

**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
Jun 23, 2020	2020_668543_0011	002395-20, 002396-20	Follow up

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

TIFFANY BOUCHER (543), DAVID SCHAEFER (757)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 27-29, 2020 (offsite) and June 1-4, 2020 (onsite)

The following intakes were inspected during this inspection:

**One intake, related to CO#001 from inspection #2020_669642_0001, related to r. 50. (2), related to skin and wound care; compliance due date (CDD) Apr 01, 2020,
One intake, related to CO#001 from inspection #2020_669642_0002, related to s. 24. (1), related to Reporting certain matters to the Director; CDD Apr 01, 2020.**

A Critical Incident System inspection #2020_668543_0009, and a complaint inspection #2020_668543_0010 were conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Co-Director Of Care, Staff Educator, Restorative Care Coordinator, Restorative Care Aide, Environmental Services Manager, Registered Nurse(s) (RN), Registered Practical Nurse (s) (RPN) and Personal Support Workers (PSW).

The Inspector also observed resident care areas, the provision of care and services to residents, staff to resident interactions, reviewed relevant health care records, internal investigation documents and policies and procedures.

The following Inspection Protocols were used during this inspection:

**Reporting and Complaints
Skin and Wound Care**

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

2 WN(s)

0 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #001	2020_669642_0002	757
O.Reg 79/10 s. 50. (2)	CO #001	2020_669642_0001	757

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</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. 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 resident #001 received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.

The order read as follows:

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.

**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**

While the licensee complied with the order, this finding of non-compliance is further evidence to support the compliance order that was issued to the licensee, during #2020_669642_0001, which had a compliance due date of April 1, 2020.

The home's policy "Resident Rights, Care and Services - Required Programs - Skin and Wound Care - Program", last updated October 17, 2018, indicated that residents with an alteration in skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds would "receiv[e] prompt treatment and interventions to reduce or relieve pain" and would "receiv[e] prompt interventions to promote healing according to current best practice and wound care algorithms".

Inspector #757 conducted a review of resident #001's electronic records. A progress note by the Restorative Care Coordinator dated on a date in 2019, indicated that the resident had complained that their assistive device was uncomfortable. The progress note further indicated that the resident had been assessed by an Occupational Therapist (OT), and that a piece of equipment related to their assistive device had been ordered for the resident. The resident's progress notes also identified long-standing issues with skin integrity concerns. A review of resident #001's current care plan, indicated that the resident experienced skin integrity concerns.

An electronic progress note by the Restorative Care Coordinator dated on a date in 2019, indicated that on re-assessment from the OT it was identified that resident #001 was to have the previously ordered piece of equipment for their assistive device, but this intervention had not been implemented.

During an interview with the Restorative Care Coordinator, they indicated that the piece of equipment had been ordered for the resident for skin integrity issues. The Inspector inquired into the delay between the piece of equipment being ordered on a specific date in 2019 and implemented several months later in 2019. The Restorative Care Coordinator indicated that there had been a gap in communication between themselves and the OT, and added "that's not how I work, I didn't realize how long this had been".

Inspector #757 conducted an interview with the DOC, where they indicated that skin care interventions would be expected to be implemented as soon as possible. They indicated that for equipment that was required to be ordered, they would expect a different service provider to be utilized if there was a delay in receiving the equipment. [s. 50. (2) (b) (ii)]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101.
Conditions of licence**

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to ensure that they complied with every order made under the Long-Term Care Homes Act, 2007.

In Inspection report #2020_669642_0002, the home was issued compliance order (CO) #001 under section 24 (1) of the Long-Term Care Homes Act, 2007.

The order read as follows:

The licensee must be compliant with section 24 (1), of the Long-Term Care Homes Act, 2007.

Specifically, but not limited to, the licensee shall:

- 1) Develop and implement a system whereby a staff member with reasonable grounds to suspect that abuse or neglect has occurred or may occur, will immediately report the suspicion and the information upon which it is based to the Director.
- 2) Design a tool to assist staff members, itemizing all the steps to follow, when a person becomes aware of alleged abuse or neglect. The tool shall identify in chronological order what steps are to be taken, indicating the time frame for each step to occur, and provide for a signature area indicating the step was completed.
- 3) Educate staff members, who may be involved in reporting to the Director, on the new system and the use of the tool.

The licensee completed steps one and three.

The licensee failed to complete step two. Design a tool to assist staff members, itemizing all the steps to follow, when a person becomes aware of alleged abuse or neglect. The tool shall identify in chronological order what steps are to be taken, indicating the time frame for each step to occur, and provide for a signature area indicating the step was completed.

Inspector #757 conducted a review of the tool designed by the home to meet the requirement of part two of the compliance order. The tool included steps for Registered Nursing staff to follow in chronological order when they became aware of alleged abuse or neglect, as well as a single signature area for staff to sign the document. However, the tool failed to include the time frame for each step to occur, as well as a signature area indicating that each step had been completed.

During an interview with the Administrator, they confirmed that the time frame for each step to occur, as well as a signature area to indicate that each step had been completed, had not been included in the tool designed to meet the requirements of the compliance order. The administrator added that these would be promptly added to the tool. [s. 101. (3)]

Issued on this 24th day of June, 2020

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

Original report signed by the inspector.