



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 18, 2017	2017_694166_0024	022102-17	Resident Quality Inspection

Licensee/Titulaire de permis

Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

FROST MANOR
225 MARY STREET WEST LINDSAY ON K9V 5K3

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

CAROLINE TOMPKINS (166), CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



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

**This inspection was conducted on the following date(s): October 12,13,16,17,18,
2017**

**Log # 023132-17, Follow Up to order #001 issued September 12, 2017, related to
doors leading to the secure outdoor area was inspected concurrently during this
inspection.**

**During the course of the inspection, the inspector(s) spoke with Residents, Family
members, Personal Support Workers(PSW), Registered Nurses(RN), Registered
Practical Nurses(RPN), RAI Coordinator, Environmental Manager, Housekeeping
staff, Life Enrichment Coordinator, Physiotherapist(PT), representatives of the
Resident Council, the Family Council and the Administrator.**

**During the course of this inspection the inspectors, toured resident home areas,
observed infection control practices and medication administration, staff to
resident interactions during the provision of care, resident to resident interactions,
reviewed clinical records and related policies.**

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Residents' Council
Safe and Secure Home
Skin and Wound Care**

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

**2 WN(s)
2 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	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 9. (2)	CO #001	2017_643111_0011		166

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 and #012, both residents who were identified with impaired skin integrity were reassessed at least weekly by a member of the registered nursing staff.

Review of the clinical health records for both resident #001 and #012 were completed. Separate interviews were conducted on October 17, 2017 with RN #103, RPN # 104 and the DOC indicated that re-assessments of residents with impaired skin integrity were to be completed weekly by the registered nursing staff.

There was no documented evidence to support any weekly re-assessments for resident #001 and #012 during the months of September and October 2017. [s. 50. (2) (b) (iv)]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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 by ensuring that residents exhibiting pressure ulcers are reassessed at least weekly by a member of the registered nursing staff and the reassessments are documented, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs were administered to resident #001 and #012 in accordance with the directions for use specified by the prescriber.

Related to resident #001:

Review of the October 2017 Treatment Administration Record (TAR) for resident #001, indicated the physician ordered a specific treatment to be provided to the affected area every other day.

Review of the TAR documentation for the month of October 2017 and interview with RPN#104 indicated that the treatment was not provided to resident #001 for six days. During an interview on October 17, 2017, RPN #104 was unable to explain why the treatment was not provided to resident #001 as prescribed on the identified dates.

Review physician's orders dated August 2, 2017 indicated two specific treatments for resident #001.

One treatment was discontinued on August 28, 2017 by RN#105 and second treatment was discontinued on September 3, 2017 by RN #106.

Review of the physician orders, progress notes and TAR notes did not provide any evidence to support the discontinuation of the physician's orders for the specified treatments.

Resident #001 did receive specified treatments as prescribed during the months of September and October 2017.(194)

Related to resident #012:

Review of the September and October 2017 Treatment Administration Record (TAR) for resident #012, indicated the physician ordered a specific treatment to be provided to the affected area every two days.

Review of treatment record for the month of September 2017 and interview with RPN#104, indicated resident #012 did not receive the specified treatment every two days as per physician's orders.

Review of treatment record for the month of October 2017 and interview with RPN#104, indicated resident #012 did not receive the specified treatment every two days as per physician's orders.

Interview with RPN #104, indicated the specified treatment was provided to resident #012, when ever required (PRN) not every two days as per physician's order.(166) [s. 131. (2)]



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

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 by ensuring that drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

Issued on this 18th day of October, 2017

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

Original report signed by the inspector.