

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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 5, 2020	2020_669642_0001	000466-20	Other

Licensee/Titulaire de permis

Valley East Long Term Care Centre Inc.
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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

Elizabeth Centre
2100 Main Street Val Caron ON P3N 1S7

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

AMY GEAUVREAU (642), MICHELLE BERARDI (679)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): January 13-17, 2020.

This inspection is a Sudbury Service Area Office initiated inspection.

A Critical Incident Inspection, #2020_669642_0002, was completed concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Co-Directors of Care (Co-DOCs), Environmental Services Manager (ESM), Education Manager, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), family members and residents.

The Inspector(s) also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed resident health care records, relevant training, policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Medication

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

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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 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 a resident exhibiting altered skin integrity including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

During the Sudbury Service Area Office initiated inspection, the skin and wound program was required to be reviewed.

Inspector #642 had inspected resident #002 under the critical incident inspection, and a review of their progress notes in their electronic medical file, under Point of Care (PCC), had identified resident #002 as having altered skin impairment to a specific area.

Inspector #642 reviewed resident #002's physician orders, and on a specific day there was a new wound protocol for an altered skin impairment to a specific area, and a, "wound note," was ordered by the physician to be completed on a specific day of the week.

The Inspector interviewed RPN #115 and RN #116 separately, and they stated that the home was required to do weekly wound reassessments of the resident wounds, and that documentation for this assessment was usually under the, "wound notes," or the "skin notes," which were located in the resident's progress notes, and there was no where else

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it would be documented. RN #116 further stated that if the progress note was missing, then the wound reassessment could have been missed, or it could have been completed and not documented.

Inspector #642 and #679, reviewed resident #002's progress notes in the electronic medical files in PCC and could not locate all of the weekly wound reassessments under the wound notes or skin notes. Resident #002 was missing a certain amount of weekly wound assessments, over a specific time frame. Inspector #642 reviewed a lab report which had a specific date, which stated that there had been a specific change to the skin impairment. [s. 50. (2) (b) (iv)]

2. Resident #009 was identified as having a skin impairment to a specific area. On a specific date, the physician ordered a "wound note," to be completed weekly for resident #009's specific skin impairment.

Inspector #642 and #679, reviewed resident #009's progress notes in the electronic medical files in PCC and could not locate the weekly wound reassessments under the wound notes, or the skin notes, for resident #009, for a specific day of the week over a specific time frame.

A review of the policy titled, "Resident Rights, Care and Services-Required Programs-Skin and Wound Care-Program," last revised October 2018, which identified a resident with actual alteration in skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds; has a completed wound progress note, weekly, if altered skin integrity was a wound. This will reflect the weekly assessment of the resident related to wound status.

Inspector #642 reviewed the weekly wound reassessments missing for resident #002, and #009 with the Director of Care (DOC), and they reviewed the two residents files as well and could not locate any more wound assessments. The DOC confirmed that resident #002 and #009 had missing weekly wound reassessments which were required to be completed for the skin and wound program. [s. 50. (2) (b) (iv)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 7th day of February, 2020

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Long-Term Care Operations Division
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Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : AMY GEAUVREAU (642), MICHELLE BERARDI (679)

Inspection No. /

No de l'inspection : 2020_669642_0001

Log No. /

No de registre : 000466-20

Type of Inspection /

Genre d'inspection: Other

Report Date(s) /

Date(s) du Rapport : Feb 5, 2020

Licensee /

Titulaire de permis : Valley East Long Term Care Centre Inc.
c/o Jarlette Health Services, 711 Yonge Street,
MIDLAND, ON, L4R-2E1

LTC Home /

Foyer de SLD : Elizabeth Centre
2100 Main Street, Val Caron, ON, P3N-1S7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Stephanie Zakrocki

To Valley East Long Term Care Centre Inc., you are hereby required to comply with
the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

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2007, chap. 8

The licensee must be compliant with section 50 (2) of the of the Ontario
Regulation (O. Reg.) 79/10 of the Long Term Care Homes Act.

