Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Jul 21, 2021	2021_555506_0018	020445-20	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 Markham ON L3R 3T7

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

Wellington Park Care Centre
802 Hager Avenue Burlington ON L7S 1X2

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

LESLEY EDWARDS (506), DARIA TRZOS (561)

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): July 12, 13, 14, 15, 19, 20 and 21, 2021.

This inspection was completed related to the following intakes:

Log #020445-20- for medications, pain, continence care, skin and wound management and personal support services.

This inspection was conducted concurrently with critical incident inspection #2021_555506_0019.

Findings of non-compliance related to Long-Term Care Homes Act (LTCHA), 2007, chapter (c.) 8, section (s.) 6 (7) related to plan of care were identified in a concurrent CIS inspection, Inspection Report 2021_555506_0019, and were issued in this report.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Admissions Co-ordinator, Nurse Clinician, Former Social Worker and family.

During the course of the inspection, the inspector observed the provision of care, reviewed resident health records, conducted observations and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Medication
Pain
Personal Support Services
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	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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 was provided to resident #001 as specified in the plan.

A complaint was submitted to the Director in September 2020, regarding improper treatment of resident #001.

The written plan of care for resident #001 identified that they used a specified medical device and to monitor this device every shift and as needed.

A review of the written plan of care from July until an identified date in September 2020, confirmed that there was no documented monitoring of the specified medical device per shift in the plan.

The ED confirmed that the expectation would be that staff documented and monitor the specified medical device per shift in the resident's clinical record and resident #001's plan of care was not followed.

Sources: resident #001's clinical record including the written plan of care and interview with staff. [s. 6. (7)]

2. The licensee has failed to ensure that the care set out in resident #003's plan of care was provided to the resident as specified in the plan.

On an identified date in September 2020, PSW #111 was assisting resident #003 by themselves.

The written plan of care initiated on an identified date in July 2020, indicated that the resident required physical assistance from two staff. RPN #113 confirmed that the

resident required two people for assistance.

Not following the written plan of care places the resident at risk for injury.

ED reviewed the written plan of care and acknowledged that it indicated that two staff were required to be present during the activity.

Sources: CIS, resident #003's clinical records including progress notes, care plan and risk management report; investigation notes; interviews with PSW#111, RPN #113, PSW #114, and ED. [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 was provided to residents' as specified in their plan, 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 :

The licensee has failed to ensure the Catheterization policy and procedure was complied with for resident.

In accordance with O.Reg. 79/10, s. 48 (1) the licensee was required to ensure that written policies and procedures were developed for the continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

Specifically, staff did not comply with the home's policy and procedure for "Catheterization Indwelling for male and female", dated May 2020.

Review of the policy identified that the staff were to:

1. Document the amount of urine per (Q) shift on the intake and output sheet/interdisciplinary progress notes and encourage fluids (up to 3,000 ml/day if necessary) to maintain continuous urine flow through the catheter and decrease the risk of infection and clot formation.
2. Monitor for signs of catheter obstruction. Watch for decreased or absent urine output (less than 30 mL/hour); severe, persistent bladder spasms; urine leakage around the catheter insertion site; and bladder distention. Report to doctor immediately.
3. When a catheter is inserted document the procedure in the resident's health record including how the resident tolerated the procedure, colour, character of urine, the sterile irrigant used and presence of sediment and blood clots.

A review of the clinical record identified that the above interventions in the policy were not followed for a resident.

The ED confirmed that the staff were not following the licensee's policy and procedure.

Sources: resident clinical record, interview with staff, catheterization indwelling policy, dated May 2020. [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 to ensure policies and procedures are followed, 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 :

The licensee has failed to ensure that when resident #001 was exhibiting altered skin integrity, they received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection.

A complaint was received by the Director for improper/incompetent treatment of resident #001.

The clinical record identified that resident #001 had an area of altered skin integrity to an identified area.

A review of resident #001's electronic skin and wound assessments that were completed from a specified date in August until a specified date in September, 2020, identified that the area was deteriorating according to the five out of six assessments completed.

The clinical record identified that a referral was not completed, nor was the physician made aware that there was a deterioration in resident #001's area of altered skin integrity with signs of an infection and no immediate changes or new interventions were made. This placed the resident at risk for not receiving further treatment to assist with healing or prevent an infection.

The ED confirmed that resident #001's altered skin integrity was deteriorating and that it appeared to show signs and symptoms of a possible infection and that no further assessments or treatments were immediately put in place to promote healing and prevent infection.

Sources: resident #001's clinical record including PCC skin and wound assessments, interview with ED and staff. [s. 50. (2) (b) (ii)]

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 when residents' are exhibiting altered skin integrity, they received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, to be implemented voluntarily.

Issued on this 22nd day of July, 2021

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

Original report signed by the inspector.