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
Oct 13, 2020	2020_549107_0002	023416-19, 002097-20, 016183-20	Complaint

Licensee/Titulaire de permis

Delhi Nursing Home Ltd.
750 Gibraltar Street DELHI ON N4B 3B3

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

Delhi Long Term Care Centre
750 Gibraltar Street DELHI ON N4B 3B3

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

MICHELLE WARRENER (107), JESSICA PALADINO (586), LESLEY EDWARDS (506)

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): February 10, 11, 12, 13, and September 24, 25, 29, 30, 2020

The following intakes were inspected during this Complaint Inspection:
Log #023416-19, related to alleged staff to resident abuse;
Log #002097-20, related to alleged staff to resident abuse/neglect, falls, resident care, nutrition and hydration, dining/snack service, continence, skin care, infection prevention aand recreation; and
Log #016183-20, related to hot weather and staffing.

During the course of the inspection, the inspector(s) spoke with Associate Director of Care/Falls Program Lead (ADOC), Acting Director of Care (DOC), Executive Director(s) (E.D), Resident Assessment Instrument - Minimum Data Set (RAI-MDS) Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Director of Programs, Physiotherapy Assistant, Office Manager, Maintenance, residents and family members of residents.

During the course of the inspection, the inspectors conducted interviews, observed resident and staff interactions, reviewed the provision of care, staffing, dining and snack service, hot weather management, reviewed clinical health records, and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Safe and Secure Home
Skin and Wound Care
Snack Observation

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

- **6 WN(s)**
- **6 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. (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 the plan of care was reviewed and revised when the resident's care needs changed related to skin integrity and assistance required for turning and repositioning.

A. A skin assessment identified a new area of skin impairment. Three days later a skin assessment identified another new area of skin breakdown.

The resident's written care plan and kardex did not include skin impairment or risk for skin breakdown nine days after the skin impairment was identified.

The Registered Nurse (RN) confirmed that the resident's written care plan and kardex had not been revised to include the skin impairment. The RN stated that registered nursing staff were required to update residents' plans of care when completing the initial skin impairment assessment but had not done so for the resident.

The written care plan and kardex communicate care related risks and it may place the resident at further risk for skin deterioration when information is not available to staff providing care.

Sources: resident's care plan and kardex; staff interview; skin assessments.

B. The written plan of care did not include direction for repositioning during the day. Staff stated the resident required assistance with turning and repositioning. Staff also stated

the resident had previously been able to reposition themselves, however, they would not consistently reposition themselves anymore.

PSW #121 stated they would reposition the resident one to two times per shift, however, PSWs #119 and #120 stated the resident was repositioned every two hours. The RN stated the resident would benefit from a turning and repositioning schedule during the day. The resident had developed impaired skin integrity.

The plan of care was not revised when their care needs changed related to skin impairment and the resident's ability to re-position themselves during the day.

Sources: Interviews with PSWs, Registered Nurse, and ADOC, resident's plan of care and kardex.

2. The licensee failed to ensure that the plan of care was reviewed and revised when the resident's care needs changed related to skin integrity.

The resident had a skin assessment that identified an area of skin impairment that had not resolved and the resident was receiving a treatment for the area.

The resident's written care plan and kardex did not include skin impairment or risk for skin breakdown.

The Registered Nurse (RN) stated that skin impairment was to be added to the care plan at the time of the initial skin assessment and confirmed that the written care plan for the resident had not been revised to include the skin impairment.

The written care plan and kardex communicate care related risks and it may place the resident at further risk of skin impairment when the information is not available to staff providing care.

Sources: resident's care plan and kardex; staff interview with RN [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 with ensuring that the plan of care is reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken, under the continence care and bowel management program, including assessments, interventions, and the resident's responses to interventions were documented.

A resident was identified as incontinent of bladder and bowel and was using an incontinence product. The resident required the assistance of staff for incontinence product changes or toileting. Documentation did not reflect the resident was toileted or had their incontinence product checked or changed for extended periods of time.

Point of Care (POC) continence records did not reflect that the resident was toileted, checked, or changed for bowel or bladder incontinence over a 9.5 to 13.5 hour span on the evening shifts on three dates, and was not checked or changed until bedtime on another date.

Four Personal Support Workers (PSWs), who were caring for the resident on those shifts, stated that they usually checked or changed the resident more frequently but did not always document the care provided.

Documentation did not include a check or change of incontinence product more than once on the evening shift on 21/29 days reviewed. The PSWs interviewed stated that care was being provided but not consistently documented.

The Associate Director of Care (ADOC), who also worked some evening shifts, stated that most residents had their incontinence product checked at least twice on the evening shift, however, documentation was inconsistent. The ADOC stated that staff may not have been able to document consistently due to a computer issue that prevented some staff from logging into the computerized system to record care.

The resident was noted to have new areas of skin impairment.

Sources: POC continence records; staff interviews with PSWs, ADOC, resident's care plan related to continence, skin assessments. [s. 30. (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 with ensuring that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee failed to ensure that staff used safe transferring and positioning techniques with a resident.

The Long-Term Care Home Inspector observed a PSW using a lift by themselves to transfer and transport a resident.

A review of the home's policy confirmed two staff were to be in attendance for all lifts and transfers. The PSW confirmed that they did not use the lift with two staff as per the home's policy, placing the resident at an increased risk for injury.

Sources: observation, the home's policy 'Zero Lift and Transfer Program' (reference number 007020.00), and interview with PSW. [s. 36.]

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 with ensuring that staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident of the home had their wheelchairs cleaned as required.

A PSW stated that each resident's wheelchair was to be cleaned once a week by the assigned night shift staff and the Point of Care (POC) computerized system provided a list for the required wheelchair cleaning every night shift.

The documented wheelchair cleaning records on POC reflected that five of five residents reviewed did not have their wheelchairs cleaned weekly as required. Three of those residents did not have their wheelchairs cleaned within the last 30 days.

Three residents had visibly soiled wheelchairs and two of those residents had not had their wheelchairs cleaned for 30 days or more.

A PSW confirmed that wheelchairs were not consistently cleaned as required due to limited staffing and higher care needs recently on the night shift.

Sources: observations of residents, PSW interviews, POC wheelchair cleaning schedule records. [s. 37. (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 with ensuring that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, cleaned as required, to be implemented voluntarily.

WN #5: 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 failed to ensure that a resident, who had altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff, as clinically indicated.

The resident developed an area of altered skin integrity that required weekly skin assessments. Two of the weekly skin assessments were not completed as required over a two week period.

The Administrator and ADOC confirmed that the resident required weekly skin assessments on the two missing dates, however, the assessments had not been completed. The ADOC stated they had completed some audits and were aware that there were some missing weekly skin assessments during that time.

When wound assessments are not completed as required there is a risk the wounds would deteriorate and required interventions would not be implemented.

Sources: skin assessments and interview with ADOC and Administrator. [s. 50. (2) (b) (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 with ensuring 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.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff participated in the home's infection prevention and control program related to labeling of personal care items.

An observation of one tub room identified a used container of cream, two deodorants, and several used hair brushes and combs that were found unlabeled on the shelf in the tub room. The ADOC confirmed that all personal items were to be labelled and these items were not to be left in the tub room.

Using care items on multiple residents may put them at risk for infections and potentially spreading communicable diseases.

Sources: observation and an interview with ADOC. [s. 229. (4)]

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 with ensuring that all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 19th day of October, 2020

[redacted]

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

Original report signed by the inspector.