Ontario

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 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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 23, 2019	2018_739694_0018	019978-17, 024102-17, 011603-18, 011878-18, 017280-18	Critical Incident System

Licensee/Titulaire de permis

Shanti Enterprises Limited
600 White's Road PALMERSTON ON N0G 2P0

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

Royal Terrace
600 Whites Road PALMERSTON ON N0G 2P0

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

AMANDA COULTER (694)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 15, 16, 20, 21, 22 and 23, 2018.

The following Critical Incident System (CIS) were inspected:
Log #019978-17 related to Skin and Wound Care
Log #011603-18 and Log #017280-18 related to Fall Prevention
Log #011878-18 related to Responsive Behaviours and Prevention of Abuse and Neglect

Follow up:
Log #024102-17 related to Bed System Assessment

The following on-site inquiries were completed:
Log #002782-18 related to Prevention of Abuse and Neglect
Log #004870-18 and Log #014848-18 related to Fall Prevention

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Director of Life Enrichment, Resident Assessment Instrument (RAI) Coordinator, family members and residents.

During the course of the inspection, the inspector toured the facility, reviewed resident clinical records, reviewed the facility's policies and education attendance, completed observations and interviewed residents, family members and staff of the facility.

The following Inspection Protocols were used during this inspection:
Critical Incident Response
Falls Prevention
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Resident Charges
Responsive Behaviours
Skin and Wound Care

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

- **6 WN(s)**
- **3 VPC(s)**
- **2 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	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 15. (1)	CO #001	2017_363659_0019	694

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 O.Reg 79/10, s. 245. Non-allowable resident charges
The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:
1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
ii. the Minister under section 90 of the Act. O. Reg. 79/10, s. 245.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario. O. Reg. 79/10, s. 245.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network. O. Reg. 79/10, s. 245.
4. Charges for goods and services provided without the resident's consent. O. Reg. 79/10, s. 245.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home. O. Reg. 79/10, s. 245.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program. O. Reg. 79/10, s. 245.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account. O. Reg. 79/10, s. 245.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

Findings/Faits saillants :

1. The licensee failed to ensure that residents were not charged for goods and services that the licensee was required to provide to a resident using funding received from the

local health integration network. Licensee cannot charge residents for continence management, fall prevention and skin and wound supplies.

A) Resident #009's substitute decision maker (SDM) stated they were requested by the licensee to purchase continence care products for the resident to use as they were using these products prior to admission. The home did not have products that met the resident's needs. The SDM disclosed the amount they paid for products, and how frequently they delivered them to the home.

Resident #009 stated the home did not provide a particular product the resident liked but they would be willing to try something else that would be similar.

Front line staff acknowledged the home did provide a range of continence products in a variety of sizes. They all said that the home did not provide a particular type of product and if residents wished to have them their families would need to buy them and bring them in.

The home provided a worksheet which listed the resident name and type of continence care product they used on day, evening and night shift. There were six residents in the home who provided their own continence care product.

Staff #110 stated there were a few residents who were using products which were paid for and provided by their SDM because the residents preferred these rather than the products the home provided. The DOC confirmed the home did not offer a specific product to the residents and there were residents and SDMs who were purchasing their own.

B) Resident #008 was assessed to be high risk for falls. Staff of the home discussed with the resident's SDM the use of a safety device.

The clinical record was reviewed and the progress notes stated in April 2018, the staff of the home gave the SDM information about creating an account with a medical supply company for the purpose of ordering and purchasing a safety device. The device arrived at the home in May 2018, and was implemented immediately. Resident #008's written plan of care directed staff to ensure the safety device was applied.

Two front line staff separately stated resident #008 had purchased the device. The DOC confirmed the SDM ordered and paid for the device.

Staff #108, staff #111 and staff #110 were interviewed separately and each stated a particular safety equipment was provided to residents on a trial basis and if they were agreeable then the family was provided a pamphlet to purchase the equipment. The DOC confirmed the residents' SDMs purchased safety equipment for resident use from a local business but was unsure how many residents were included.

C) In August 2018, resident #010's primary physician ordered a specific dressing be applied to an area of altered skin integrity.

The clinical record was reviewed and the progress notes stated in October 2018, the resident's SDM was contacted by staff of the home and obtained permission to order dressings and have the SDM billed. In October 2018, the dressing was received and applied to the resident's area of altered skin integrity immediately.

Staff #108 and staff #111 stated any specialized dressing the resident required, was provided by the resident/SDM had to be purchased through a medical supply company. Staff #110 stated staff instructed residents/SDMs to set up accounts and pay for special dressing supplies, and that was how it had always been at the home. The DOC confirmed that resident/SDMs were required to pay for any specialized dressings.

