Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Dec 23, 2021	2021_770178_0020 (A1)	011001-21, 015621-21	Complaint

Licensee/Titulaire de permis

Marianhill Inc.
600 Cecelia Street Pembroke ON K8A 7Z3

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

Marianhill Nursing Home
600 Cecelia Street Pembroke ON K8A 7Z3

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

Amended by SUSAN LUI (178) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

This licensee inspection report has been revised to reflect a change in the compliance due date. The Complaint inspection was completed on October 25, 2021.

A copy of the revised report is attached.

Issued on this 23rd day of December, 2021 (A1)

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

Original report signed by the inspector.

Long-Term Care Operations Division
Long-Term Care Inspections Branch

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

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600 Cecelia Street Pembroke ON K8A 7Z3

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

Amended by SUSAN LUI (178) - (A1)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 5-8, 13-15, 18-22, 25, 2021.

The following intakes were completed in this Complaint Inspection:

Log #011001-21 was related to skin and wound care.

Log #015621-21 was related to personal support services and medications.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, Director of Care (DOC), Unit Managers (UMs), Nurse Practitioner, Registered Dietitian, Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and families of residents.

During the course of the inspection, the inspector observed resident care and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:
Medication
Personal Support Services
Skin and Wound Care

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

1 WN(s)
0 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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.) 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.) 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg 79/10, s.48(1) requires the licensee of a LTCH to ensure that a skin and wound program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions is developed and implemented in the home.

O. Reg 79/10, s.30 requires that each of the interdisciplinary programs required under section 48 of the regulation includes relevant policies, procedures and protocols.

Specifically, staff did not comply with the licensee's policies "Skin Integrity and Wound Care" and "Wound Assessments" with regards to a resident's wound assessments, and notification of the resident's substitute decision maker. In addition, staff did not comply with the licensee's protocol for documentation of a resident's wound treatments on the electronic Treatment Administration Record (eTAR).

An area of impaired skin integrity was identified on a resident. This area of impaired skin integrity failed to heal and the resident developed further impaired skin over the following seven months. Staff failed to comply with the licensee's wound care policies as follows:

-The resident's wounds were not assessed and documented on the Initial Wound Assessment tool when they were first identified, as directed in the "Skin Integrity and Wound Care Policy and Procedure".

-The areas of impaired skin were not assessed and documented every week on the Weekly Wound Assessment tool, as directed in the “Wound Assessments” policy.

-Photos of the resident's wounds were not consistently taken and uploaded to the resident’s electronic record at least biweekly as directed in the “Wound Assessments” policy.

-The resident’s substitute decision maker (SDM) was not informed when their wounds were first identified, as directed in the “Wound Assessments” policy.

-Treatments for the resident’s wounds were frequently documented on the resident’s progress notes, but not consistently initialed on the electronic Treatment Administration Record (eTAR), which the DOC and multiple registered staff indicated is the licensee’s protocol to indicate that a wound treatment was provided.

Sources: Skin Integrity and Wound Care Policy and Procedure; Wound Assessments policy; a resident’s progress notes, initial and weekly wound assessments, wound photos and eTARs; conversation with a resident’s SDM; and interviews with the DOC, a Unit Manager, RPNs and an RN. [s. 8. (1) (b)]

2. A resident was assessed to have an area of impaired skin integrity which has not healed. Staff failed to comply with the licensee’s wound care policies as follows:

-The resident's wound was not consistently assessed and documented every week on the Weekly Wound Assessment tool, as directed in the “Wound Assessments” policy.

-Photos of the resident’s wound were not consistently taken and uploaded to the resident’s electronic record at least biweekly as directed in the “Wound Assessments” policy.

-Treatments for the resident’s wound were not consistently initialed on the electronic Treatment Administration Record (eTAR), which the DOC and multiple registered staff indicated is the licensee’s protocol to indicate that a wound treatment was provided.

Sources: Wound Assessments policy; a resident's progress notes, weekly wound assessments, wound photos and eTARs; and interviews with the DOC, a Unit Manager, RPNs and other staff. [s. 8. (1) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001

Issued on this 23rd day of December, 2021 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	Amended by SUSAN LUI (178) - (A1)
Inspection No. / No de l'inspection :	2021_770178_0020 (A1)
Appeal/Dir# / Appel/Dir#:	
Log No. / No de registre :	011001-21, 015621-21 (A1)
Type of Inspection / Genre d'inspection :	Complaint
Report Date(s) / Date(s) du Rapport :	Dec 23, 2021(A1)
Licensee / Titulaire de permis :	Marianhill Inc. 600 Cecelia Street, Pembroke, ON, K8A-7Z3
LTC Home / Foyer de SLD :	Marianhill Nursing Home 600 Cecelia Street, Pembroke, ON, K8A-7Z3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Linda Tracey

To Marianhill Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / No d'ordre: 001 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must comply with s.8(1)(b) of O. Reg. 79/10.

