



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prevue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services de Ottawa
347, rue Preston, 4^{iem} étage
Ottawa ON K1S 3J4

**Ministère de la Santé et des Soins de
longue durée**

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|--|--------------------------------|---------------------------------------|
| August 12 and 13, 2010 | 2010_103_2470_12Au g112230 | Complaint Log # O-000794 |
| Licensee/Titulaire | | |
| ManorCare Partners, 6257 Main St., Stouffville, ON L4A 4J3 Fax# 905-640-4772 | | |
| Long-Term Care Home/Foyer de soins de longue durée | | |
| Stirling Manor, 218 Edward St., P.O. Box 220, Stirling, Ontario K0K 3E0 | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) | | |
| Darlene Murphy (ID#103) | | |

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint inspection related to wound and skin care assessment.

During the course of the inspection, the inspector spoke with: 1 Registered Practical Nurse, 2 Registered Nurses, RAI Coordinator, Director of Care, and the Administrator.

During the course of the inspection, the inspector reviewed one resident health record.

The following Inspection Protocols were used in part or in whole during this inspection:

- Hospitalization and Death Inspection Protocol
- Skin and Wound Inspection Protocol

15 Findings of Non-Compliance were found during this inspection. The following action was taken:

- 8 WN
- 4 VPC
- 3 CO: CO # 001, #002, #003



The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

WN#1: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s.3(1)8

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

Findings:

1. Personal Support Worker (PSW) was assisting a resident in the bathroom that is located off a main hallway on Floor #2. The bathroom door was not closed instead, a privacy curtain, suspended on a rod was pulled across the doorway. The conversation between the PSW and the resident in regards to personal needs were clearly audible to anyone walking through the hall.

VPC-pursuant to LTCHA, 2007, S.O 2007 c.8 s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance and ensuring that all residents are afforded privacy during care. This plan is to be implemented voluntarily.

Inspector ID#: 103

WN#2: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s.6(1)(c)

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
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident

Findings:

1. The progress notes indicate an air boot was being utilized for pressure reduction for a resident wound; the plan of care did not include instructions for the air boot in regards to how or when to apply or remove.
2. The progress notes indicate a resident should not "apply a lot of pressure" to the area of the wound; the plan of care did not provide staff with directions on transfers to minimize pressure to affected area.
3. There were no directions to staff in the plan of care in regards to the treatment and containment of the condition of the resident's wound
4. The plan of care indicated there was skin breakdown of a resident's right shin; the actual source of the

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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.)

Le suivant constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de la Loi de 2007 sur les foyers de soins de longue durée.

Non-respect avec les exigences sur la *Loi de 2007 sur les foyers de soins de longue durée* à trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

open area was the heel.

5. The plan of care did not identify or provide instructions to staff concerning treatment for open wounds on a resident identified in July 24, 25, 2010 progress notes

VPC-pursuant to LTCHA, 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 plans of care for residents with skin and wound impairments provide staff with clear directions for all aspects of resident care needs identified. This plan is to be implemented voluntarily.

Inspector ID#: 103

WN#3: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s.6(10)(b)

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met,
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective

Findings:

1. Personal Support Workers (PSW) document the presence of foul odor coming from a resident wound on June 29/10; the Registered staff documented on the wound sheet on June 29/10 that the loose dressing was reinforced with tape; there was no indication of reassessment by a registered staff member related to the presence of odor
2. A residents wound showed clinical signs (ie. Wound base has black eschar, drainage is foul smelling, peri wound skin is red and macerated) of deterioration on July 11, 2010, but there is no indication of reassessment until 10 days later on July 21/10 when the physician ordered a change in treatment.
3. Resident wound continued to deteriorate (foul smelling drainage and black eschar on wound base) after the change in treatment; July 25/10, the peri wound skin was noted to be pink and warm to touch; there was no indication of a reassessment of treatment at that time until the physician saw on July 28/10 and an oral antibiotic and daily dressing changes were ordered.
4. The status of the resident wound from July 28-Aug 2/10 (6 days) showed no improvement on the antibiotic. On July 31/10, registered staff charted in the progress notes that the wound is "blackened and odorous"; "will wait until resident sees dermatologist on Aug 5/10".

Inspector ID#: 103

Compliance Order #001 will be served on the Licensee.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN#4: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s.6(4)(a)

The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and**
- (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.**

Findings:

1. On June 18, 2010, a resident wound opened. According to the progress notes charted by registered nursing staff, the wound was draining copious amounts of sero-sanguinous fluid into towels that were being changed every 1-2 hours. This change in condition was not communicated to the attending physician until June 23, 2010. During that time period, the wound was noted to deteriorate.

Inspector ID#: 103

Compliance Order #002 will be served on the Licensee

WN#5: The Licensee has failed to comply with: O. Reg. 79/10 s.50(2)(b)(i)

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.**

Findings:

1. Progress notes on July 24/10 and July 25, 2010 indicate a resident had an open area on the upper right buttock; a viscopaste dressing was applied; there was no indication of a documented wound and skin assessment by the registered staff on either date.
2. July 31, 2010, Personal support workers (PSW) notes from evenings indicate a resident has a "very red" inner left ankle; there is no documented evidence of a wound and skin assessment by registered staff.
3. Aug.2/10, PSW notes on evenings indicate the presence of an open wound on a resident coccyx; there is no documented wound and skin assessment by the registered staff.

