



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 15, 16, 17, 30, Dec 4, 5, 2012	2012_140158_0018	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE TIMMINS
15 Hollinger Lane, Box 817, Schumacher, ON, P0N-1G0

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

KELLY-JEAN SCHIENBEIN (158)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the RAI/MDS Co-ordinator, Registered staff, Personal Support Workers (PSW) and residents.

During the course of the inspection, the inspector(s) reviewed residents' health care records, reviewed various home policies and procedures and observed staff providing care to residents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order 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.	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités 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. 48. Required programs
Specifically failed to comply with the following subsections:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

1. The licensee did not ensure that the falls prevention and management program was implemented in the home, to reduce the incidence of falls and the risk of injury. Resident # 02 had the first fall 13 days after being admitted into the home. The resident had had four falls, which resulted in bruising before falling a fifth time, when they sustained a skull fracture. Resident # 02, then had three additional falls, which were not witnessed, post fracture. Resident # 02 health care record, including the post fall assessments, the head injury assessments and the progress notes were reviewed by the Inspector on October 16, 2012. The documentation showed that the head injury procedure as per the home's falls management program (09-02-01A) was not followed for the falls that occurred after the resident sustained a skull fracture. It was also noted by the Inspector that a full head injury assessment was only completed seven hours after resident # 02 returned to the home with a diagnosis of a skull fracture. [O Reg 79/10, 48. (1) 1.]

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 ensuring that the home's falls prevention and management program is implemented in the home, to reduce the incidence of falls and the risk of injury, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management
Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. Resident # 02 had the first falling 13 days after being admitted into the home. The resident had had four falls, which resulted in bruising before falling a fifth time, when they sustained a skull fracture. Resident # 02, then had three additional falls, which were not witnessed, post fracture. Resident # 02 health care record, including the fall risk assessment, the post fall assessments, and the progress notes were reviewed by the Inspector on October 16, 2012. The resident was assessed as a high risk to fall on their admission fall risk assessment. The post fall assessments were completed for the falls using a clinically appropriate assessment instrument that is specifically designed for falls, however, the assessments were conducted for only two of the eight documented falls. The home's falls policy (RESI-09-02-01) was reviewed by the Inspector on October 17, 2012 and it reads: " following the first fall in the home, the resident will be assessed with appropriate care plan changes. Subsequently, when a resident reaches three falls in a quarter, they will be reassessed for falls risks with appropriate care plan changes and revisions". The DOC confirmed that a post fall assessment for each fall was not completed for resident # 02. The licensee did not ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. [O. Reg. 79/10, s. 49 (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 ensuring that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, 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 subsections:

- 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).**

Findings/Faits saillants :

1. Resident # 01, who was at risk for and was exhibiting altered skin integrity, returned to the home from a hospital admission with an order for a specialized medicated treatment to the altered skin. The resident's health care record, including the treatment sheets and progress notes were reviewed by the Inspector on October 17, 2012 and it was documented that the specialized medication for resident # 01 skin treatment was not available for three days. The home did not ensure that a resident with altered skin integrity received treatment to promote healing. [O Reg 79/10, s. 50 (2) (b) (11)]

2. Resident # 01, who was at risk for and was exhibiting altered skin integrity, returned to the home from a hospital admission in the early afternoon. The PSW completed their " head to toe skin" assessment upon the resident's return. The resident's health care record, including the RAI/MDS assessment, the wound care assessment sheets and the resident progress notes were reviewed by the Inspector. A skin assessment, by a member of the Registered staff, of the resident's altered skin integrity was found completed only after the resident was incontinent of stool, 16 1/2 hrs later. It was identified by staff # S-100 that an assessment of a resident 's skin integrity is only completed by a member of the Registered staff when the PSW identifies to the Registered staff, that the resident, who has returned from hospital, is exhibiting altered skin breakdown, such as pressure ulcers or skin wounds.

The home did not ensure that a resident who is at risk of altered skin integrity received a skin assessment by a member of the Registered staff upon any return of the resident from hospital. [O Reg. 79/10, s. 50 (2) (a) (ii)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The home did not ensure that each resident is bathed, at a minimum, twice a week by the methods of his or her choice and more frequently as determined by the resident's hygiene requirements. Resident # 04 plan of care was reviewed by the Inspector on October 16, 2012 and it was documented that the resident prefers to be showered two times per week. The resident care record for resident # 04 was reviewed for the weeks of October 1-7, 2012 and September 22-28, 2012 and the two showers per week were not documented as given. The resident stated to the Inspector on Oct 16, 2012 that they did not always receive the showers they wanted.[O Reg 79/10, s. 33.(1)]

2. The home did not ensure that each resident is bathed , at a minimum, twice a week by the methods of his or her choice and more frequently as determined by the resident's hygiene requirements. Resident # 03 plan of care was reviewed by the Inspector on October 16, 2012 and it was documented that the resident prefers to be showered three times per week. The resident care record for resident # 03 was reviewed for the weeks of October 1-7, 2012, September 22-28, 2012 and September 15-21, 2012 and the three showers per week were not documented as given. The resident stated to the Inspector on October 16, 2012 that they did not always receive the showers they wanted.
[O Reg 79/10, s. 33.(1)]

3. The home did not ensure that each resident is bathed , at a minimum, twice a week by the methods of his or her choice and more frequently as determined by the resident's hygiene requirements. The health care record for resident # 01 was reviewed by the Inspector on October 16, 2012. The resident's plan of care identified that the resident preferred to take a shower on Monday and Fridays. The resident care record was reviewed by the Inspector and only one shower a week was documented as being given during the weeks of April 1-7, 2012, May 15-21, 2012, June 15-21, 2012, July 22-28, 2012 and August 22-28, 2012. [O Reg 79/10, s. 33.(1)]



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prévus le Loi de 2007 les
foyers de soins de longue**

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

A handwritten signature in cursive script, appearing to read "Schunke".