



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

**Rapport d'inspection  
prévus le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> August 17, 18, 19, 20, 2010	<b>Inspection No/ d'inspection</b> 2010_141_901_16Aug165131	<b>Type of Inspection/Genre d'inspection</b> Complaint - Log #00781
<b>Licensee/Titulaire</b> King Nursing Home Ltd., 49 Sterne Street, Bolton, Ontario, L7E 1B9 <b>Long-Term Care Home/Foyer de soins de longue durée</b> King Nursing Home, 49 Sterne Street, Bolton, Ontario, L7E 1B9		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Sharlee McNally, Long Term Care Home Inspector – Nursing #141 Tammy Szymanowski, Long Term Care Home Inspector – Dietary #165		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection.		
During the course of the inspection, the inspectors spoke with: the Administrator and Director of Care		
During the course of the inspection, the inspectors: reviewed the resident file		
The following Inspection Protocols were used during this inspection: Skin and Wound Nutrition and Hydration		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 3 WN		

**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités



The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 sur les foyers de soins de longue durée.

Non-respect avec les exigences sur la *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with THE Long-Term Care Homes Program Manual Standards and Criteria

**B1.17:** Each resident who exhibits skin breakdown and/or wounds shall be assessed each week or more frequently, if needed, by a member of the registered nursing staff.

**Findings:**

1. An identified resident with multiple identified pressure wounds did not have weekly wound assessments completed consistently.

**Inspector ID #:** #141

**WN #2:** The Licensee has failed to comply with *THE* Long-Term Care Homes Program Manual Standards and Criteria

**B1.6:** Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs or abilities

**Findings:**

1. An identified resident's clinical record indicated that the resident had excessive chewing and documented concerns over the resident's ability to swallow however; there was no collaboration or referral initiated to the Dietitian for a swallowing assessment.
2. An identified resident had a Physicians order requesting the Dietitian to complete an assessment related to variation in the resident's blood work. Referrals were also sent to the Dietitian related to the identified resident's pressure wounds. There was no follow up assessment completed by the Dietitian for the Physicians order or referrals.
3. An identified residents nutritional components related to wound healing and declining ability with chewing, swallowing and self feeding were not assessed by the Dietitian.

**Inspector ID #:** #165

**WN #3:** The Licensee has failed to comply with *THE* Long-Term Care Homes Program Manual Standards and Criteria

**B2.4:** Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear directions to staff

providing care.

**Findings:**

1. An identified resident's nutritional care plan printed and available to staff was last revised by a Dietitian was not reflective of the care plan was not current related to resident nutritional risk. There was conflicting information regarding the level of assistance needed for eating.
2. An identified resident did not have a nutritional plan of care developed that included: specific goals and interventions to address identified nutritional risks including open areas, low albumin, swallowing and eating concerns.

**Inspector ID #:** #165

**Signature of Licensee or Representative of Licensee**  
**Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.**

*Thomas G. S. McNamee* *June 21/11*  
**Date of Report: (if different from date(s) of inspection).**

**Title:** **Date:**