Ontario

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 5, 2014	2014_303563_0027	002679-14	Critical Incident System

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

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

CARESSANT CARE ON BONNIE PLACE
15 Bonnie Place, St Thomas, ON, N5R-5T8

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 Critical Incident System inspection.

This inspection was conducted on the following date(s): September 2, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Resident Care Coordinator (RCC), the Resident Assessment Instrument Coordinator (RAI-C), one Registered Nurse (RN), one Behavioural Supports Ontario (BSO) staff member and one Registered Practical Nurse (RPN).

During the course of the inspection, the inspector(s) reviewed the plan of care, clinical records, education records, relevant policies, required program records, and made observations.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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	Legendé 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. (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. (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 failed to ensure that there is a written plan of care for each resident that sets out the planned care for the resident.

Staff interview with the Registered Practical Nurse (RPN) revealed the resident's pain management had changed and RPN confirmed resident # 001 pain management was ineffective.

Record review of Progress Notes revealed multiple entries documenting increased pain.

Record review of Care Plan revealed there was no pain focus or interventions. Staff interview with the Registered Nurse (RN) confirmed the Care Plan should include goals and interventions related to the resident's increased pain.

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

a. Observation of resident #001 revealed plan of care interventions were not followed.

Review of the resident's clinical records revealed care plan interventions were unclear. Interview with staff confirmed bed side documentation was unclear.

Interview with the Administrator confirmed the plan of care interventions are inconsistent across different areas of documentation and shared it is the home's expectation that care plan interventions be consistent, followed as planned and updated as changes occur.

b. The interventions in the care plan related to skin integrity are unclear regarding location of skin issues.

The Resident Care Coordinator confirmed the care plan directions were unclear for skin integrity.

3. The licensee has failed to ensure that the resident is reassessed and the plan of care reviewed and revised when the resident's care needs change.

Interview with the Resident Assessment Instrument Coordinator (RAI-C) revealed an assessment should have been completed to capture the change in the resident's health status.

The RAI-C confirmed an Minimum Data Set (MDS) assessment should have been completed in order to reassess the residents needs, risk level and care plan interventions.

The RAI-C and the Administrator confirmed it is the home's expectation that a resident with a significant change in health status is assessed using the RAI-MDS tool. [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 that the plan of care set out clear directions to staff and others who provide direct care to the resident, 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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Record review of the "Wound Assessment Form" policy revised March 2006 states, "A Wound Assessment Form is to be initiated at the same time as a Treatment Administration Record for any type of wound care. The Registered Staff member doing treatments will document on the Wound Assessment Form for the first treatment, the initial 3 assessment done on the wound and every 7 days thereafter, until the wound is healed."

The Resident Care Coordinator (RCC) shared that the Wound Assessment Form stated in the "Wound Assessment Form" policy effective March 2006, and the "Treatment Protocol - Skin Tear" policy effective March 2007 are not used to assess wounds. The Administrator shared that the home is trialling the Pixalere software for wound documentation.

Staff interview with the RN confirmed the policy to reassess wounds until healed was not complied with; there was no documented evidence skin was reassessed weekly until healed and there is no documented evidence that skin issues were reassessed every 7 days on either of the forms noted in the policy or in Pixalere.

2. Record review of the "Skin Care" policy last revised August 2013 states under the Procedure section of the policy, "1. Each resident will be assessed by registered staff for skin integrity upon admission using the Caressant Care Braden Scale for predicting pressure sore risk on Point Click Care, and daily during routine care by HCA/PSW staff; 13. A Wound Assessment Form will be initiated on Pixalere for any resident with an open or pressure area."

The Resident Assessment Instrument Coordinator (RAI-C) confirmed that a "Caressant Care Braden Scale for predicting pressure sore risk" was never completed for resident #001.

The RN confirmed there is no documented wound assessment in Pixalere for Resident #001 as required per policy. [s. 8. (1) (a),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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

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:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).
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. O. Reg. 79/10, s. 48 (1).
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the skin and wound care program is developed and implemented in the home that promotes skin integrity, prevents the development of wounds and pressure ulcers, and provides effective skin and wound care interventions.

Record review of the Skin and Wound Care Program revealed no documented evidence that meetings have taken place, who attended or what was discussed for 2013 and 2014. The program binder contained hand written lists of residents names and types of wounds with no other information or documentation.

Interview with the Resident Care Coordinator (RCC) confirmed there was no active Skin and Wound Care Program in the home and the RCC confirmed there is no documented evidence that an annual evaluation of the Skin and Wound Program took place in 2013 and one has not taken place yet for 2014. [s. 48. (1) 2.]

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 skin and wound care program is developed and implemented in the home that promotes skin integrity, prevents the development of wounds and pressure ulcers, and provides effective skin and wound care intervention, 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 has failed to ensure that the resident exhibiting pressure ulcers received 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.

The Registered Nurse (RN) confirmed the skin issues for Resident # 001 were not listed in Pixalere. The RN shared that it is the home's expectation that all registered staff use the Pixalere software for all wound assessment documentation and there is no documented evidence that the resident was ever assessed using this instrument. Record review of Resident #001 wounds in Pixalere software revealed both skin issues were absent.

Record review of the progress notes revealed the Resident Care Coordinator (RCC) observed the wounds, but an assessment was not completed. The RCC confirmed skin issues were not assessed.

Staff interview with the Registered Practical Nurse (RPN) revealed no wound assessment documentation was done in the Pixalere software and there is no other documentation method used in the home to assess wounds. The RPN confirmed that if the wound assessment was not completed in Pixalere then the assessment was not completed. [s. 50. (2) (b) (i)]

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 exhibiting pressure ulcers received 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, to be implemented voluntarily.

Issued on this 10th day of September, 2014

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