The licensee failed to ensure residents #008, #009 and #010 were not charged for goods and services that the licensee was required to provide to a resident using funding that the licensee received from the local health integration network and/or the Minister, for continence care and management; falls prevention and management; and skin and wound care. [s. 245. 1.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(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; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

The licensee has failed to ensure that a resident who was exhibiting altered skin integrity received a skin assessment by a member of the registered staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Record review showed that resident #008 did not have a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment when they exhibited altered skin integrity.

RPN #105 acknowledged intial wound assessments are completed, then weekly. Staff #106 and #107 both stated weekly skin assessments are completed on all areas of altered skin integrity.

The licensee failed to ensure that when resident #008 exhibited altered skin integrity, they received a skin assessment by a member of the registered staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

The licensee failed to ensure that a resident exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

A) A Critical Incident system (CIS) report was submitted to the Director on August 17, 2017. In August 2017, resident #001 sustained altered skin integrity of unknown cause.

The clinical record was reviewed and the resident received an initial wound assessment completed by staff #110 on the day of the incident. The area documented on the Weekly Wound Assessments was inconsistent with the area being assessed. Weekly Wound Assessments by a registered staff member were not completed on two dates in August and one in September 2017. A Weekly Wound Assessment dated a specific date in August 2017, the altered skin integrity was documented as healed with no further assessment documentation completed.

B) Resident #008's clinical record was reviewed and the resident had altered skin integrity. Two dates in September and one in October 2018, weekly skin assessments by a registered staff were not completed.

The clinical record was reviewed and on a specific date in October 2018 the weekly wound Assessment documentation stated the area was healed with no further assessment documentation completed.

C) Resident #010's clinical record was reviewed and the resident sustained altered skin integrity in March 2018. Two dates in March 2018 weekly skin assessments by a registered staff were not completed.

The clinical record was reviewed and on two dates in April 2018, only measurements were documented on the Weekly Wound Assessment. On a specific date in April 2018, the wound was documented as healed with no other assessment documentation completed.

RPN #105 acknowledged weekly wound assessments were completed each Sunday. Staff #106 and #107 both stated weekly skin assessments are completed on the home's policy, "Wound Care Skin Treatments, Appropriate Documentation and Assessments", specifically stated areas of altered skin integrity are to be monitored with the Weekly Wound Assessments.

The licensee failed to ensure weekly assessments were completed by a registered nursing staff for residents #001, #008 and #010 when they were exhibiting altered skin integrity. [s. 50. (2) (b) (iv)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:
1. There must be a written description of the 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. O. Reg. 79/10, s. 30 (1).
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The licensee failed to keep a written record relating to each evaluation that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee provided minutes of an interdisciplinary meeting, "Performance Reviews and Planning Conference". The home's Skin and Wound program was evaluated during this meeting. There was no summary of changes and/or actions identified and therefore no dates of their implementation.

The Administrator was interviewed and acknowledged that they had not identified areas of change and confirmed there were no dates for changes to be implemented for the Skin and Wound program. [s. 30. (1) 1.]

2. The license provided minutes of an interdisciplinary meeting, "Performance Reviews and Planning Conference". The home's Fall Prevention program was evaluated during this meeting. Implementation strategies included continuing with audits that were already being done and mid-point strategies and outcomes stated the effectiveness of interventions already in place in reducing the number of falls. There was no summary of changes and/or action identified and therefore no dates of their implementation.

The DOC was interviewed and acknowledged that they had not identified areas of change and confirmed there were no dates for changes to be implemented for the fall prevention program.

The licensee failed to ensure that the written record of program evaluations for skin and wound and fall prevention programs included a summary of the changes made and the date that those changes were implemented. [s. 30. (1) 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 the skin and wound and falls prevention evaluations have written records relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. The licensee failed to ensure that persons who received training in the Prevention of Abuse and Neglect were retrained annually.

The home provided the inspector with a training/education binder. Each staff member had an individual written record of training they attended or completed in 2017.

The Administrator was unable to confirm what percentage of staff participated in Prevention of Abuse and Neglect training in 2017. The Administrator confirmed all staff had not received Prevention of Abuse and Neglect training in 2017.

The licensee failed to ensure that staff received retraining in the Prevention of Abuse and Neglect. [s. 76. (4)]

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 all staff receive retraining in the home's policy to promote zero tolerance of abuse and neglect of residents, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
1. Falls prevention and management. O. Reg. 79/10, s. 221 (1).

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
2. Skin and wound care. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff who provide direct care to residents received training in fall prevention.

The home provided the inspector with a training/education binder. Each staff member had an individual written record of training they attended or completed in 2017.

The Director of Life Enrichment #109 was unable to confirm what percentage of direct care staff participated in fall prevention training in 2017. The Administrator confirmed all direct care staff did not receive fall prevention training in 2017. [s. 221. (1) 1.]

