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

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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 2, 2017	2017_610633_0004	004233-17	Resident Quality Inspection

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM
574 Northcliffe Avenue DUNDAS ON L9H 7L9

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

ST JOSEPH'S HEALTH CENTRE, GUELPH
100 WESTMOUNT ROAD GUELPH ON N1H 5H8

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

SHERRI COOK (633), ADAM CANN (634), DONNA TIERNEY (569), JANETM EVANS (659)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): April 3-7, 10-13, 2017.

The following intakes were completed within the RQI:

034665-16 - IL-48476-LO- Complaint related to resident care and dining.
023113-16 - IL45910-LO- Complaint related to wound care, falls, resident care and a medication error.

During the course of the inspection, the inspector(s) spoke with the Vice President of Clinical Services/Administrator, the Director of Care, the Assistant Director of Care, a Resident Assessment Instrument Coordinator, two Pharmacists, the lead Behavioural Supports Ontario Registered Nurse, the lead Wound Care Registered Nurse, four Registered Nurses, 14 Registered Practical Nurses, 28 Personal Support Workers, a Residents' Council member, a Family Council member, one Housekeeper, seven family members and over 40 residents.

The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Additionally, the inspector(s) observed the meal service, medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care

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

- **3 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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	Legendé 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. 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 has failed to ensure that residents that exhibited altered skin integrity received 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.

During Stage One of the Resident Quality Inspection (RQI) two identified residents were observed with altered skin integrity and there was no documented skin assessment in their plan of care. The home's Skin and Wound policy, registered staff and the Director of Care stated that the expectation was that the registered staff complete a skin assessment for altered skin integrity and document the assessment in the resident's plan of care.

The scope of this area of non-compliance was determined to be a level three or widespread, the severity was determined to be a level one, minimal risk and there was previous history of non-compliance in a similar area. [s. 50. (2) (b) (i)]

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

A complaint related to wound care was submitted on a specific date to the Ministry of Health and Long-Term Care (MOHLTC) by a family member of a resident.

The plan of care stated that the identified resident had altered skin integrity for a specified period of time and the registered staff were to complete weekly wound assessments until the area of altered skin integrity was healed. Five weekly wound assessments were not completed on specific dates and the plan of care for the identified resident documented that these weekly assessments were completed and they were not. The home's Wound Care policy and two registered staff stated that assessments for altered skin integrity should be completely weekly by the registered staff. The Wound Care Program Lead, who reviewed the plan of care for the identified resident, agreed that the five weekly wound assessments were not completed and documented and they should have been.

The licensee has failed to ensure that an identified resident who exhibited altered skin integrity was reassessed at least weekly by a member of the registered nursing staff when clinically indicated.

The scope of this area of non-compliance was determined to be a level three or widespread, the severity was determined to be a level two, potential for harm and there was previous history of non-compliance in a similar area. [s. 50. (2) (b) (iv)]

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 residents who exhibit altered skin integrity including bruising, skin breakdown, pressure ulcers, skin tears or wounds receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment that is specifically designed for skin and wound assessment and that all residents with altered skin integrity are reassessed at least weekly by a member of the registered nursing staff, when clinically indicated, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

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).

Findings/Faits saillants :

1. The licensee has failed to ensure that a drug was administered to a resident in accordance with the directions for use specified by the prescriber.

A complaint related to a medication error was submitted on a specific date to the Ministry of Health and Long-Term Care (MOHLTC) by a family member of a resident.

The plan of care for the identified resident included a medication that was initiated on a specific date and this medication was ordered at scheduled doses daily. The plan of care also showed that for a specific period of time, the identified resident did not receive the required medication as prescribed. The Medication Pass policy stated that the registered staff were responsible for the Eight Rights of Medication Administration when administrating medications to a resident. The Director of Care and the Pharmacist agreed that the identified resident should have received the ordered medication as prescribed and they did not.

The licensee has failed to ensure that the schedule dosages of an ordered medication were administered to a resident in accordance with the directions for use specified by the prescriber.

The scope of this area of non-compliance was determined to be a level one or isolated, the severity was determined to be a level two, potential for harm and there was previous non-compliance in a similar area. [s. 131. (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 that ensures that drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

On specific dates and times the doors leading to non-residential areas in the home were observed unlocked. Seven Personal Support Worker's and the Director of Care agreed that the expectation was that the non-residential doors on the resident units be secured and locked when not in use.

The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

The scope of this area of non-compliance was determined to be a level one or isolated, the severity was determined to be a level one, minimal risk, and there was no history of non-compliance in this area. [s. 9. (1) 2.]

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Issued on this 4th day of July, 2017

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

Original report signed by the inspector.