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


**Health System Accountability and Performance Division**
**Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé**
**Direction de l'amélioration de la performance et de la conformité**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255


## Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| May 4, 2015 | 2015_265526_0005 | H-001586-14 | Complaint |

### Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE BRAMPTON ON L6T 4B9

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

SHERIDAN VILLA
2460 TRUSCOTT DRIVE MISSISSAUGA ON L5J 3Z8

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

THERESA MCMILLAN (526)

## 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): March 3 and 4, 2015.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC); Resident Assessment Instrument (RAI) Coordinator, personal support workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), and residents.**

**During the course of the inspection, the inspector toured home areas, observed resident care, reviewed clinical records, and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**
**Continence Care and Bowel Management**
**Personal Support Services**
**Prevention of Abuse, Neglect and Retaliation**
**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**
- **3 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

Review of resident #001's clinical record indicated that the baths provided to the resident had not been documented on six occasions over a three month period in 2014/2015. There was no documented indication that the resident had refused the bath on these occasions. During interview, personal support worker (PSW) staff stated that they provided baths to residents according to the bathing list found on each resident care area. According to the schedule, resident #001 was scheduled to be bathed on two specified days of each week. During interview, the RAI Coordinator identified a problem with the documentation of baths and confirmed that on six occasions during the three month period, resident #100's baths had not been documented. [s. 30. (2)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care**

**Specifically failed to comply with the following:**

**s. 35. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection. O. Reg. 79/10, s. 35 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the resident received preventive and basic foot care services including the cutting of toenails, to ensure comfort and prevent infection.

A) A plan of care regarding foot care was initiated for resident #001 when the resident was admitted to the home in 2014. At that time, staff were directed to arrange podiatry consultation every nine weeks. Review of the resident's health record indicated that the resident had not received foot care for eight months following admission. Registered staff, and the DOC could not confirm that the resident had received preventive or basic foot care services according to the plan of care during this eight month period.

B) Resident #003 was admitted to the home in 2014. The document the home referred to as resident #003's "care plan" indicated that the resident was at risk for complications related to foot or toenail problems. Review of the resident's health record over a four month time period beginning 11 months after admission indicated that the resident had not received preventive or basic foot care services including the cutting of toe nails to ensure comfort and prevent infection. This was confirmed by registered staff and the DOC. [s. 35. (1)]

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**WN #3: 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 :**

1. The licensee failed to ensure that altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been assessed using a clinically appropriate assessment tool that was specifically designed for this purpose. Review of resident #001's health record indicated that the resident was at risk for altered skin integrity due to incontinence. During a month in 2014, health records indicated that they had developed an area of altered skin integrity. Treatment was provided to this area twice daily for a three month period, after which time the area was noted to have healed.

Review of health records for resident #100 revealed that staff identified altered skin integrity over a three month time period in 2014/2015. The resident had not been assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment during that time. The most recent assessment of skin integrity using a clinically appropriate instrument for skin and wound was conducted eight months earlier. During interview, registered staff confirmed that a resident's altered skin integrity was assessed using a clinically appropriate assessment tool designed for that purpose only if the wound was "bad or getting worse". During interview, the RAI Coordinator stated that staff used progress notes to document skin and wound assessments and confirmed that staff had not assessed resident #001's altered skin integrity using a clinically appropriate assessment tool designed for that purpose. [s. 50. (2) (b) (i)]

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**Issued on this 5th day of May, 2015**

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

**Original report signed by the inspector.**