



**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**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 18, 2017	2017_563670_001 6	013524-17	Resident Quality Inspection

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**Licensee/Titulaire de permis**

S & R NURSING HOMES LTD.  
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

HERON TERRACE LONG TERM CARE COMMUNITY  
11550 McNorton Street WINDSOR ON N8P 1T9

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

DEBRA CHURCHER (670), ALISON FALKINGHAM (518), ANDREA DIMENNA (669)

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**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): July 4, 5, 6, 7, 11, 12, 13, 14, 2017.**

**The following intakes were completed within the RQI:**

**Log# 030320-16 CIS#2898-000022-16 related to alleged staff to resident financial abuse.**

**Log# 026604-16 Complaint related to alleged staff to resident abuse.**

**Log# 028661-16 Complaint related to alleged neglect.**

**Log# 030960-16 Complaint related to alleged neglect.**

**Log# 031117-16 CIS#2898-000024-16 related to alleged neglect.**

**Log# 028003-16 CIS#2898-000020-16 related to alleged neglect.**

**Log# 023167-16 CIS#2898-000017-16 related to responsive behaviors.**

**During the course of the inspection, the inspector(s) spoke with 20+ Residents, representative of the Resident's Council, Administrator, Assistant Manager of Resident Care, Maintenance Supervisor, eleven Personal Support Workers, ten Registered Practical Nurses, two Registered Nurses, one Registered Nurse RAI Coordinator, two Life Enrichment Aides, and one Environmental Service Worker.**

**During the course of the inspection, the inspectors toured all resident home areas, observed medication rooms, medication administration and medication count, the provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices and reviewed resident clinical records, posting of required information and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Continence Care and Bowel Management**

**Dignity, Choice and Privacy**

**Falls Prevention**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**



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**Residents' Council  
Skin and Wound Care**

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

**2 WN(s)**

**0 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, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Review of the clinical record stated that a resident had altered skin integrity. Skin and wound assessments were noted to be completed on five out of seven weeks that the resident was experiencing altered skin integrity. A partial assessment was completed for one of the required weekly assessments and no assessment could be located for a subsequent required weekly assessment.

The home's policy Skin and Wound Care Program RCM 10-06-01 last revised July 6, 2017, stated that registered staff will complete weekly wound measurements and ongoing weekly documentation when a resident is exhibiting altered skin integrity, breakdown, pressure ulcers, wounds and skin tears.

A Registered Nurse and two Registered Practical Nurses (RPN's) stated that it would be the expectation of the home that any resident with a wound would have an assessment at least weekly that included measurements, and that it would be signed for in the treatment record and the assessment documented in PCC under the skin and wound assessment. The RN reviewed the clinical record with the Inspector and was unable to locate any skin and wound assessment for a specific date where the resident would have required a weekly skin and wound assessment.

The Administrator acknowledged that it would be the home's expectation that the home's policy, Skin and Wound Care Program RCM 10-06-01, would be followed and a weekly wound assessment would be completed and documented in PCC.

The severity of this non-compliance is minimal harm or potential for actual harm and the scope is isolated. The home has a history of previous unrelated non-compliance. [s. 50. (2) (b) (iv)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions**



**Specifically failed to comply with the following:**

- s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,**
- (a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).**
  - (b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).**
  - (c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all medication incidents and adverse drug reactions are documented, reviewed and analyzed.

Review of the home's medication incidents for April, May and June 2017 showed fourteen separate medication incidents.

The home's policy titled "Medication Incident's" last reviewed March 20, 2017, stated "Medication incidents are investigated by considering the context of the incident and the practice of the nurse(s) involved".

Documentation could not be located to support that a review and analysis of five of the fourteen medication incidents, or thirty six per cent of the medication incidents, had been completed.

The Administrator acknowledged that there were five out of fourteen medication incidents that did not have an analysis documented and therefore was unable to conclude if an analysis was completed. The Administrator stated that it was the expectation of the home that all medication incidents would be reviewed and analyzed as soon as possible.

The severity of this non-compliance is minimum risk and the scope is a pattern. The home has a history of previous unrelated non-compliance. [s. 135. (2)]



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**Issued on this 18th day of July, 2017**

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

**Original report signed by the inspector.**