Ontario

**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**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486


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| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Nov 24, 2017 | 2017_641513_0014 | 025481-17 | Resident Quality Inspection |

## Licensee/Titulaire de permis

2063412 ONTARIO LIMITED AS GENERAL PARTNER OF 2063412 INVESTMENT LP
302 Town Centre Blvd. Suite #200 MARKHAM ON L3R 0E8

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

Creedan Valley Care Community
143 MARY STREET CREEMORE ON L0M 1G0

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

JUDITH HART (513), JOVAIRIA AWAN (648)

## Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Resident Quality Inspection.**

**This inspection was conducted on the following date(s): November 8, 9, 10, 14, 15, 16, 17, and 20, 2017.**

**During the course of this inspection the following Compliance Orders were followed up: Log #004909-17 for #001 and #002.**

**During the course of the inspection, the inspector(s) spoke with residents, family members, President of Resident's Council, Personal Support Workers, Housekeeper, Registered Staff, Resident Assessment Instrument-Minimum Data Set (RAI-MDS) Coordinator, Assistant Director of Care, Director of Care, Physiotherapy Assistant, Physiotherapist and Executive Director.**

**During the course of the inspection the inspectors observed resident to resident interactions, staff to resident interactions and the provision of care; reviewed resident health care records, staff training records and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**
**Accommodation Services - Housekeeping**
**Continence Care and Bowel Management**
**Falls Prevention**
**Family Council**
**Infection Prevention and Control**
**Medication**
**Nutrition and Hydration**
**Residents' Council**
**Responsive Behaviours**
**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**
**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|---|---|---|---|
| O.Reg 79/10 s. 54. | CO #001 | 2017_414110_0002 | 648 |
| LTCHA, 2007 S.O. 2007, c.8 s. 6. (10) | CO #002 | 2017_414110_0002 | 648 |

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.<br><br>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:**

**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 failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

During the Resident Quality Inspection (RQI), resident #011 was identified with a medical device for a reason other than identified medical conditions.

A review of the progress notes revealed resident #011 was hospitalized on a specified date in 2016, and returned to the home with a medical device, where the device was removed and reinserted due to a medical condition.

The physician order on a specified date 2017, revealed a medical device was to be changed monthly and was transcribed in the written plan of care.

The transcribed order on the Treatment Administration Record (TAR) dated May 4, 2017, revealed resident #011's medical device was to be changed on a specified date once monthly and as needed.

A review of the TAR revealed the specified date for June 2017, was not signed off to indicate the care was provided,or at any other time after a specified date in May 2017, and before a specified date in July 2017.

A review of the progress notes further revealed on specified dates in May and July 2017, the medical device was changed. No documentation could be found in the progress notes that the device was changed in between those identified dates.

An interview with RPN #116 revealed the progress notes for May, June and July did not identify resident #011's medical device had been changed after the specified date in May 2017 and before the specified date in July 2017. RPN #116 revealed that care was not provided as specified in the written plan of care.

The DOC confirmed resident #011's medical device had not been changed between the above dates and care was not provided as specified in the plan of care. [s. 6. (7)]

***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 the care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.***

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**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 :**

1. The licensee had failed to ensure that a resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinical appropriate assessment instrument that is specifically designed for skin and wound assessment.

Resident #001 was identified during the RQI for an alteration in skin integrity.

A review of the homes Skin and Wound Care Management Protocol identified that each resident will have a skin assessment and where indicated, a treatment plan for the

maintenance of skin integrity and wound management. The policy further identified that the home's registered staff conduct a skin assessment with a resident exhibiting altered skin integrity, including various forms of skin breakdown.

A review of resident #001's physician orders and written plan of care, on a specified date in November 2017, identified an alteration in skin integrity, which required a specified treatment. The treatment administration record (TAR) identified the intervention had been initiated on a specified date in November 2017. A review of resident #001's progress notes on a specified date in November 2017, identified resident #001 had an area of high risk for an alteration in skin integrity. Progress notes on a specified date in November 2017, identified resident #001 presented with an alteration in skin integrity on a specific area. A review of resident #001's clinical records did not identify an initial skin assessment had been documented at the time of identification of the altered skin integrity.

An interview with RPN #108 and the ADOC identified residents in the home with alterations in skin integrity have upon discovery an initial skin and wound assessment completed, using the electronic data gathering tool, followed by weekly skin assessments to monitor the progression and evaluate the efficacy of treatments applied to impaired skin conditions. A review of resident #001's clinical records with RPN #108 and the ADOC confirmed the resident did not receive an initial skin and wound assessment upon discovery of the alteration in skin integrity on a specified date in November 2017. [s. 50. (2) (b) (i)]

2. Resident #007 was identified during the RQI for alterations in skin integrity.

A review of the homes Skin and Wound Care Management Protocol identified each resident will have a skin assessment and where indicated, a treatment plan for the maintenance of skin integrity and wound management. The policy further identified the homes registered staff will conduct a skin assessment with a resident exhibiting altered skin integrity, including various forms of skin breakdown.

A review of resident #007's clinical records identified the following:
- progress notes on a specified date in September 2017, indicated an altered skin integrity to a specified location;
- progress notes on a specified date in October 2017, indicated an alteration in skin integrity to a specified location; and
- progress notes on a specified date in October 2017, indicated two areas of skin

alteration to a specified location.

