

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

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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## Public Copy/Copie du public

Report Date(s) /	Inspection No /	Log # <i>/</i>	Type of Inspection /
Date(s) du apport	No de l'inspection	Registre no	Genre d'inspection
Dec 22, 2014	2014_211106_0019	463-14, 464-14, 465-14	Follow up

## Licensee/Titulaire de permis

KENORA DISTRICT HOME FOR THE AGED BOARD OF MANAGEMENT 35 Van Horne Avenue Box 725 DRYDEN ON P8N 2Z4

## Long-Term Care Home/Foyer de soins de longue durée PRINCESS COURT PRINCESS STREET BOX 725 DRYDEN ON P8N 2Z4

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

MARGOT BURNS-PROUTY (106)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 2 and 3, 2014

The following logs were reviewed as part of this inspection: Log # S-000463-14, S-000464-14, S-000465-14

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, and Residents

The following Inspection Protocols were used during this inspection: Minimizing of Restraining 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)

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		INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 110. (1)	CO #002	2014_211106_0009	106
O.Reg 79/10 s. 48. (1)	CO #001	2014_211106_0009	106
O.Reg 79/10 s. 96.	CO #003	2014_211106_0009	106



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES				
Legend	Legendé			
<ul> <li>WN – Written Notification</li> <li>VPC – Voluntary Plan of Correction</li> <li>DR – Director Referral</li> <li>CO – Compliance Order</li> <li>WAO – Work and Activity Order</li> </ul>	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).	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.			
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 :



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1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The plan of care for resident #003 indicated that their wound dressing was to be changed on Tuesdays and Fridays, the resident's bath days.

The "Wound Care Record - RPN" was reviewed and the resident is documented as having dressing changes on:

-Tuesday November 18, 2014

- -Tuesday November 25, 2014
- -Tuesday December 2, 2014

There were no dressing changes documented for the bath day on Fridays, from November 18 to December 2, 2014. [s. 6. (7)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The health care record for resident #002 was reviewed in regards to the wounds the resident has. The doctor's orders for wound care for resident #002 were reviewed. On November 12, 2014 the resident's physician ordered the dressings on resident #002's wounds to be changed on the resident's bath days. Staff member #S-100 reported to inspector #106 that the resident's bath days were on Tuesdays and Fridays.

On November 25, 2014, the doctor's orders specific to wound care on resident #002 changed and the dressings were to be changed every 3 days. The inspector reviewed the "Wound Care Record – RPN" for the wounds, for resident #002, from November 12, 2014 to December 1, 2014 and it identified the following:

Wound #1 – The dressing was changed on November 12, 2014 and then not changed again until November 21, 2014. The dressing was changed on November 23, 2014, then 4 days later, it was changed on November 27, 2014, then 4 days later it was changed on December 1, 2014.

Wound #2 – The dressing was changed on November 25, 2014, and then 6 days later it was changed on December 1, 2014. The documentation for December 1, 2014, also indicated that wound deteriorated since the last dressing change on November 25, 2014. [s. 6. (7)]



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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 is provided to the resident as specified in the plan, specifically in regards to wound care for residents #002 and #003, to be implemented voluntarily.

Issued on this 22nd day of December, 2014

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

Original report signed by the inspector.