

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 9, 2019	2019_526645_0013	009724-19	Critical Incident System

Licensee/Titulaire de permis

Ukrainian Home for the Aged
767 Royal York Rd. TORONTO ON M8Y 2T3

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

Ivan Franko Home (Etobicoke)
767 Royal York Road TORONTO ON M8Y 2T3

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

DEREGE GEDA (645)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 1, 2 and 3, 2019.

The following critical incident with log# 009724-19 (C530-000006-19) related to fall prevention and management, was inspected.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and Residents.

During the course of the inspection, the inspectors performed observations of staff and resident interactions, provision of care, reviewed residents' clinical records, medication administration records (MAR), staff training records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Pain

Skin and Wound Care

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

3 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>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 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 :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A critical incident system (CIS), was received by the Ministry of Long-Term Care (MLTC) regarding an injury of resident #001 on an identified date.

Record review of the home's investigation note indicated that the cause of the injury was unknown. Further review of the progress note indicated that the resident also had another incident and, sustained altered skin condition to the identified part of their body. The home completed the required assessments and developed interventions to prevent further incidents leading to injury. The interventions included to keep communication devices within reach, place an alarming system on resident's mobility device and to apply injury protection devices to the identified part of the resident's body to prevent further injury.

On an identified date, resident #001 was observed in the hallway not wearing the injury protection devices as specified in the plan of care. On the same day, the inspector also observed another injury protection device placed on the floor in resident #001's room. Review of the current plan of care did not direct staff members to place an injury protection device on the floor.

Interview with PSW #101 confirmed that they did not apply the injury protection devices on resident #001's body part, and they were not sure about the injury protection device that was placed on the floor.

Interview with RN #100 confirmed that the injury protection device on the floor was placed to prevent incidents that may lead to injuries. During the interview, the RN indicated the plan of care did not direct staff members to place the device on the floor. The RN also confirmed that the PSW did not apply the device on resident's body part as specified in the plan of care. They reiterated that staff members are expected to provide care as specified in the plan of care and confirmed that resident #001 did not receive care as specified in the plan.

Interview with the DOC confirmed that staff did not provide care to resident #001 as specified in the plan. They indicated that the plan of care outlines specific care needs of each residents and staff members at the home are expected to provide the care as specified in the plan of care. [s. 6. (7)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

- 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. O. Reg. 79/10, s. 48 (1).**
 - 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. O. Reg. 79/10, s. 48 (1).**
 - 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
 - 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's pain management program to identify and manage pain in residents was implemented in the home.

A CIS was received by the MLTC regarding an injury of resident #001 on an identified date.

Review of the home's policy titled "Pain Assessment and Management Program, NM-I-041" under the home's pain management program directed staff members to complete pain assessment to optimally control pain and improve the quality of life of residents at the home. The policy directed staff members to complete pain assessment when a resident is a new admission, when there is altered skin condition, significant change to the resident's health condition and when pain is not relieved following the initial pain treatment.

Record review of the progress note indicated that the resident had an identified medical condition that caused severe intellectual/cognitive impairments. Record review of the note on the identified date, indicated that the resident had an injury from unknown cause, the note indicated that the resident also had altered skin conditions that was painful upon touch.

Record review of the progress note, also indicated that resident #001 had another incident where they sustained altered skin conditions. Further record review did not indicate if the registered staff completed pain assessment on both occasions. There was no documentation available describing the type, severity, quality, onset, duration, and precipitating factors of the pain.

Interviews with RN #100 and # RPN #102 confirmed that they did not complete pain assessment after the resident sustained injury on both occasions. They reiterated that it is the expectation of the home to complete a pain assessment specifically when a resident has pain and altered skin conditions.

Interview with the DOC indicated that under the home's pain management program, registered staff are expected to complete pain assessments using the home's specified pain assessment tools when a resident exhibits pain, and confirmed that the registered staff did not implement the home's pain management program for resident #001. [s. 48. (1) 4.]

WN #3: 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 residents exhibiting 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 is specifically designed for skin and wound assessment.

A CIS was received by the MLTC regarding an injury of resident #001 on an identified date.

The home's policy titled "Skin and Wound Care program Management #NM-I-037", revised on July 2019, directed registered staff members to conduct a head to toe assessment, complete "Altered Skin Integrity NM-I-037" form and skin assessments, when a resident has altered skin conditions.

Record review of the progress note on the identified date, indicated that the resident had an injury to the identified part of their body. The note indicated that the resident also had altered skin conditions that was painful upon touch. Record review of the progress note on a different date, also indicated that resident #001 had an incident where they sustained altered skin conditions. Further record review did not indicate if registered staff completed the required assessments for the altered skin conditions.

Interviews with RPN #102 and RN #100 confirmed that there were no assessments completed after the resident sustained altered skin condition on both occasions. Both staff members reiterated that it is the expectation of the home to complete the assessments when a resident has altered skin conditions, and document the findings.

Interview with the DOC indicated that it is the home's expectation that registered staff complete the assessments using the home's assessment tool when a resident has altered skin conditions and confirmed that the registered staff did not use the assessment tool and document findings as expected. [s. 50. (2) (b) (i)]

Issued on this 10th day of October, 2019

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

Original report signed by the inspector.