2. The licensee failed to ensure that all staff who provide direct care to residents received training in skin and wound care.

The home provided the inspector with a training/education binder. Each staff member had an individual written record of training they attended or completed in 2017. There was no follow up with staff that did not attend skin and wound care training for the year of 2017.

The DOC was unable to confirm what percentage of direct care staff participated in skin and wound care training in 2017. The Administrator confirmed all direct care staff did not receive skin and wound care training in 2017.

The licensee failed to ensure that all direct care staff received education in fall prevention and skin and wound care in 2017. [s. 221. (1) 2.]

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 training of Falls prevention and management and skin and wound care shall be provided to all staff who provide direct care to residents, to be implemented voluntarily.

WN #6: 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).

Findings/Faits saillants :

1. The licensee failed to ensure the written plan of care for each resident set out clear directions to staff who provide direct care.

Resident #009's clinical record was reviewed and the resident's written plan of care directed staff to provide resident #009 with a particular continence care product.

On a specific date in November 2018, a logo, was observed posted in the resident's room. The logo directed staff which continence care product to provide to the resident. The logo and care plan did not accurately document the product the resident stated they used.

Staff #108, staff #111 and staff #104 each stated resident #009 used continence care products provided by their SDM.

The licensee failed to ensure the written plan of care for resident #009 set out clear directions to staff who provide care. [s. 6. (1) (c)]

Ontario

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 sous *la Loi de 2007 sur les foyers de soins de longue durée*

Issued on this 25th day of January, 2019

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

Original report signed by the inspector.

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	AMANDA COULTER (694)
Inspection No. / No de l'inspection :	2018_739694_0018
Log No. / No de registre :	019978-17, 024102-17, 011603-18, 011878-18, 017280-18
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Jan 23, 2019
Licensee / Titulaire de permis :	Shanti Enterprises Limited 600 White's Road, PALMERSTON, ON, N0G-2P0
LTC Home / Foyer de SLD :	Royal Terrace 600 Whites Road, PALMERSTON, ON, N0G-2P0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Shelley Gould

To Shanti Enterprises Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 245. The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,

i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and

ii. the Minister under section 90 of the Act.

O. Reg. 79/10, s. 245.

Order / Ordre :

The licensee must be compliant with s. 245 of O. Reg. 79/10.

Specifically, the licensee shall ensure that residents are not charged for continence care, fall prevention and skin and wound supplies that the licensee is required to provide to the resident using funding that the licensee received from the LHIN or accommodation charges received under the LTCHA.

The licensee shall ensure:

a) Resident #009, #010, #011, #012, #013 and #014 and any other resident requiring continence care products are assessed and provided continence care products based on their individual assessed needs as outlined in the regulations, including a pull up brief style product;

b) Resident #008 and any other resident requiring fall prevention equipment, are assessed and provided with any fall prevention equipment that is required to meet the residents' needs.

c) Resident #010 and any other resident requiring skin and wound care supplies, are assessed and provided with any supplies that are required to meet the residents' needs.

d) Residents/Substitute Decision Makers (SDM) are made aware of the range of continence products, fall prevention equipment and skin and wound care supplies available to them at no cost.

e) An audit is conducted of all residents who lived in the home during 2018 to determine if they had used a pull up style continence product, fall prevention equipment and skin and wound care supplies: Where a product was provided by the resident/SDM, the licensee shall reimburse all actual or estimated expenses incurred by the resident/representative in 2018, for the full cost of the products used.

Grounds / Motifs :

1. The licensee failed to ensure that residents were not charged for goods and services that the licensee was required to provide to a resident using funding received from the local health integration network. Licensee cannot charge

residents for continence management, fall prevention and skin and wound supplies.

A) Resident #009's substitute decision maker (SDM) stated they were requested by the licensee to purchase continence care products for the resident to use as they were using these products prior to admission. The home did not have products that met the resident's needs. The SDM disclosed the amount they paid for products, and how frequently they delivered them to the home.

Resident #009 stated the home did not provide a particular product the resident liked but they would be willing to try something else that would be similar.

Front line staff acknowledged the home did provide a range of continence products in a variety of sizes. They all said that the home did not provide a particular type of product and if residents wished to have them their families would need to buy them and bring them in.

The home provided a worksheet which listed the resident name and type of continence care product they used on day, evening and night shift. There were six residents in the home who provided their own continence care product.

Staff #110 stated there were a few residents who were using products which were paid for and provided by their SDM because the residents preferred these rather than the products the home provided. The DOC confirmed the home did not offer a specific product to the residents and there were residents and SDMs who were purchasing their own.

B) Resident #008 was assessed to be high risk for falls. Staff of the home discussed with the resident's SDM the use of a safety device.

