

**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
Oct 22, 2021	2021_738753_0019	010598-21	Complaint

Licensee/Titulaire de permis

Corporation of the County of Grey
595 9th Avenue East Owen Sound ON N4K 3E3

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

Rockwood Terrace Home for the Aged
575 Saddler Street East P.O. Box 660 Durham ON N0G 1R0

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

KATHERINE ADAMSKI (753)

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): September 20-24, 27-29, October 1, 2021.

**The following intakes were completed during this complaint inspection:
Log #010598-21 related to concerns with fall prevention and management, skin and wound care, bathing and continence care.**

This inspection was conducted concurrently with critical incident inspection #2021_738753_0020.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care, (ADOC), Housekeeping Manager, Falls Lead, Staff Scheduler, Registered Nurses (RN), Registered Practical Nurses (RPN), Residents, Personal Support Workers (PSW), Housekeeping, and Surveillance Screening Staff.

The inspector toured the home and observed infection prevention and control measures, dining, and staff to resident care provisions.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Skin and Wound Care
Sufficient Staffing**

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

2 WN(s)

1 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>Légende</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. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents were bathed at a minimum of twice a week by a method of their choice.

Concerns submitted to the Ministry of Long Term Care reported that residents in the home were not receiving a bath at minimum twice weekly related to short staffing.

Between June 27 and July 19, 2021, 56 of 102 residents [55 percent (%)] missed between one and three baths. Missed baths occurred most frequently between July 4 and 11, 2021, with a total of 88% of baths (49/56) missed during this time.

Additionally, between August 1 and 31, 2021, eight residents missed at least one bath, and between September 1 and 30, 2021, 17 residents missed at least one bath.

The Director of Care (DOC) acknowledged that between June 27 and July 19, 2021, residents were not being bathed at a minimum twice a week.

The complainant and several staff acknowledged that the home was having challenges with staffing in July 2021. When the home was short staffed, resident care areas such as bathing were missed and this was an ongoing concern.

Not ensuring that residents were bathed at least twice a weekly may result in a negative impact to residents health and quality of life.

Sources: complaint inquiry, Point of Care Bathing Documentation Records between June 27 and September 31, 2021, interviews with the DOC and other staff. [s. 33. (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 residents are bathed at a minimum of twice a week by a method of their choice, to be implemented voluntarily.

WN #2: 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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's Catheter Care - Indwelling, Condom & Suprapubic Grey County Program Policy (policy #VII-D-10.30) was complied with for a resident.

Ontario Regulations 79/10, section 30 (1)(1) requires a written description of the continence program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

Specifically, the home's Catheter Care - Indwelling, Condom & Suprapubic Grey County Program Policy (policy #VII-D-10.30) stated that the Registered Nurses and Registered Practical Nurses would ensure that a residents' plan of care was updated and included direction to team members when a catheter was due to be changed.

The resident's Continence and Bowel Assessment showed that they had a catheter. The resident's plan of care did not include direction to team members as to when their catheter was due to be changed. The resident's catheter was not changed for many months.

When a resident's indwelling catheter was not changed for a prolonged period of time, there was a risk that the resident would develop an infection.

Sources: Interviews with the DOC and other staff, the resident's plan of care including care plan, orders, assessments, progress notes, and documentation in their physical chart. [s. 8. (1) (b)]

Issued on this 1st day of November, 2021

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

Original report signed by the inspector.