

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection prévue
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**Hamilton Service Area Office
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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
Sep 24, 2019	2019_689586_0020	014985-19, 014986- 19, 015132-19	Complaint

Licensee/Titulaire de permisMaplewood Nursing Home Limited
73 Bidwell Street TILLSONBURG ON N4G 3T8**Long-Term Care Home/Foyer de soins de longue durée**Cedarwood Village
500 Queensway West SIMCOE ON N3Y 4R4**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JESSICA PALADINO (586)

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): September 19 and 20, 2019.

**The following Complaint Inspection was completed:
015132-19 - Prevention of Abuse & Neglect.**

**The following Follow-Up Inspections were completed:
014985-19 - Skin & Wound; and,
014986-19 - Prevention of Abuse & Neglect.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Quality Improvement Coordinator (QIC), Registered Practical Nurse (RPN), personal support workers (PSW) and families.

During the course of the inspection, the inspector observed resident care and reviewed resident health records, internal audits, policies and procedures, internal investigation notes, training records and complaint logs.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care**

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

3 WN(s)

1 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:

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19.	CO #001	2019_689586_0008		586
O.Reg 79/10 s. 50. (2)	CO #001	2019_689586_0007		586

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 every plan, policy, protocol, procedure, strategy or system was complied with.

In accordance with r. 50 of the Ontario Regulations 79/10, the licensee was required to provide for a skin and wound care program that included routine skin care to maintain skin integrity and prevent wounds, strategies to promote the prevention of infection and treatments and interventions.

A Complaint was submitted to the Director outlining an incident that occurred on an identified date in 2019 where areas of altered skin integrity were identified on resident #003 by a specific individual.

According to the home's internal investigation notes and interview with the Administrator and PSW #102 #104 during the inspection, the areas of altered skin integrity were already present prior to it being brought forward by the specific individual.

The licensee's policy, 'Skin and Wound Care Program' indicated, "it is expected that any skin conditions, i.e. bruising, redness, scratches, open area, or any other new condition is reported to the RN/RPN for further assessment and documentation using the Skin Concern Form".

A review of the resident health record did not identify any information about the areas of altered skin integrity. In an interview with the QIC during the inspection, they confirmed that a Skin Concern Form was not filled out for the areas of altered skin integrity. The Administrator indicated during the inspection that the staff should have documented the areas of altered skin integrity upon discovery of them, and confirmed that this was not done.

The licensee's skin and wound care policy was not complied with. [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 every plan, policy, protocol, procedure, strategy or system 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 :

1. The licensee has failed to ensure that every resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A Complaint was submitted to the Director outlining an incident that occurred on an identified date in 2019 where areas of altered skin integrity were identified on resident #003 by a specific individual.

According to the home's internal investigation notes, resident progress notes and interview with the Administrator and PSWs #102, #104 and #106 during the inspection, the resident had visible areas of altered skin integrity.

A review of the resident's clinical record did not identify a skin assessment of the areas of altered skin integrity. The Administrator and QIC acknowledged this and confirmed that this should have been completed for the newly identified areas of altered skin integrity.

Please note that inspection report #2019_689586_0007 was served to the licensee on July 22, 2019, outlining a compliance order (CO) for s. 50. (2) (b) (iv) with a compliance due date (CDD) of September 6, 2019. The above identified non-compliance occurred prior to the CDD; therefore, a written notification (WN) is being issued. [s. 50. (2) (b) (i)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a written or verbal complaint was made to the licensee or a staff member, a response was made to the person who made the complaint, indicating what the licensee had done to resolve the complaint or that the licensee believed the complaint to be unfounded and the reasons for the belief.

A Complaint was submitted to the Director outlining an incident that occurred on an identified date in 2019.

On the identified date in 2019, resident #003's family member submitted a written complaint via e-mail to the Director of Care (DOC) regarding an incident that occurred. Nineteen days later, the family member sent another e-mail indicating that they had not received any follow up from their original concern. The DOC responded that same day indicating that they had made a follow-up phone call to another family member, who was not the original complainant.

In an interview with the Administrator during the inspection, they acknowledged that there was follow up with another family member, but no response was given to the person who made the complaint. [s. 101. (1) 3.]

Issued on this 30th day of September, 2019

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

Original report signed by the inspector.