The clinical record was reviewed and the progress notes stated in April 2018, the staff of the home gave the SDM information about creating an account with a medical supply company for the purpose of ordering and purchasing a safety device. The device arrived at the home in May 2018, and was implemented immediately. Resident #008's written plan of care directed staff to ensure the safety device was applied.

Two front line staff separately stated resident #008 had purchased the device. The DOC confirmed the SDM ordered and paid for the device.

Staff #108, staff #111 and staff #110 were interviewed separately and each stated a particular safety equipment was provided to residents on a trial basis and if they were agreeable then the family was provided a pamphlet to purchase the equipment. The DOC confirmed the residents' SDMs purchased safety equipment for resident use from a local business but was unsure how many residents were included.

C) In August 2018, resident #010's primary physician ordered a specific dressing be applied to an area of altered skin integrity.

The clinical record was reviewed and the progress notes stated in October 2018, the resident's SDM was contacted by staff of the home and obtained permission to order dressings and have the SDM billed. In October 2018, the dressing was received and applied to the resident's area of altered skin integrity immediately.

Staff #108 and staff #111 stated any specialized dressing the resident required, was provided by the resident/SDM had to be purchased through a medical supply company. Staff #110 stated staff instructed residents/SDMs to set up accounts and pay for special dressing supplies, and that was how it had always been at the home. The DOC confirmed that resident/SDMs were required to pay for any specialized dressings.

The licensee failed to ensure residents #008, #009 and #010 were not charged for goods and services that the licensee was required to provide to a resident using funding that the licensee received from the local health integration network and/or the Minister, for continence care and management; falls prevention and management; and skin and wound care. [s. 245. 1.]

The scope of the non-compliance was widespread, severity was minimum risk and the history of the non-compliance was one or more unrelated in the last 36 months.
(694)

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Feb 15, 2019

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee must be compliant with s. 50 (2) (b) (iv) of O. Reg. 79/10.

Specifically, the licensee shall ensure:

Resident #008, #010 and any other resident exhibiting altered skin integrity, is reassessed at least weekly by a member of the registered staff, if clinically indicated.

Grounds / Motifs :

1. The licensee has failed to ensure that a resident who was exhibiting altered skin integrity received a skin assessment by a member of the registered staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Record review showed that resident #008 did not have a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment when they exhibited altered skin integrity.

RPN #105 acknowledged intial wound assessments are completed, then weekly. Staff #106 and #107 both stated weekly skin assessments are completed on all areas of altered skin integrity.

The licensee failed to ensure that when resident #008 exhibited altered skin integrity, they received a skin assessment by a member of the registered staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

The licensee failed to ensure that a resident exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

A) A Critical Incident system (CIS) report was submitted to the Director on August 17, 2017. In August 2017, resident #001 sustained altered skin integrity of unknown cause.

The clinical record was reviewed and the resident received an initial wound assessment completed by staff #110 on the day of the incident. The area documented on the Weekly Wound Assessments was inconsistent with the area

being assessed. Weekly Wound Assessments by a registered staff member were not completed on two dates in August and one in September 2017. A Weekly Wound Assessment dated a specific date in August 2017, the altered skin integrity was documented as healed with no further assessment documentation completed.

B) Resident #008's clinical record was reviewed and the resident had altered skin integrity. Two dates in September and one in October 2018, weekly skin assessments by a registered staff were not completed.

The clinical record was reviewed and on a specific date in October 2018 the weekly wound Assessment documentation stated the area was healed with no further assessment documentation completed.

C) Resident #010's clinical record was reviewed and the resident sustained altered skin integrity in March 2018. Two dates in March 2018 weekly skin assessments by a registered staff were not completed.

The clinical record was reviewed and on two dates in April 2018, only measurements were documented on the Weekly Wound Assessment. On a specific date in April 2018, the wound was documented as healed with no other assessment documentation completed.

RPN #105 acknowledged weekly wound assessments were completed each Sunday. Staff #106 and #107 both stated weekly skin assessments are completed on the home's policy, "Wound Care Skin Treatments, Appropriate Documentation and Assessments", specifically stated areas of altered skin integrity are to be monitored with the Weekly Wound Assessments.

The licensee failed to ensure weekly assessments were completed by a registered nursing staff for residents #001, #008 and #010 when they were exhibiting altered skin integrity. [s. 50. (2) (b) (iv)]

The scope of the non-compliance was widespread as all residents reviewed did not have Weekly Wound Assessments completed, severity was minimum risk and the history of the non-compliance was one or more unrelated in the last 36 months. (694)

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Feb 15, 2019

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of January, 2019

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Amanda Coulter

Service Area Office /
Bureau régional de services : Central West Service Area Office