



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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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
Oct 3, 2013	2013_188168_0025	H-000078- 13	Complaint

Licensee/Titulaire de permis

UNGER NURSING HOMES LIMITED
312 Queenston Street, St. Catharines, ON, L2P-2X4

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

HAMPTON TERRACE CARE CENTRE
75 PLAINS ROAD WEST, BURLINGTON, ON, L7T-1E8

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

LISA VINK (168)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 27 and 30, and October 1 and 2, 2013.

Inspector Robin Mackie observed this inspection on September 27, 2013.

During the course of the inspection, the inspector(s) spoke with residents, family members, the Administrator, Acting Director of Nursing, the consultant, the Administrator from the sister long-term care home, registered nursing staff including Registered Nurses (RN) and Registered Practical Nurses (RPN), Personal Support Workers (PSW), and the Registered Dietitian (RD).

During the course of the inspection, the inspector(s) observed the provision of care and services, reviewed clinical records of specified residents and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Hospitalization and Death

Medication

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was in compliance with all applicable requirements under the Act, and complied with.

1. The home policy "Hours of Medication Administration, 3-9" noted that "each home has standard hours of administration (HOA) for medications to be given. These standard times are approved by the home's Professional Advisory Committee or Pharmacy and Therapeutics Committee". The Medication Administration Records (MAR) identify standard times as 0800, 1200, 1700 and 2000 hours.

On October 1, 2013, the 0800 hours a medication pass was late to begin due to staffing shortages. This medication pass was observed to be completed at 1133 hours. The 1200 (noon) medication pass was completed at 1159 hours, as confirmed by staff. Observations and documentation in the electronic MAR identified that medications were not given according to the standard hours of administration or with sufficient time between dosages.

A. Resident #08 had an order for Ferrous Gluconate 300mg three times a day. The 0800 dosage of this medication was signed as administered at 1109 hours followed by the 1200 dosage at 1110 hours.

B. Resident #10 had an order for Tylenol 325 mg ii tablets four times a day. The 0800 dosage of this medication was signed at 1008 hours followed by the 1200 dosage at 1158 hours. The resident had an order for a medication 200 mg three times a day. The 0800 dosage was signed as administered at 1008 followed by the 1200 dosage at 1158 hours.

C. Resident #11 has an order for Tylenol i tablet four times a day. The 0800 dosage was signed as administered at 1023 hours followed by the 1200 dosage at 1158 hours.

D. Resident #09 had an order for a medication 25 mg i tablet at 1600, and ii tablets every morning and noon; and for Tylenol 500 mg i tablet four times a day. The 0800 dosage of these medications were signed as administered at 0957 hours and the 1200 dosage was signed as administered at 1107 hours.

E. Discussion with a resident's family identified that this was not the first occasion that medications were administered to residents without a staggering of dosages. It was reported as occurring most often when agency or casual staff were working.

2. The "Skin and Wound Care Program, revised March 2012", noted "referrals to multidisciplinary team members as required (e.g. Registered Dietitian,



Physiotherapist, Physician, Nurse Practitioner and Wound Care Nurse)", however was not specific as to what issues were required to be referred. Interview with the RN confirmed that referrals were made to the Registered Dietitian when a resident had a wound, but not for all areas of altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, as required in Ontario Regulation 79/10 section. 50(2)(b)(iii). [s. 8. (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 to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with all applicable requirements under the Act, and is complied with, to be implemented voluntarily.

WN #2: 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. Not all residents who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A. Resident #13 sustained a skin tear to the left arm in July 2013; two tears, one to the left forearm and a second to the left leg later in the month; two tears to the right shin in August 2013; and a tear to the left upper arm in September 2013, all which required treatment. The areas of altered skin integrity were identified in the progress notes and in some cases recorded on the Treatment Administration Record (TAR), however were not assessed using a clinically appropriate assessment instrument, that was specifically designed for skin and wound assessment. Interview with the RN confirmed that assessment instruments for altered skin integrity were consistently used for wounds but not for other areas of altered skin integrity.

B. Resident #12 sustained a skin tear to the left upper arm in September 2013, which required treatment. This area was treated the following day and recorded in the progress notes, however was not assessed using a clinically appropriate assessment instrument.

C. Resident #14 was noted to have skin breakdown in September 2013, which was assessed by the physician, who ordered a treatment and a referral to the wound care nurse. The area was not assessed using a clinically appropriate assessment instrument. [s. 50. (2) (b) (i)]

2. Not all residents who exhibited 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.

A. Resident #12 sustained a skin tear to the left upper arm in September 2013, which required treatment. This area was treated the following day, and recorded in the progress notes, however there was no additional documentation regarding this area recorded in the clinical record reviewed, including on the Treatment Administration Record (TAR) as of October 1, 2013. The area was observed by the inspector on October 1, 2013, which presented as a scabbed area, approximately 0.75" by 1.5" in size.

B. Resident #14 was noted to have an area of altered skin integrity in September 2013, which was assessed by the physician, who ordered treatment and a wound care consult. This area was not assessed at least weekly by a member of the registered



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1. Not all residents who exhibited altered skin integrity, including skin breakdown, pres

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 all residents who exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, and are assessed weekly if clinically appropriate, to be implemented voluntarily.

WN #3: 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:

s. 101. (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101. (4).

Findings/Faits saillants :



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1. The licensee did not comply with the conditions to which the licensee was subject.

Section 4.0 under Schedule B of the Long-Term Care Home Service Accountability Agreement (LSAA) with the Local Health Integration Network (LHIN) under the Local Health System Integration Act, 2006, reads, "The Health Service Provider shall use the funding allocated for an Envelope for the use set out in the Applicable Policy". The Long-Term Care Homes Funding Policy of July 1, 2010, for Eligible Expenditures for Long-Term Care Homes Nursing and Personal Care (NPC) Envelope Section 1. b) reads, "Direct nursing and personal care includes the following activities: assistance with the activities of daily living including personal hygiene services, administration of medication, and nursing care."

Nursing staff (from the Nursing and Personal Care Envelope) were observed completing non-nursing duties on September 30, 2013 and October 1, 2013. PSW's were observed to be putting away resident's clean personal laundry and folding towels (bath and hand) and wash clothes for future use. Three staff interviewed confirmed that the tasks were the responsibility of PSW staff on a daily basis. Interview with management confirmed that responsibilities regarding linen were included in the work routine for PSW staff. [s. 101. (4)]

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 compliance with the conditions to which the licensee was subject, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



Specifically failed to comply with the following:

s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).

Findings/Faits saillants :

1. The continence care and bowel management program did not provide for an annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts were negotiated or renegotiated.

The home changed the type of continence care products provided to incontinent residents in late 2011 or early 2012 according to staff and family interviews. The home was unable to produce an annual evaluation of the residents' satisfaction with the range of products in consultation with residents, substitute decision-makers and direct care staff. A family member interviewed confirmed she voiced concerns to the former management of the home regarding the products available however no formal evaluation was conducted. [s. 51. (1) 5.]



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Issued on this 3rd day of October, 2013

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

L Vink