

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Lynne Haves
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of License Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	003093-20, 009019-20
Original Inspection #:	2020_750539_0010
Licensee:	Sharon Farms & Enterprises Limited 108 Jensen Road, LONDON, ON, N5V-5A4
LTC Home:	Strathcona Long Term Care 720 Princess Street, MOUNT FOREST, ON, N0G-2L3
Name of Administrator:	Cate MacLean

Background:	
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Ministère des Soins de longue durée
Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Ministry of Long-Term Care (MLTC) Inspectors #539, #758 and #767 conducted a complaint inspection at Strathcona Long-Term Care (the Home) on the following dates: July 16, 17, 20-24, and 27-30, 2020.

Intake logs #003093-20, #009019-120 were inspected during this complaint inspection. A critical incident inspection (#2020_750539_0011) was conducted concurrently with the complaint inspection.

As part of the complaint inspection, the Inspectors found that the Licensee, Sharon Farms & Enterprises Limited (the Licensee), failed to comply with s. 229 (5) (b) and s. 50 (2) (b) (ii) and (iv) of Ontario Regulation 79/10 (Regulation) under the LTCHA.

Pursuant to s. 153(1)(a) of the LTCHA, Inspectors #539, #758 and #767 issued the following two compliance orders for the above findings of non-compliance:

Compliance Order #001 relates to s. 229 (5) (b) of the Regulation and reads as follows:

“The licensee must be compliant with O. Reg 79/10, s. 229 (5) (b) of the Act.

Specifically, the licensee must:

(a) Ensure that when resident #005 exhibits symptoms of infection, the symptoms are recorded, monitored and immediate action is taken as required.

and

(b) Ensure that all registered staff employed by the LTC home are retrained in the process for monitoring residents' symptoms of infection and the immediate action to take including notifications and documentation. A record of the content of the training and the attendance of registered staff is to be kept in the home.”

Compliance Order #002 relates to s. 50 (2) (b) (ii) and (iv) of the Regulation and reads as follows:

“The licensee must be compliant with O. Reg 79/10, s. 50 (2) (b) (ii) and (iv).

Specifically, the licensee must:

a) Ensure that when a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, they receive immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.

b) Are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.”

Order #:	002
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To **Sharon Farms & Enterprises Limited**, you are hereby required to comply with the following order by the date set out below:

Pursuant To:

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:

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

Specifically, the licensee must:

- A) Ensure that when a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, they receive immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required, and
- B) Are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Grounds:

Grounds:

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.
 - i. Resident #002's care plan stated they had a healed wound from 2018. In the summer of 2019, the resident was identified as having skin breakdown of the wound. However, a request for treatments was not made to the registered staff until over four weeks later, at which time the order for treatment and a weekly skin assessment began. The wound had declined.
 - ii. In the Fall of 2019, resident #002's progress notes documented the resident was having pain during wound dressings. No Pain Assessment Tool was completed in relation to the increased pain.
 - iii. When the wound declined in the fall of 2019, a referral was made to the Registered Dietitian (RD) who assessed the resident as not needing additional nutritional supplements for wound healing at that time. Dietary interventions were implemented two months later.

The RD stated that they had monitored the resident regularly and felt their oral intake was good initially, however, they acknowledged that a missing monthly weight and a late weight record in another month, may have delayed the identification of the resident's weight loss and the additional need for wound healing supplements.
 - iv. The wound continued to decline. No C&S swab was completed on the wound and no antibiotics were ordered to treat the signs and symptoms of infection.

Three staff recalled that resident #002's wound appeared to be infected and had progressively worsened.

Registered staff stated that obtaining a C&S swab was a medical directive the staff could complete.
Chart review and review of lab work by the DOC did not locate any C&S wound swabs.

The home failed to ensure that resident #002's wound received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required. [s. 50. (2) (b) (ii)]

2. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #002's care plan stated they had a healed stage X wound from 2018. In the summer of 2019, a Wound Care Specialist Referral was completed when resident #002 developed altered skin integrity in the area of the healed wound. Later in the summer of 2019, the resident was again identified as having altered skin integrity in the area of the previously healed wound.

The wound then declined. A request for dressing treatments was made to the registered staff over four weeks later.

No documented weekly skin and wound assessments for the altered skin integrity were completed until that date, at which time weekly skin assessments began.

The homes "Wound Care Protocol" stated that a stage 2-4 or stage X wound should be scheduled for weekly assessment on the eTAR.

Three staff recalled resident #002's wound. They all stated it was not healing, and progressively worsened. The skin and wound assessments were not completed weekly for four weeks.

The home failed to ensure that resident #002's altered skin integrity was reassessed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

The severity of this issue was determined to be a level 3 as there was actual harm to the resident. The scope of the issue was a level 1 as it related to one of three residents reviewed. The home had a level 3 history as they had on-going non-compliance with the section of the LTCHA that included:

- a Voluntary plan of correction (VPC) issued July 30, 2019, (2019_727695_0020)
- Additionally, the LTCH has a history of 4 other compliance orders in the last 36 months.

This order must be complied with by:	November 30, 2020
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REVIEW/APPEAL INFORMATION

Ministère des Soins de longue durée
Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

and the

Director
c/o Appeals Clerk
Long-Term Care Inspections Branch
1075 Bay St., 11th Floor, Suite 1100
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.

Issued on this 26th day of October, 2020	
Signature of Director:	
Name of Director:	Lynne Haves