



**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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 24, 2016	2016_417178_0011	013527-16	Resident Quality Inspection

Licensee/Titulaire de permis

GEM HEALTH CARE GROUP LIMITED
470 RAGLAN STREET NORTH RENFREW ON K7V 1P5

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

GROVES PARK LODGE
470 RAGLAN STREET NORTH RENFREW ON K7V 1P5

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

SUSAN LUI (178), MICHELLE JONES (655), RUZICA SUBOTIC-HOWELL (548)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 10, 11, 12, 15, 16, 17 onsite. August 18, 23, 2016 offsite.

**The following Critical Incident intakes were inspected concurrently with this RQI:
018806-16
014718-16**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Nutrition Manager, Registered Nurse-Clinical Supervisor, registered nurses, registered practical nurses, personal support workers (PSWs), housekeeper, representative of Residents' Council, representative of Family Council, residents, family members of residents.

During the course of the inspection, the inspectors also toured residential and non-residential areas, observed resident care, reviewed Home policies and procedures, observed a medication pass, observed recreation activities, reviewed minutes for the Residents' Council and the Family Council meetings, reviewed Residents' health records including plans of care, medication and treatments records, Resident Assessment Instruments of the Minimal Data Set (RAI-MDS) records, PSW flow sheets, and reviewed home policies and training records.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**



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

- 3 WN(s)
- 1 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

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>Legendé</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 the resident exhibiting altered skin integrity, including skin tears or wounds, received 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.

Observations of resident #006 on an identified date, revealed a skin tear to an identified area of the body. Review of the resident's progress note confirmed that on the identified date the resident was found scratching at the identified area of the body, and two small scratched areas were bleeding. The progress note states that treatment was provided to the scratched areas.

Further review of the progress notes confirmed that two days later, staff documented that resident #006 had two small skin tears on another identified area of the body. The progress note states that treatment was provided.

Interviews with RPN #010 revealed that when a resident sustains impaired skin integrity,

including skin tears, the area is assessed by a member of the registered nursing staff using the wound assessment tool on Point Click Care (PCC), the home's electronic record system. RPN #010 confirmed that there was no record of an assessment of resident #006's skin tears to the identified areas of the body, using the wound assessment tool.

Interview with the home's DOC confirmed that it is the home's process for any area of impaired skin integrity to be assessed by registered staff using the wound assessment tool on PCC. The DOC further confirmed that it appears that an assessment of resident #006's impaired skin integrity on the two identified areas of the body, was not completed using the home's skin and wound assessment tool. [s. 50. (2) (b) (i)]

2. Observations of resident #002 on an identified date revealed two small scabs on an identified area of the body.

Review of the resident's progress notes confirmed that on an identified date 8 days prior, staff noted that the resident had a small scabbed area on an identified body area, which was bleeding a scant amount. Further review of the resident's progress notes revealed that the staff noted the following areas of impaired skin integrity:

- identified body area #1 was raw and red on an identified date.
- identified body area #2, left side, had an open area on an identified date.
- identified body area #2, side not specified, was reddened with streaky open areas on an identified date.

Review of the resident's assessment record produced no evidence that these areas of skin breakdown had been assessed using an assessment instrument specifically designed for skin and wound assessment.

RPN #010 confirmed that the home's process is for a registered staff member to assess areas of impaired skin integrity using the wound assessment tool on PCC, the home's electronic record system. RPN #010 confirmed that no assessments using the wound assessment tool could be found regarding the above noted areas of skin breakdown for resident #002.

An interview with the DOC confirmed that the staff is expected to assess any areas of skin breakdown using the wound assessment tool on PCC, the home's electronic record system. The DOC further confirmed that it appears that an assessment of resident #002's recent impaired skin integrity on body parts #1 and #2 was not completed using



the home's wound assessment tool. [s. 50. (2) (b) (i)]

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 to ensure that the resident exhibiting altered skin integrity, including skin tears or wounds, 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that the licensee responded in writing within 10 days of receiving Family Council advice related to concerns or recommendations.

An interview with a representative of the home's Family Council on August 15, 2016, revealed that the licensee did not respond in writing within 10 days of receiving Family Council advice related to concerns or recommendations. During the interview the representative confirmed that the licensee responds verbally to the Family Council's recommendations or concerns. The Family Council representative explained that he/she normally brings forward concerns or recommendations to the Administrator and the Administrator replies verbally to the representative. The Family Council representative then discusses the reply at the next Family Council meeting and it is written into the minutes of the meeting. The Family Council representative provided a recent example of a concern regarding staff name tags being too small to be read by families. The representative brought the issue to the Administrator, it was discussed, and the Administrator's verbal reply was provided to the rest of the Family Council via the representative at the next meeting, and written into the meeting minutes.

Review of the minutes for the May 2016 Family Council meeting revealed that the subject of staff name tags being visible so families can call staff by name when approaching them was discussed with the Administrator.

During an interview on August 23, 2016, the Administrator stated that she could not recall having discussed a concern regarding staff name tags with the Family Council. The Administrator stated that if a formal concern was brought forward by Family Council, she would respond in writing, however she has no recollection of the council bringing forward a concern. [s. 60. (2)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents



Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. Related to Log#:014718-16

The Licensee failed to report an incident that caused injury to a resident where the resident was taken to hospital due to a significant change in health status.

An identified Critical Incident Report (CIR) submitted on an identified date indicated that resident #009 had an unwitnessed fall resulting in significant change in health status. The resident was sent to hospital and returned to the home the same day. The incident was reported to the MOHLTC six days after the incident took place.

The same non-compliance was issued to the home for Log #010268-16 on May 12, 2016. A written notification was issued at the time. During an interview the DOC indicated that the home has taken action to correct the non-compliance. [s. 107. (3) 4.]

Issued on this 24th day of August, 2016

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

Original report signed by the inspector.