VPC-pursuant to LTCHA, 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 staff are doing skin and wound assessments on all residents with altered skin integrity. This plan is to be implemented voluntarily.

Inspector ID#: 103

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de la Loi de 2007 sur les foyers de soins de longue durée.

Non-respect avec les exigences sur la *Loi de 2007 sur les foyers de soins de longue durée* à trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN#6: The Licensee has failed to comply with: O. Reg. 79/10 s. 50(2)(b)(iv)

Every licensee of a long-term care home shall ensure that,
(b) resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically needed

Findings:

1. No documented assessment done by registered staff on a resident wound from June 30/10 until July 11/10; wound base on June 30/10 was described as "pink"; wound base on July 11, 2010 described as black eschar, peri-wound is red and macerated and the drainage is noted to be foul smelling.
2. No documented assessment by registered staff on a resident wound on the coccyx/buttocks area from July 13/10 until noted by Registered nurse when doing post hospitalization skin check on Aug 4, 2010.

Inspector ID#: 103

Compliance Order #003 will be served on the Licensee

WN#7: The Licensee has failed to comply with: O. Reg. 79/10 s. 52(1)4

(1) The pain management program must, at a minimum, provide for the following:
4. Monitoring of resident's responses to, and the effectiveness of, the pain management strategies

Findings:

1. A resident received Tylenol #3 on 6 occasions in May/10 and the effectiveness of the medication was indicated only 1 out of the 6 times.
2. A resident received Tylenol #3 on 10 occasions in July/10 and the effectiveness of the medication was indicated only 5 out of 10 times.
3. A resident received Tylenol #3 on 5 occasions in Aug/10 and the effectiveness of the medication was indicated only 3 out of 5 times.

VPC-pursuant to LTCHA, 2007, S.O 2007 c.8 s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring a process is in place for the ongoing monitoring of resident pain following the administration of analgesics. The plan is to be implemented voluntarily.

Inspector ID#: 103



The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le Loi de 2007 les foyers de soins de longue durée à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN#8: The Licensee has failed to comply with: O. Reg. 79/10 s.27(1)(a)

Every licensee of a long-term care home shall ensure that,

- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker

Findings:

- 1. A care conference was not held for a resident within six weeks of his admission.

Inspector ID#: 103

Signature of Licensee of Designated Representative
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Oct 6/10 Darlene Murphy

Title:

Date:

Date of Report (if different from date(s) of inspection).



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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

| | | | |
|-------------------------------|---|-----------------------|-----|
| Name of Inspector: | Darlene Murphy | Inspector ID # | 103 |
| Inspection Report #: | 2010_103_2470_12Aug112230 | | |
| Type of Inspection: | Complaint, Log # O-000794 | | |
| Licensee: | ManorCare Partners, 6257 Main St., Stouffville, ON L4A 4J3 Fax#-905-640-4772 | | |
| LTC Home: | Stirling Manor, 218 Edward St., P.O. Box 220, Stirling, Ontario K0K 3E0 | | |
| Name of Administrator: | Charmaine Jordan | | |

To ManorCare Partners, you are hereby required to comply with the following orders by the dates set out below:

| | | | |
|--|-----|--------------------|--------------------------------------|
| Order #: | 001 | Order Type: | Compliance Order, Section 153 (1)(a) |
| Pursuant to: LTCHA, 2007, S.O 2007, c.8, s.6(10)(b) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when: (a) a goal in the plan is met (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective | | | |
| Order: The licensee shall develop a process for ensuring resident's skin and wound care is reassessed when their care needs change. | | | |
| Grounds: 1. A resident experienced a change in care needs related to a wound and did not receive a reassessment or a change in care in response to the resident's changing needs. | | | |
| This order must be complied with by: | | Immediate | |

| | | | |
|-----------------|-----|--------------------|--------------------------------------|
| Order #: | 002 | Order Type: | Compliance Order, Section 153 (1)(a) |
|-----------------|-----|--------------------|--------------------------------------|



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Pursuant to: LTCHA, 2007, S.O 2007, c.8, s.6(4)(a)

The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other

Order:

The licensee shall provide education to registered nursing staff to ensure their assessments of residents' skin and wounds are integrated and are consistent with and compliment the assessments carried out by others involved in the different aspects of care of the residents.

Grounds:

1. A resident experienced a deterioration in the status of a wound and this information was not communicated to the physician.

This order must be complied with by: Immediate

| | | | |
|---|-----|--------------------|--------------------------------------|
| Order #: | 003 | Order Type: | Compliance Order, Section 153 (1)(a) |
| Pursuant to: O. Reg. 79/10 s.50(2)(b)(iv) | | | |
| Every licensee of a long-term care home shall ensure that, | | | |
| (b) residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, | | | |
| (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated | | | |
| Order: | | | |
| The licensee shall implement a process which will ensure all residents exhibiting altered skin breakdown will receive weekly assessments by registered nursing staff. | | | |
| Grounds: | | | |
| 1. A resident with altered skin integrity did not receive weekly assessments by registered nursing staff. | | | |

**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**Ministère de la Santé et des Soins de longue durée**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

| | |
|---|------------------|
| This order must be complied with by: | Immediate |
|---|------------------|

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 service for the Licensee.

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
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 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.



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

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

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

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

**Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2**

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 <i>6th</i> day of <i>October</i> , 2010. | |
| Signature of Inspector: | <i>Darlene Murphy</i> |
| Name of Inspector: | Darlene Murphy |
| Service Area Office: | Ottawa |