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

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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
Feb 10, 2021	2021_831211_0001	024900-20	Complaint

Licensee/Titulaire de permis

CVH (No. 4) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.)
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes Cambridge ON N3H 5L8

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

Pinecrest (Plantagenet)
101 Parent Street P.O. Box 250 Plantagenet ON K0B 1L0

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

JOELLE TAILLEFER (211)

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): December 17, 2020, January 8 and 11, 2021.

This Complaint inspection was related to intake log #024900-20 related to altered skin integrity.

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care (DOC), Dietary Manager and Director of Care for clerk Office Manager, a Registered Nurses (RN), the Occupational Therapist, a Resident Assessment Instruments and Minimum Data Set Coordinator (RAI Coordinator/RPN), a Registered Practical Nurses (RPN), several Personal Support Workers (PSWs), Physiotherapy Assistant, a family member and a resident.

In addition, during the course of the inspection, the inspector reviewed several resident health care records including the Care Plan, Flow sheets, Medication Administration Records, Skin-Weekly Impaired Skin Integrity Assessments, Skin-Wound Assessment-Push, Continence Assessment, Referral-Registered Dietitian, Nutrition-Priority Screen, Nutrition-Registered Dietitian Assessment, REHAB-Physiotherapy Assessment, Safe Lift and Transfer Assessment, Skin-Head to Toe Skin Assessments, Skin-interRAI Pressure Ulcer Risk Scale (PURS) Worksheet, Pain/Palliation-NEW Pain Assessment, Patient Attendance Records, Policies #RC-23-01-01 “Skin and Wound Program: Prevention of Skin Breakdown” and observed staff to resident interactions, resident mobility aides and the provision of resident care and services.

The following Inspection Protocols were used during this inspection:
Skin and Wound Care

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

- **1 WN(s)**
- **1 VPC(s)**
- **0 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care for a resident, sets out clear directions to staff and others who provide direct care to the resident related to the repositioning.

The resident's current care plan doesn't indicate the repositioning frequency.

A PSW stated that the resident rarely requested to be repositioned in bed.

The licensee has failed to ensure that the written plan of care for the resident who exhibit altered skin integrity, sets out clear directions to staff and others who provide direct care to the resident related to the frequency that the resident should be repositioned.

Sources: Resident #002's care plan and interview with PSW #104. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the following are documented related to repositioning for resident #002:
1. The provision of the care set out in the plan of care.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care.

The Administrator stated that the resident should be repositioned every two hours. The staff should documented if the resident refused or was repositioned every two hours.

Resident #002's flow sheets titled "Bed mobility-2 staff provides physical assistance from lying position, turns side to side, and positions body while in bed" indicated that the staff had not documented if the resident refused or was repositioned every two hours as specified by the Administrator.

The licensee has failed to ensure that the provision, the outcomes and the effectiveness of the care set out in the plan of care was documented every two hours.

Sources: Resident's progress notes and flow sheets. Interview with the Administrator. [s. 6. (9)]

3. The licensee has failed to ensure that the provision of the care set out in the plan of care are documented related to incontinence care for resident #002.

Resident #002 stated that the incontinent product was not changed frequently. The incontinent product was not changed during the night shift. The resident indicated the incontinent product was very wet in the morning.

Resident #002's care plans indicated that the resident required to be toileted when getting up at specific times during the day and as needed throughout the day.

The Administrator stated that the resident should be toileted during the night shift.

Resident #002's flow sheets titled "Bladder and Bowel Continence-use bedpan with 2 staff assistance" indicated that the staff had not documented if the resident refused or was toileted at the time specified in the resident's care plan nor that the resident was toileted during the night shifts for seven identified dates.

The Administrator stated that the staff should have documented each time the resident refused or was toileted in the resident's flow sheet.

The licensee has failed to ensure that the provision of the care set out in the plan of care related to toileting was documented in resident #002's flow sheet.

Sources: Resident #002's Flow sheets and the care plan. Interviews with RN #102, RPN #107, the Administrator and the resident. [s. 6. (9) 1.]

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 written plan of care for resident #002 that sets out, clear directions to staff and others who provide direct care to the resident, and
-the provision and the outcomes of the care set out in the plan of care and the effectiveness of the care are documented, to be implemented voluntarily.

Issued on this 11th day of February, 2021

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

Original report signed by the inspector.