

**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**Hamilton Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 6, 2022	2022_991214_0006	009154-21, 010229- 21, 010761-21, 011171-21, 013796-21	Complaint

Licensee/Titulaire de permisPleasant Manor Retirement Village
15 Elden Street Box 500 Virgil ON L0S 1T0**Long-Term Care Home/Foyer de soins de longue durée**Pleasant Manor Retirement Village
15 Elden Street Box 500 Virgil ON L0S 1T0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CATHY FEDIASH (214), BARBARA GROHMANN (720920), CATHIE ROBITAILLE (536)

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): March 22, 23, 25, 29, and 30, 2022.

The following intakes were inspected during this complaint inspection:

011171-21- related to safe and secure home.

013796-21- related to continence care; falls prevention and management.

010761-21 conducted simultaneously with related intake 009154-21- related to prevention of abuse and neglect, and skin and wound.

010229-21- related to safe and secure home; and housekeeping.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Clinical Services and Infection Prevention and Control (IPAC) lead, registered nurses (RN), registered practical nurses (RPN), personal support workers (PSWs), screener, dietary aide, housekeeper, Registered Dietitian (RD), Nutrition and Housekeeping Manager, Maintenance Manager, residents and families.

During the course of the inspection, the inspector(s) reviewed resident clinical records, relevant policy and procedures, audits, home's correspondence records, toured the home and observed the provision of care.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Continence Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home
Skin and Wound Care**

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

**3 WN(s)
2 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>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. 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 :

The licensee has failed to ensure that their Skin and Wound Care program was in compliance with and was implemented in accordance with applicable requirements under the Act.

The home's procedure, indicated in the Skin and Wound Care Program, to notify the RD by sending a dietary referral/consult for all skin tears and stage 2, or higher, pressure ulcers, and full thickness wounds.

A review of the home's Skin and Wound Care Program had not included the requirements listed in O. Reg. 79/10 s. 50 (2) (b) (iii), that indicated a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was assessed by a RD who was a member of the staff of the home and O. Reg. 79/10, s. 50 (3), that identified altered skin integrity as the potential or actual disruption of epidermal or dermal tissue.

An interview conducted with the DOC confirmed that the home's Skin and Wound Care Program was not in compliance with the applicable requirements under the Act.

Sources: Skin and Wound Care Program (March 2016); Ontario Regulation 79/10; interviews with DOC and other staff.

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 is in compliance with and is implemented in accordance with applicable requirements under the Act, 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 :

The licensee has failed to ensure that when two residents exhibited altered skin integrity, they were assessed by a RD.

Ontario Regulations (O. Reg.) 79/10, section (s.) 50 (3) defined altered skin integrity as the potential or actual disruption of epidermal or dermal tissue.

- i) A resident demonstrated three different areas of altered skin integrity on three different occasions. No dietary referral regarding the altered skin integrity had been made to the RD.
- ii) A resident demonstrated an area of altered skin integrity on an identified date. No dietary referral regarding the altered skin integrity had been made to the RD.

The RD verbalized they expected to receive a referral for all areas of altered skin integrity. A RN verbalized that registered staff would contact the RD for skin tears, any open areas and areas sustaining injury. The DOC stated that referrals would be sent to the RD for open areas, non-healing wounds or other skin issues as detailed in their policy.

The RD confirmed that a referral was to be sent to them for any alterations in skin integrity and had not been for the incidents noted.

Failure to send a dietary referral for all altered skin integrity had the potential for both resident's to not receive nutritional care in accordance with their needs.

Sources: resident clinical records, Skin and Wound Care Program (March 2016), interviews with RD and other staff.

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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was 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 were implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan, related to transfers.

A resident was observed to be assisted by PSW staff for transferring. No registered staff were present.

The resident's plan of care identified that registered staff were to be present and witness all transfers.

An RPN confirmed the intervention was to be followed.

Failure to provide care as specified in the resident's plan of care had the potential for the resident not to receive care in accordance with their assessed needs.

Sources: resident clinical records; observations; interviews with RPN and other staff.

Issued on this 6th day of April, 2022

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

Original report signed by the inspector.