



**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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 30, 2017	2017_563670_0008	005906-17	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF LAMBTON
789 Broadway Street WYOMING ON N0N 1T0

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

MARSHALL GOWLAND MANOR
749 DEVINE STREET SARNIA ON N7T 1X3

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

DEBRA CHURCHER (670), CAROLEE MILLINER (144), NANCY SINCLAIR (537)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 8, 9,10,11,12, 15, 16, 17 2017

The following intakes were completed within the RQI:

**Log# 000198-17 CIS# M613-000001-17 related to a fall resulting in injury.
Log#034420-16 CIS# M613-000040-16 related to alleged abuse and neglect.
Log#027171-16 CIS# M613-000025-16 related to alleged abuse and neglect.
Log#028947-16 CIS# M613-000029-16 related to a fall with injury.
Log#006485-17 CIS# M613-000008-17 related to a fall with injury.
Log#033232-16 CIS# M613-000036-16 related to alleged abuse and neglect.
Log#005306-17 CIS# M613-000006-17 related to a fall with injury.
Log#009251-17 CIS# M613-000011-17 related to alleged abuse and neglect.
Log#031833-16 CIS# M613-000031-16 related to alleged medication
mismanagement.**

During the course of the inspection, the inspector(s) spoke with forty + Residents, the representative of the Family Council, representative of the Resident's Council, Administrator, Director of Nursing and Personal Care, Environmental Services Supervisor, two Dietary Aides, four Registered Practical Nurses, one Physio Therapy Assistant, twenty two Personal Support Workers, one Quality Care Coordinator, four Registered Nurses, two Social Workers, one housekeeper, three Clerks and three Recreation and Leisure Staff.

During the course of this inspection, the inspectors toured all resident home areas, observed dining services, medication rooms, medication administration and medication count, the provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices and reviewed resident clinical records, posting of required information and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Skin and Wound Care
Sufficient Staffing**

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)



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>Legendé</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 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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds has been reassessed at least weekly by a member of the registered nursing staff.

Review of the clinical record stated that a resident had altered skin integrity. Intervention of weekly skin and wound assessments were added to the treatment record on a specific date. Initial skin and wound assessment was documented in Point Click Care (PCC) on a specific date. Weekly skin and wound assessments were observed to be signed for on the treatment record (TAR) and completed in PCC for eight weeks out of nine however there were no documented weekly skin and wound assessment signed for in the TAR or completed in PCC for a specific week.

Interview with a Registered Practical Nurse (RPN) who stated that if a change in skin integrity was identified by any staff they would notify the nurse who would then assess the area, implement the treatment and assessment schedule on the TAR and make any required referrals, for example, wound care nurse or Nurse Practitioner. The Inspector and the RPN completed a review of the treatment record documentation for a specific time period, for signing off the skin and wound assessment and also the assessments/skin/wound notes. The RPN acknowledged that the documentation was not present on either the treatment record or in the assessments/skin/wound notes for a specific week and stated that if the documentation was not present that the assessment "probably" wasn't done. The RPN acknowledged that wound assessments were to be done weekly on any resident that has altered skin integrity.

Interview with Director of Nursing and Personal Care (DONPC) who stated that it would be the expectation of the home that any resident with altered skin integrity would have an assessment at least weekly and that it would be signed for in the treatment record and the assessment documented in point click care.

The home policy "Skin and Wound Care", stated that registered staff will record weekly in the current skin/wound note including the type, location, size in centimetres including undermining (depth, width, length), drainage, wound bed level of pain (0-10), treatment, evaluation/changes since last assessment.

The severity of this non-compliance is minimal harm/risk or potential for actual harm/risk and the scope is isolated. The home does not have a history of non-compliance in this subsection of the legislation. [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 ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

Observation of spa rooms on a specific date during the inspection showed;

Rose South spa room had the following items soiled, mingled with both clean and soiled items and not labelled; one pink brush with hair and debris, one white hair pick with hair and debris, one gray hair pic with hair and debris, five nail clippers with debris and rust, one infazinc that was opened and used and eleven perfume body sprays.

Iris Court South spa room had the following items soiled, mingled with both clean and soiled items and not labelled; three disposable razors with debris and hair, three nail clippers with debris and rust and one perfume body spray.

Ivy North spa room had the following items soiled, mingled with both clean and soiled items and not labelled; one pair nail clippers with debris and rust, in an unlabelled drawer with multiple fingernail clippings in the drawer.



Ivy South spa was had the following items soiled, mingled with both clean and soiled items and not labelled; three disposable razors with debris and rust, two vitarubs opened and used, and two infazincs opened and used.

Poppy Way North spa room had the following items soiled, mingled with both clean and soiled items and not labelled; five nail clippers with debris and rust and one black comb with hair and debris.

Poppy Way South spa room had the following items soiled, mingled with both clean and soiled items and not labelled; one disposable razor with debris and hair, two nail clippers with debris and rust.

A Registered Nurse (RN) observed the Ivy South spa with inspector and acknowledged that there were soiled unlabelled items mingled with clean items. The RN stated that the staff would have no way of knowing what resident the article belonged to and that the items should be labelled and also acknowledged that there was potential cross contamination related to the soiled and used items being intermingled and stored with the clean items in the spa rooms.

A Personal Support Worker (PSW) stated that the brushes and clippers sometimes get put into the resident's individual bins but most times they put the clippers all together in the larger slot on the nail clipper caddy and will wipe them with an alcohol swab prior to use. The PSW acknowledged that it was the expectation that each resident has their own nail clippers but that often times one pair of nail clippers was used for multiple residents.

An additional PSW stated that all resident's personal items should be labelled and kept in the resident's bin. The PSW acknowledged that often times they will use the same items including brushes and nail clippers on multiple residents and will clean the items with the tub disinfectant.

The Director of Nursing and Personal Care (DONPC) stated that all resident's personal care items should be labelled and be kept separate from other resident's personal care items preferably in the resident's personal bin. Also acknowledged that soiled and clean items should be separate and each resident should have their own equipment.

Observation of spa rooms on an additional date, showed Rose South spa had the following items soiled, mingled with both clean and soiled items and not labelled; two



white hairbrushes with debris and hair, one pink hairbrush with debris and hair, three black combs with debris and hair, two nail clippers with debris and rust, all found in an unlabelled bin with new disposable razors. A Cool Confidence deodorant that was opened, used and unlabelled.

A PSW stated that all personal care items such as brushes, deodorants, razors and nail clippers should be labelled and in the resident's personal bin. Acknowledged that they would have no way of knowing who owned the unlabelled items in the bin. The PSW stated that all resident personal care items should be labelled and separate from other resident personal care items.

Policy #9-4-10 Infection Control Routine Practices; Care of Resident Equipment states "Personal care supplies (e.g. lotions, creams, soap, razors) should not be shared between residents. Each resident's personal toiletries should be labelled and not be shared with other residents".

The severity of this non-compliance is minimal harm/risk or potential for actual harm/risk and the scope is widespread. The home does not have a history of non-compliance in this subsection of the legislation. [s. 229. (4)]

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 all staff participate in the implementation of the program, to be implemented voluntarily.



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Issued on this 30th day of May, 2017

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

Original report signed by the inspector.