



**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  
prévus le Loi de 2007 les  
foyers de soins de longue**

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

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

Public Copy/Copie du public

<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Jan 9, 10, 11, 16, 18, 19, 20, 23, 24, 25, 26, 27, Feb 1, 2012	2012_030150_0001	Complaint

**Licensee/Titulaire de permis**

HILLTOP MANOR NURSING HOME LIMITED  
82 Colonel By Crescent, Smiths Falls, ON, K7A-5B6

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

HILLTOP MANOR NURSING HOME LIMITED  
1005 ST LAWRENCE STREET, P.O. BOX 430, MERRICKVILLE, ON, K0G-1N0

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

CAROLE BARIL (150)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents

During the course of the inspection, the inspector(s) reviewed the residents' health records, the Wound and Skin Program 4.15 and interviewed staff. log#0-002211-11

The following Inspection Protocols were used during this inspection:

Medication

Pain

Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<b>Legend</b> WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b> WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**
**Specifically failed to comply with the following subsections:**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met;**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

Resident #5 progress notes were reviewed from August to September 21, 2011 and indicates ongoing pain.

Resident #5 care plan in section "Pain/Comfort" indicates, no pain or discomfort. The care plan and quarterly review done in September 2011, do not indicate that the resident's pain has been reassessed and that strategies and interventions were in place to relieve and reduce pain.

Resident #6 had a consultation done by an ETRN on March 14, 2011 related to impaired skin integrity. Wound dressing was recommended as a plan of treatment. As per nursing notes and treatment administration records dated from August to November 2011, dressing were being done for the resident's impaired skin.

Resident #6 nursing quarterly assessment and care plan dated October 24 2011, does not identify that resident's care need changed. There was no reassessment of the resident to determine if the care set out in the plan of care was effective.

Resident #2 had a consultation done by Enterostomal Therapy Nurse (ETRN) on August 5, 2011. It was noted that resident #2 had skin redness in a specific area. The report recommended a plan of treatment indicating that the resident must be off this area as much as possible.

Resident #2 nursing quarterly assessment and care plan dated August 15 2011, indicates that the resident's "skin integrity is intact". There was no indication that the resident's treatment plan was reassessed to determine if the care set out in the plan of care was effective.

**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 ensuring that the resident is reassessed and the plan of care is reviewed and revised when the care needs changes., to be implemented voluntarily.*

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**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 subsections:**

**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).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with s. 131 (2) related to the prescribing and administration of drug according with the directions for use specified by the prescriber.

Resident #1, July 12, 2011, Physician' order indicates that insulin must be administered.

Electronic Medication Administration Records (E-Mars) indicates that insulin was not administered on August 2,4,7, 2011.

The progress note for August 2,4,7,2011, indicates blood sugar (BS) level as being lower then 7, insulin held. No documentation noted that the physician was notified of low blood sugar and insulin being held.

The physician order for resident #1 was not followed on August 2,4,7, 2011.

Resident #4, August 15, 2011 progress notes indicate that the nurse contacted the physician to inform him of the resident's deteriorating condition. The physician's orders were received and some medications were to be put on hold.

E-Mars documentation indicates that the medications were documented as given (G) on August 16,17,18,19, 2011. The physician's medical orders were not followed.

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

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs**

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

**s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with section 48 (1) 4 of the O. Reg. 79/10 in that it failed to develop and implement a pain management program to identify pain and manage pain in residents.

The Director of Care was interviewed, she states that the home has no pain management program.

***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 the legislated required pain management program is developed and implemented in the home, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

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

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**

**(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**

**(i) within 24 hours of the resident's admission,**

**(ii) upon any return of the resident from hospital, and**

**(iii) upon any return of the resident from an absence of greater than 24 hours;**

**(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;**

**(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and**

**(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with section 50(2)(b)(iv) O. Reg. 79/10 in that it failed to reassess the residents' wound at least weekly by a member of the registered nursing staff and failed to use a clinically appropriate assessment instrument specifically designed for skin and wound assessment.

The licensee has failed to comply with section 50(2)(b)(i) O. Reg. 79/10 in that it failed to use a clinically appropriate assessment instrument specifically designed for skin and wound assessment.

Resident #2 has had an ongoing pressure related sore.

August 5, 2011, a consultation was done by an Enterostomal Therapy Nurse (ETRN). The report recommended a plan of treatment indicating that the resident must be off this area as much as possible.

As per nursing notes and treatment administration records dated for August 2011, resident #2 wounds were assessed by a registered staff on August 26, 2011 and dressings were being done for the resident's wounds. No evidence of weekly wound assessment and effectiveness of treatment were found in the resident health records. {s.50(2)(b)(iv)}

The licensee skin wound assessment tool was not used to assess the resident #2 wounds as per interview with the Director of Care. {s.50(2)(b)(i)}

Resident #6 had a consultation done by an ETRN on March 14, 2011 related to impaired skin integrity. Wound dressing was recommended as a plan of treatment. The resident #6 was seen by ETRN on November 7, 2011. It was noted that the resident had a pressure ulcer stage 2. Wound dressing was recommended as a plan of treatment.

As per nursing notes and treatment administration records dated from August to November 2011, dressing were being done for the resident's impaired skin. No evidence of weekly wound assessment and effectiveness of treatment were found in the resident health records. {s.50(2)(b)(iv)}

The licensee skin wound assessment tool was not used to assess the resident #6 wounds as per interview with the Director of Care. {s.50(2)(b)(i)}

The Director of Care stated that the Braden wound and skin risk assessment tool is included in the home's Wound and Skin Program but has not been implemented in the home. {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 by ensuring that the residents' wound are reassessed at least weekly by a member of the registered nursing staff and that a clinically appropriate assessment instrument specifically designed for skin and wound assessment is used, to be implemented voluntarily.***

Issued on this 2nd day of February, 2012



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