



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

Rapport d'inspection prévue
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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119 King Street West 11th Floor
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Amended Public Copy/Copie modifiée du public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
May 07, 2019	2019_556168_0008 (A1)	029032-18	Critical Incident System

Licensee/Titulaire de permis

Liuna Local 837 Nursing Home (Hamilton) Corporation
44 Hughson Street South HAMILTON ON L8N 2A7

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

Queen's Garden
80 Queen Street North HAMILTON ON L8R 3P6

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

Amended by LISA VINK (168) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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This report was amended to provide clarity in the inspection finding.

Issued on this 7 th day of May, 2019 (A1)

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

Original report signed by the inspector.



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 6, 7, 8, 19, 20, 21, and 22, 2019.

Log #029032-18, was related to Critical Incident Report #2853-000015-18, which was also identified as IL-61381-AH, for abuse of a resident or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

This inspection was completed concurrently with Complaint Inspection 2019-556168-0007 for logs 002858-19 and 005188-19.

During the course of the inspection, the inspector(s) spoke with residents, the substitute decision maker (SDM) of a resident, the Administrator, the Director of Care (DOC), the police, registered practical nurses (RPN), and personal support workers (PSW).

During the course of the inspection the inspector observed the provision of care, reviewed internal investigation notes, reviewed clinical health records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation



During the course of the original 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	Légende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

(A1)

1. The licensee failed to ensure that staff and others involved in the different aspects of care collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other.

i. Resident #001 was identified to have bruising of unknown origin in Critical Incident Report #2852-000015-18, which was submitted in October 2018. A review of the clinical record, including skin assessments identified that the bruising was first identified on a specified date in October 2018 and continued until the assessment of a specified date in November 2018. A review of the Point of Care (POC) records completed by the PSW staff beginning on a specified date in October 2018, did not consistently include the presence of the bruising as the staff documented a code "5" under "skin integrity" which was identified as "none of the above observed", when other options included: "1" coded for "red area", "2" coded for "discolouration", "3" coded for "skin tear" and "4" coded for open area. The resident was coded a "5", under skin integrity on one or more shifts, following the identification of the injury, on five dates in October 2018, as well as on specific dates during the month of November, 2018. Interview with a third party, who had an open file regarding the injury, identified concerns with the consistency of the documentation regarding the injury and when it was identified/present. Interview with the DOC, following a review of the POC records for October 2018, related to skin integrity confirmed that the assessments were not consistent with each other.

ii. Resident #004 had altered skin integrity, a reddened area, according to the plan



of care, with a review date from January 2019, and a revised date, for the focus statement, in February 2019.

A review of the Initial Skin and Wound Assessment, dated on a specific date in February 2019, and a Weekly Other Skin Alteration Assessment, completed on a specified date in March 2019, noted the presence of the reddened area.

A review of the POC documentation, completed on a specified date in February 2019, did not include the presence of the reddened area.

A review of the POC documentation, completed on a specified date in March 2019, did not include the presence of the reddened area.

Interview with RPN #106, following a review of the documentation, confirmed that the assessments were not consistent with each other.

iii. Resident #003 had altered skin integrity, a pressure injury according to the plan of care, with a review date of January 2019.

A review of the Weekly Pressure Ulcer Assessments dated as completed on a specified date in February 2019, and a specified date in March 2019, noted the presence of a pressure area.

A review of the POC documentation for the time period between the two assessments identified a total of six shifts where it was recorded by PSW staff that the resident did not have any areas of altered skin integrity.

Interview with RPN #106 identified that the resident had the pressure injury, that the area had not healed/resolved and following a review of the documentation, confirmed that the assessments were not consistent with each other.

Staff and others involved in the different aspects of care did not collaborate with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other. [s. 6. (4) (a)]

Additional Required Actions:



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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 staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

Issued on this 7 th day of May, 2019 (A1)

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

Original report signed by the inspector.