns by the family of resident #001. Resident #001 was admitted into the home on a specified date with multiple diagnoses.

A review of resident #001's skin assessment completed on admission, indicated that the resident's skin was intact. According to the resident's written plan of care dated approximately three months after admission, the resident was noted to have developed:

- An area of altered skin integrity to a specified body part a month after admission, and
- A subsequent area of altered skin integrity on an identified body part, close to the first identified body part, two months after admission.

As per a completed assessment dated three months after admission, resident #001 was noted to have developed a deterioration to the identified skin integrity issues identified above. A further review was completed of resident #001's health records between a month after admission, when the resident had an area of altered skin integrity to the specified body part, and three months after admission, when the resident's skin integrity issue had deteriorated. This completed review indicated that there was no referral made to the Skin Care Coordinator during the identified period.

In separate interviews with RPN #102, and RPN #113 on two specified dates, both indicated that the licensee's expectation is that when a resident has an area of altered skin integrity, skin assessments are completed weekly using the "Ulcer/Wound Assessment Record" form and if there are no improvements, a referral is made to the Nurse Manager of the unit or the Skin Care Coordinator.

This licensee expectation, as stated by the two RPNs was also confirmed by the Nurse Manager (NM) #106, and the Director of Nursing (DON), in separate interviews with Inspector #624. NM #106 also went through the health records of resident #001 and did not find any referrals made to the Skin Care Coordinator for resident #001 between the periods of noted deterioration of the skin integrity issue. NM #106 found a referral made



four months after admission, made to a Wound Specialist after resident #001 returned from hospital, with a further deterioration of the skin integrity issue.

In an interview with the Skin Care Coordinator, Nursing Manager (NM) #119, on a specified date, the NM indicated that when a resident has a deterioration of a skin integrity issue, when a new skin issue or new area of altered skin integrity develops, registered staff are expected to complete a referral to the Skin Care Coordinator. Related to resident #001, between one and four months after admission, the Skin Care Coordinator indicated that the only referral they are aware of, was one made four months after admission, when resident #001 returned from hospital with a further deterioration of the skin integrity issue.

The licensee failed to comply with its Skin and Wound policy by not ensuring that a referral was made to the Skin Care Coordinator when there was a deterioration of skin integrity issues related to resident #001.

2. O. Reg. 79/10 s. 68 (2) d: Every licensee of a long-term care home shall ensure that the hydration programs include a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

A review of the home's hydration management policy by Inspector #624, entitled, Hydration Management, policy #RC-0523-02, published September 1, 2016, stated: Under the Daily Activity section:

"PCA: Document intake of fluids for all meals and snacks on NPCR ('Nursing and Personal Care Record') as soon after meal or snack as possible."

Related to log #024356-17 and resident #001,

A complaint was received by MOHLTC on a specified date in 2017, from resident #001's family related to hydration concerns. As per resident's progress notes, between resident's admission into the home and the time of the complaint, the resident was hospitalized on a couple of occasions. A review was completed by Inspector #624 of resident #001's discharge records during one of the admissions. As per the review, a hydration concern was noted as one of the most responsible diagnosis during that admission.

A review of the Nursing and Personal Care Record (NPCR) for fluid and food intake for a three month period, indicated that for fluids consumed at mealtime, there was no documentation on five occasions during the first reviewed month, and four occasions



during the second reviewed month.

For fluids consumed at snack times, there was no documentation on three occasions during the first reviewed month, and five occasions during the second reviewed month. A review of the resident progress notes for the identified dates above indicated that resident #001 was present in the home on the dates and times identified above.

In separate interviews with PSW #110, PSW #111, RPN #102 and RN #112 on a specified date, all indicated that the expectation in the home is that any fluids provided to residents should be documented in the appropriate section of resident's health records. RPN #102 and RN #112 indicated that it is the responsibility of registered staff to document residents' fluid intake during meal times on the NPCR while the PSWs are responsible for documenting resident intake at snack times on the same NPCR. Both RPN #102 and RN #112 further indicated that the lack of documentation of the fluid consumption does not necessarily mean the fluids was not provided but likely that staff forgot to document.

In an interview with Nurse Manager (NM) #106, the NM confirmed the licensee expectation that fluids provided should be documented. The Nurse Manager also confirmed that there was no documentation of fluids and fluid consumption on the identified dates on the NPCR.

The licensee failed to comply with its Hydration Management policy by not documenting fluid consumption during meals and snack times on the identified dates above, related to resident #001.



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 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, (b) is complied with, to be implemented voluntarily.

WN #2: 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 :

The licensee has failed 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, if clinically indicated.

Related to log #024356-17 and resident #001,



On a specified date in 2017, a complaint was submitted to the MOHLTC related to skin and wound care by the family of resident #001. A review of resident #001's skin assessment completed on admission, indicated that the resident's skin was intact. According to the resident's care plan dated three months after admission, the following were noted:

A month post admission- an area of altered skin integrity to a specified body part,
Two months post admission - another area of altered skin integrity on a specified body part, close to the first identified body part.

As per a completed assessment dated three months after admission, resident #001 was noted to have developed a deterioration to the identified skin integrity issues identified above. A further review was completed of resident #001's health records between a month after admission, when the resident had an abrasion to the specified body part, and three months after admission, when the resident's skin integrity issue had deteriorated.

A review of the assessment sections of the resident's health records indicated that between the start of the skin integrity issue and four months post admission, when resident was transferred to hospital, weekly skin assessments were not completed for one specified week in the second month post admission, for three identified weeks in the third month post admission, and for one specified week in the fourth month post admission.

A review of resident #001's progress notes indicated that during all of the identified periods above, the resident was present and in the home.

In separate interviews with RPN #102 and RN #105 on a specified date, both indicated that the licensee's expectation is that when a resident has an area of altered skin integrity, such as a skin tear, wound or pressure ulcer, skin assessments are completed weekly. This licensee expectation of completing skin and wound assessments weekly was also confirmed by the Nurse Manager (NM) #106, and the Director of Nursing (DON), in separate interviews with Inspector #624. NM #106 also went through the health records of resident #001 and was unable to find any weekly skin assessments completed for above mentioned dates.

The licensee failed to ensure that resident #001, who was exhibiting altered skin integrity issues, was reassessed at least weekly by a member of the registered nursing staff.



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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 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, if clinically indicated, to be implemented voluntarily.

Issued on this 29th day of May, 2018

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

Original report signed by the inspector.