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

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 13, 2015	2015_340566_0016	029455-15	Resident Quality Inspection

Licensee/Titulaire de permis

COLLINGWOOD NURSING HOME LIMITED
250 CAMPBELL STREET COLLINGWOOD ON L9Y 4J9

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

COLLINGWOOD NURSING HOME
250 CAMPBELL STREET COLLINGWOOD ON L9Y 4J9

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

ARIEL JONES (566), JUDITH HART (513), SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 27, 28, 29, 30, November 2, 3, 4, and 5, 2015.

The following complaint inspection was completed concurrently with the RQI: 009200-14.
The following critical incident inspection was completed concurrently with the RQI: 007306-14.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), assistant Director of Care (ADOC), registered dietitian (RD), food services manager, activity director, maintenance manager, registered nursing staff, personal support workers (PSW), dietary staff, activity aide, housekeeping aide, residents and family members.

During the course of the inspection, the inspectors toured the home, observed resident care, observed meal service, reviewed resident health records, meeting minutes, policies and procedures, schedules, and education records.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Residents' Council
Responsive Behaviours
Skin and Wound Care

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

5 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	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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the residents' right to have his/her personal health information, within the meaning of the Personal Health Information Protection Act, 2004, kept confidential in accordance with that Act.

On October 30, 2015, at 1120h, the inspector encountered a Point of Care (POC) screen at the end of the Peach hallway left unattended with an identified resident's name, photo, date of birth, physician's name, drug allergies, and care areas visible to anyone in the hallway.

An identified PSW staff returned to the POC screen and confirmed that he/she had left the resident's kardex visible on the screen in order to assist another staff member with transferring a resident, and that the screen exposed some of the resident's personal health information (PHI). [s. 3. (1) 11. iv.]

2. During observations made on the initial home tour on October 27, 2015, and subsequently throughout the course of the inspection, two black folders containing residents' names, room numbers and PHI were noted to be secured with velcro onto the top of the laundry bins stored in the corridors on both the Peach and Blue units.

An interview with an identified PSW revealed that the folders contained shift report sheets that are used as a communication tool between the PSWs each day to record provision of care for all residents, including residents' bowel movements, bath days, precautions, etc. He/She stated further that the folders are always kept out in the corridor and that this system has been in place for many years.

A review of the document "Shift Report Blue" dated October 28, 2015, and "Shift Report Peach" dated November 4, 2015, included a list of residents' names and room numbers along with relevant PHI including medical diagnoses, isolation status, assistive devices and additional information regarding bowel movements, tub baths, and level of assistance required for care.

An interview with the DOC confirmed that these folders contained residents' PHI and were accessible to other residents, staff and visitors in the home. [s. 3. (1) 11. iv.]

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 the residents' right to have his/her personal health information, within the meaning of the Personal Health Information Protection Act, 2004, kept confidential in accordance with that Act, to be implemented voluntarily.

WN #2: 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. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

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

Review of progress notes, care plan and skin assessment records for resident #05 indicated that the treatment directions for the resident's identified pressure ulcers did not include the frequency with which the treatment should be applied. The resident's plan of care stated that the resident had stage II pressure ulcers on an identified area of the body and directed the staff to apply an identified treatment and leave it open to the air. The plan of care did not direct staff as to the frequency with which this treatment should be applied.

An interview with an identified registered nurse confirmed that he/she initiated the treatment as a nursing measure, and that he/she applied the identified treatment weekly after assessing the wounds.

An interview with the home's DOC confirmed that the directions for the treatment of the resident's pressure ulcers was not clear, as they did not include the frequency of the treatment. [s. 6. (1) (c)]

2. The licensee has failed to ensure that staff and others who provide direct care to a resident are kept aware of the contents of the plan of care and have convenient and immediate access to it.

Review of resident #05's plan of care indicated that the resident was experiencing stage II pressure ulcers, and should be encouraged to wear specific footwear to off-load pressure.

On an identified date in November 2015, the resident was observed to not be wearing the specific footwear. An interview with the identified staff member who assisted the resident to dress on that day, confirmed that he/she was not aware that the resident should be encouraged to wear a specific type of footwear to off-load pressure. The identified PSW confirmed that he/she uses the resident's kardex to inform himself/herself about the resident's care. Review of the resident's kardex confirmed that there were no directions regarding encouraging the resident to wear the identified footwear.

An interview with the home's DOC confirmed that the PSWs use a resident's kardex to determine what care they need to provide for that resident, and because the directions regarding which shoes resident #05 should wear did not appear on his/her kardex, the PSW did not have convenient and immediate access to the resident's plan of care. [s. 6. (8)]

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 sets out clear directions to staff and others who provide direct care to the resident, and to ensure that staff and others who provide direct care to a resident are kept aware of the contents of the plan of care and have convenient and immediate access to it, 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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds has been assessed by a registered dietitian (RD) who is a member of the staff of the home.

Review of progress notes and skin assessment records for resident #05 indicated that he/she experienced stage II pressure ulcers on an identified area of the body from June 2015 until October 2015, and was not assessed by the home's RD.

Interviews with the RD and an identified registered nurse confirmed that the resident was not assessed by the home's RD in regards to the resident's stage II pressure ulcers. [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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds has been assessed by a registered dietitian who is a member of the staff of the home, to be implemented voluntarily.

WN #4: 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 in compliance with and is implemented in accordance with all applicable requirements under the Act.

A review of the home's Wound and Skin Care Program policy, numbered 4.16.1, last revised April 2013, directs the interdisciplinary team to refer residents with stage II pressure ulcers to the dietitian for recommendations on supplements and laboratory investigations.
The policy does not state that any resident exhibiting altered skin integrity must be assessed by a RD who is a member of the staff of the home, as per the requirement under the Act.

An interview with the home's DOC confirmed that the policy does not direct staff to refer all residents with impaired skin integrity to the RD, and that the policy should direct the staff to refer a resident exhibiting altered skin integrity, including stage I pressure ulcers and skin tears to the RD for assessment. [s. 8. (1) (a),s. 8. (1) (b)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to ensure that all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

On October 27, 2015, inspector #178 observed a medicated prescription treatment cream on a table in the shower/tub room. No staff or residents were present in the room at the time. An identified member of the registered staff confirmed that non-registered staff have access to the shower/tub room, and stated that the medicated prescription creams should be stored in the treatment cart that is kept in the treatment room. The identified registered staff confirmed that the treatment cart is not kept locked, but the treatment room door is kept locked. However, all staff carry a key to the treatment room door, in order to access other items such as oxygen canisters, which are stored within the treatment room.
Observations on October 30, 2015, confirmed that various medicated prescription creams were stored in the unlocked treatment cart within the treatment room. The treatment room door was locked, but non-registered staff could be seen accessing the room with their keys.

The home's DOC confirmed that medicated prescription creams were being stored within the treatment room, which is accessible to non-registered staff, and that this practice is not acceptable. The DOC confirmed that medicated creams should be stored within the medication room which is accessible only to registered staff. [s. 130. 2.]

Issued on this 19th day of November, 2015

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

Original report signed by the inspector.