A review of resident #007's physician orders and written plan of care identified one alteration in skin integrity to a specified location and two areas of alteration in skin integrity to another specified location, which required treatment as per the homes wound care protocol. The treatment administration record identified interventions for the first alteration in skin integrity were initiated on a specified date in November 2017, and the interventions for the second alteration in skin integrity to a specified location were initiated on a specified date in September 2017, and revised on specified dates in October 2017.

Documentation indicating resident #007 had received a skin assessment by a registered nursing staff using a clinically appropriate instrument specifically designed for skin and wound assessment was not identified during the record review.

An interview with RPN #108 and the ADOC identified residents in the home with impaired skin integrity required an initial skin and wound assessment with a specific tool located in the electronic data base to be completed upon discovery, followed by weekly skin assessments, to monitor the progression and evaluate the efficacy of treatments applied to impaired skin conditions. A review of resident #007's clinical records with RPN #108 and the ADOC confirmed the resident did not receive an initial skin and wound assessment upon discovery of the alteration in skin integrity to a specified location, identified on a specified date in October 2017, or the two alterations in skin integrity to a specified location initially identified on a specified date in September 2017. [s. 50. (2) (b) (i)]

3. Resident #008 was identified during the RQI for an alteration in skin integrity.

A review of resident #008's physician orders and written plan of care identified an alteration in skin integrity, which required treatment. The TAR identified the intervention for the alteration in skin integrity had been initiated on a specified date in October 2017. A review of resident #008's progress note on a specified date in October 2017, confirmed resident #008 had an alteration in skin integrity. A review of resident #008's clinical records did not identify an initial skin assessment had been documented at the time of identification of the altered skin integrity.

An interview with RPN #108 and the ADOC identified residents in the home with impaired skin integrity required a skin and wound assessment upon discovery of the alteration,

followed by weekly skin and wound assessments to monitor the progression of and evaluate the efficacy of treatments applied to the impaired skin conditions. A review of resident #008's clinical records with RPN #108 and the ADOC confirmed the resident did not receive an initial skin and wound assessment upon discovery of the alteration in skin integrity on a specified date in October 2017. [s. 50. (2) (b) (i)]

4. The licensee had failed to ensure a resident exhibiting altered skin integrity had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #007 was identified during the RQI for alterations in skin integrity.

A review of the homes Skin and Wound Care Management Protocol identified each resident will have a skin assessment and where indicated, a treatment plan for the maintenance of skin integrity and wound management. The policy further identified the homes registered staff will initiate electronic weekly skin assessments for residents exhibiting altered skin integrity, including various forma of skin breakdown.

A review of resident #007's progress notes identified two alterations in skin integrity to specified locations were identified on a specified date in September 2017, and treatment was applied. A review of resident #007's physician orders and written plan of care identified there were two areas of impaired skin integrity to a body area, which required treatment. The TAR identified interventions for the two areas of impaired skin integrity were initiated on a specified date in September 2017.

Electronic weekly skin assessments were not identified in resident #007's clinical record for the weeks of October 1, 8, 15, 22, 29, and November 5, 12, 2017, following the initial discovery of the impaired skin integrity.

An interview with RPN #108 and the ADOC identified residents in the home with impaired skin integrity required a skin and wound assessment upon discovery, followed by weekly skin and wound assessments to monitor the progression of and evaluate the efficacy of treatments applied to impaired skin conditions. An interview with RPN #108 and ADOC acknowledged these assessments would be captured electronically in the resident clinical records. A review of resident #007's clinical records with RPN #108 and the ADOC confirmed the resident did not receive weekly skin assessments following the initial identification of the two areas of impaired skin integrity on the specified date. [s. 50. (2) (b) (iv)]

5. Resident #008 was identified during the RQI with an alteration in skin integrity.

A review of the homes Skin and Wound Care Management Protocol identified each resident will have a skin assessment and where indicated, a treatment plan for the maintenance of skin integrity and wound management. The policy further identified the homes registered staff will initiate electronic weekly skin assessments for residents exhibiting altered skin integrity, including various forms of skin breakdown.

A review of resident #008's physician orders and written plan of care identified an alteration in skin integrity to a specified location, which required treatment. The TAR identified the intervention for the alteration in skin integrity had been initiated on a specified date in October 2017. A review of resident #008's progress notes on a specified date confirmed the resident had an alteration in skin integrity to a specified location. A review of resident #008's clinical records did not identify an electronic skin assessment had been completed following the identification of the alteration in skin integrity for specific weeks in October and November 2017.

An interview with RPN #108 and the ADOC identified residents in the home with impaired skin integrity required a skin and wound assessment upon discovery, followed by weekly skin and wound assessments to monitor the progression of and evaluate the efficacy of treatments applied to impaired skin conditions. An interview with RPN #108 and the ADOC acknowledged these assessments would be captured electronically in the resident clinical records. A review of resident #008's clinical records with RPN #108 and the ADOC confirmed the resident did not receive an electronic skin assessment for the specified weeks in October and November 2017, following the identification of the alteration of skin integrity in October 2017. [s. 50. (2) (b) (iv)]

***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, or wounds, received a skin assessment by a member of the registered nursing staff, using a clinical appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.***

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**Issued on this 8th day of December, 2017**

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

**Original report signed by the inspector.**