The licensee will monitor to ensure that registered nursing staff complies with the wound assessment and wound care policies and protocols.

Monitoring will include weekly audits of registered nursing staff compliance to the licensee's wound assessment and wound care policies and protocols.

The licensee will take corrective action if audits indicate that the wound assessment and wound care policies and protocols are not followed.

The audits are to be conducted until consistent compliance to the licensee's wound assessment and wound care policies and protocols is demonstrated.

Records of the audits and corrective actions taken to address staff non-compliance to the policies will be maintained until the Ministry of Long-Term Care has deemed that the licensee complied with this order.

Grounds / Motifs :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg 79/10, s.48(1) requires the licensee of a LTCH to ensure that a skin and wound program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions is developed and implemented in the home.

O. Reg 79/10, s.30 requires that each of the interdisciplinary programs required under section 48 of the regulation includes relevant policies, procedures and protocols.

Specifically, staff did not comply with the licensee's policies "Skin Integrity and Wound Care" and "Wound Assessments" with regards to a resident's wound assessments, and notification of the resident's substitute decision maker. In addition, staff did not comply with the licensee's protocol for documentation of the resident's wound treatments on the electronic Treatment Administration Record (eTAR).

An area of impaired skin integrity was identified on a resident. This area of impaired skin integrity failed to heal and the resident developed further impaired skin over the following seven months. Staff failed to comply with the licensee's wound care policies as follows:

-The resident's wounds were not assessed and documented on the Initial Wound Assessment tool when they were first identified, as directed in the "Skin Integrity and Wound Care Policy and Procedure".

-The areas of impaired skin were not assessed and documented every week on the Weekly Wound Assessment tool, as directed in the "Wound Assessments" policy.

-Photos of the resident's wounds were not consistently taken and uploaded to the resident's electronic record at least biweekly as directed in the "Wound Assessments" policy.

-The resident's substitute decision maker (SDM) was not informed when their wounds were first identified, as directed in the "Wound Assessments" policy.

-Treatments for the resident's wounds were frequently documented on the resident's

progress notes, but not consistently initialed on the electronic Treatment Administration Record (eTAR), which the DOC and multiple registered staff indicated is the licensee's protocol to indicate that a wound treatment was provided.

Sources: Skin Integrity and Wound Care Policy and Procedure; Wound Assessments policy; a resident's progress notes, initial and weekly wound assessments, wound photos, and eTARs; conversation with a resident's SDM; and interviews with the DOC, a Unit Manager, RPNs and an RN.

(178)

2. A resident was assessed to have an area of impaired skin integrity which has not healed. Staff failed to comply with the licensee's wound care policies as follows:

-The resident's wound was not consistently assessed and documented every week on the Weekly Wound Assessment tool, as directed in the "Wound Assessments" policy.

-Photos of the resident's wound were not consistently taken and uploaded to the resident's electronic record at least biweekly as directed in the "Wound Assessments" policy.

-Treatments for the resident's wound were not consistently initialed on the electronic Treatment Administration Record (eTAR), which the DOC and multiple registered staff indicated is the licensee's protocol to indicate that a wound treatment was provided.

Sources: Wound Assessments policy; a resident's progress notes, weekly wound assessments, wound photos and eTARs; and interviews with the DOC, a Unit Manager, RPNs and other staff.

An order was made by taking the following factors into account:

Severity: A resident's wounds worsened, and the resident's condition declined. While this harm cannot be directly attributed to the non-compliance, the staff's failure to follow their wound assessment and treatment policies and protocols caused actual risk of harm to residents when two residents' wounds were not assessed regularly

using the assessment tools in the licensee's skin and wound care program, and treatments were not documented on the eTAR as per the licensee's protocol. One resident also experienced actual risk of harm when their SDM was not notified of their impaired skin integrity until the resident's wounds had progressed significantly, thereby removing the SDM's ability to participate in the resident's care.

Scope: The licensee's policies and protocols for wound assessment and care were not followed in two out of the three residents with impaired skin integrity reviewed, demonstrating a pattern of non-compliance.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with O. Reg 79/10 s. 8(1)(b) and three Written Notifications (WNs) were issued to the home.
(178)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2022(A1)

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of December, 2021 (A1)

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : Amended by SUSAN LUI (178) - (A1)

Service Area Office / Bureau régional de services : Ottawa Service Area Office