



**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 prévue le Loi de 2007 les foyers de soins de longue**

**Health System Accountability and Performance Division  
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<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Nov 2, 5, 6, 7, 8, 2012	2012_049143_0044	Complaint

**Licensee/Titulaire de permis**

THE CORPORATION OF THE CITY OF KINGSTON  
216 Ontario Street, KINGSTON, ON, K7L-2Z3

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

RIDEAUCREST HOME  
175 RIDEAU STREET, KINGSTON, ON, K7K-3H6

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

PAUL MILLER (143)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with Residents, the Director of Nursing, the Assistant Director of Nursing, Registered Nurses and Registered Practical Nurses, Personal Support Workers, Physiotherapist and Physiotherapist Assistant.

During the course of the inspection, the inspector(s) completed two complaint inspections Log # O-001974-12 and Log # O-002324-12.

The Inspector reviewed fall prevention policies and procedures, pain management policies and procedures, resident health care records inclusive of assessments, plan of care, physician orders, medication and treatment administration records and physiotherapy attendance records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Medication

Pain

Personal Support Services

Skin and Wound Care

**Findings of Non-Compliance were found during this inspection.**

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care  
Specifically failed to comply with the following subsections:**

**s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**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 :**

1. The following findings are related to Log # O-002324-12:

A review of resident # 1, #2 and # 6 plan of care did not indicate any pain management interventions. Resident #1, #2 # 6 received analgesic daily.

The licensee has failed to comply with the Long Term Care Homes Act 2007 section 6.(2) by not ensuring that the plan of care is based on the residents assessed needs and preferences.

2. The following findings relate to Log # O-001974-12:

A review of Resident # 1 Physiotherapy plan of care indicated that the resident was to receive physiotherapy services three times per week. A review of the resident health record inclusive of progress notes and therapy minutes report indicated that the resident had not received physiotherapy services for seven days.

The licensee failed to comply with the Long Term Care Homes Act, 2007 section 6.(7) by not ensuring that the care set out in the plan of care is provided to the resident as specified in the plan.

**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 residents experiencing pain have a plan of care based on assessed needs and preferences, to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

Specifically failed to comply with the following subsections:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**  
**(i) within 24 hours of the resident's admission,**  
**(ii) upon any return of the resident from hospital, and**  
**(iii) upon any return of the resident from an absence of greater than 24 hours;**  
**(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;**  
**(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and**  
**(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

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**Findings/Faits saillants :**

1. The following findings are related to Log # O-002324-12:

On a specified date Resident # 2 returned from a hospital admission. The resident had altered skin integrity and a skin assessment was not completed by a Registered Nursing Staff for approximately 48 hours post re-admission to the home. The Licensee has failed to comply with ON/Regulation 79/10 section 50.(2)(a)(ii) by not ensuring that a skin assessment was completed.

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

Specifically failed to comply with the following subsections:

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

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**Findings/Faits saillants :**

1. The following findings are related to Log # O-002324-12:

On a specified date Resident # 2 had a fall. A review of the the homes computerized documentation tool (Point Click Care) indicated that the EO Post Falls analysis was initiated five days later but was not completed. The licensee failed to comply with ON/Regulation 79/10 section 49.(2) by not ensuring that when a resident has fallen that the resident is assessed using a clinically appropriate assessment instrument specifically designed for falls.

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**WN #4: 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 subsections:

**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).**

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**Findings/Faits saillants :**

1. The following findings are related to Log # O-002324-12:

ON/Regulation 79/10 section 48.(1) states that every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain.

The homes Pain Management Policy Reference # RESI-05-08-01 version January 2012, page 3 of 4, indicates that a supplementary screening tool be completed when the RAI-MDS section (J2a) is coded. The response on the assessment tool should be used to guide the development of specific interventions for pain management and to achieve the individualized plan of care for residents experiencing pain.

A review of the residents progress notes and plan of care indicated that the plan of care had not been updated related to pain management and a documented assessment had not been completed within the RAI MDS tool. Progress notes indicated documented entries that indicated that resident # 2 had continued pain with little to no relieve from interventions provided.

The licensee has failed to comply with ON/Regulation 8. (1)b by not complying with their pain management policy.

2. The following findings are related to Log # O-002324-12:

ON/Regulation 79/10 section 48.(1) states that every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and risk of injury.

A review of the homes Fall Policy (policy number 09-02-01, July 2010 origin date)

Procedure 10. When a resident falls, Registered Staff will:

a. Immediately assess the resident including range of motion, pain (verbal/non verbal) signs, skin integrity, vital signs, responsiveness, head injury and ambulation if applicable.

Procedure 11. If there are any concerns related to the well being of the resident, examples include:

a. the resident is unable to move a limb without experiencing pain,

c. there is external rotation and shortening of either lower limb, have the resident remain where they are and call 911 for transfer to hospital.

Resident # 2 sustained a fall on an specified date. A post falls assessment was initiated five days post fall. A review of the resident health care record indicated that a Registered Practical Nurse documented that a Registered Nurse had assessed the resident. This Registered Nurse did not complete a documented assessment following the fall. Procedure 11 indicates that a resident who is not able to move limb without experiencing pain is to be transferred to hospital.

The licensee has failed to comply with ON/Regulation 79/10 section 8.(1)b by not complying with the homes Fall Policy.

**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 Fall Prevention and Pain Management policies are followed, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**

Specifically failed to comply with the following subsections:

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

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**Findings/Faits saillants :**

1. The following findings are related to Log # O-001974-12:

Resident # 1 was prescribed a medicated cream applied (QHS) x 2 weeks and then as necessary (PRN). A review of March and April 2012 medication and treatment administration records indicated that the resident had received this prescribed medicated cream on one occasion and had not received the medication as prescribed for thirteen days. The licensee has failed to comply with ON/Regulation section 131.(2) by not ensuring that drugs are administered to residents in accordance with the directions for use as specified by the prescriber.

Issued on this 8th day of November, 2012

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