The licensee shall prepare, submit and implement a written plan to ensure that a
resident exhibiting altered skin integrity, including skin breakdown, pressure
ulcers, skin tears or wounds, are reassessed at least weekly by a member of the
registered staff.

The written plan shall include, but not limited to, the following:

- 1) Identify who is accountable to ensure that all residents with altered skin
integrity are reassessed at least weekly;
- 2) Develop an audit system to ensure that all residents with altered skin integrity
are reassessed weekly.

Please submit the written plan, quoting Inspection #2020_669642_0001 and
Inspector, Amy Geauvreau, by email to SudburySAO.moh@ontario.ca by
February 19, 2020.

Please ensure that the submitted written plan does not contain any Personal
Information and/or Personal Health Information.

Grounds / Motifs :

1. The licensee has failed to ensure that a resident exhibiting altered skin
integrity including skin breakdown, pressure ulcers, skin tears or wounds, was
reassessed at least weekly by a member of the registered nursing staff, if
clinically indicated.

During the Sudbury Service Area Office initiated inspection, the skin and wound
program was required to be reviewed.

Inspector #642 had inspected resident #002 under the critical incident
inspection, and a review of their progress notes in their electronic medical file,
under Point of Care (PCC), had identified resident #002 as having altered skin
impairment to a specific area.

Inspector #642 reviewed resident #002's physician orders, and on a specific day

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foyers de soins de longue durée*, L.O.
2007, chap. 8

there was a new wound protocol for an altered skin impairment to a specific area, and a, "wound note," was ordered by the physician to be completed on a specific day of the week.

The Inspector interviewed RPN #115 and RN #116 separately, and they stated that the home was required to do weekly wound reassessments of the resident wounds, and that documentation for this assessment was usually under the, "wound notes," or the "skin notes," which were located in the resident's progress notes, and there was no where else it would be documented. RN #116 further stated that if the progress note was missing, then the wound reassessment could have been missed, or it could have been completed and not documented.

Inspector #642 and #679, reviewed resident #002's progress notes in the electronic medical files in PCC and could not locate all of the weekly wound reassessments under the wound notes or skin notes. Resident #002 was missing a certain amount of weekly wound assessments, over a specific time frame. Inspector #642 reviewed a lab report which had a specific date, which stated that there had been a specific change to the skin impairment.

(642)

2. Resident #009 was identified as having a skin impairment to a specific area. On a specific date, the physician ordered a "wound note," to be completed weekly for resident #009's specific skin impairment.

Inspector #642 and #679, reviewed resident #009's progress notes in the electronic medical files in PCC and could not locate the weekly wound reassessments under the wound notes, or the skin notes, for resident #009, for a specific day of the week over a specific time frame.

A review of the policy titled, "Resident Rights, Care and Services-Required Programs-Skin and Wound Care-Program," last revised October 2018, which identified a resident with actual alteration in skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds; has a completed wound progress note, weekly, if altered skin integrity was a wound. This will reflect the weekly assessment of the resident related to wound status.

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foyers de soins de longue durée*, L.O.
2007, chap. 8

Inspector #642 reviewed the weekly wound reassessments missing for resident #002, and #009 with the Director of Care (DOC), and they reviewed the two residents files as well and could not locate any more wound assessments. The DOC confirmed that resident #002 and #009 had missing weekly wound reassessments which were required to be completed for the skin and wound program.

The severity of this issue was determined to be a level two, or minimal risk. The scope of the issue was a level two as there was a pattern identified among the residents who were reviewed. The home had a level three compliance history, as they had related non-compliance with this section of the LTCHA that included:

-a Voluntary Plan of Correction (VPC) issued January 29, 2019,
(#2019_679638_0002).
(642)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Apr 01, 2020

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 5th day of February, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Amy Geauvreau

Service Area Office /

Bureau régional de services : Sudbury Service Area Office