



**Ministry of Health and
Long-Term Care**

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

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

**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
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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
Oct 19, 2015	2015_349590_0040	019318-15 & 022308-15	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF ESSEX
360 Fairview Ave West ESSEX ON N8M 1Y6

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

SUN PARLOR HOME FOR SENIOR CITIZENS
175 TALBOT STREET EAST LEAMINGTON ON N8H 1L9

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

ALICIA MARLATT (590)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 4, 2015.

This inspection was related to responsive behaviours and bed system safety.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Manager of Resident Services and Clinical Practice, one Personal Support Worker (PSW) and one Resident.

During the course of the inspection, the inspector(s) reviewed two resident clinical records, two Critical Incident System reports and policies related to the inspection.

During the course of the inspection, the inspector(s) observed two residents rooms and one resident's bed system.

**The following Inspection Protocols were used during this inspection:
Responsive Behaviours
Safe and Secure Home**

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 15. Bed rails



Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee had failed to ensure that where bed rails were used, steps were taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

A Critical Incident System report was submitted to the Director which indicated resident #0001 had been found entrapped within their bed system.

The resident had a bed system assessment and a Restraint/Personal Assistance Service Device (PASD) assessment completed which indicated that neither the resident nor the Power of Attorney (POA) had expressed the need for side rails, nor did the residents medical condition indicate that bed rails should be used.

The homes Physical Restraint Policy, last revised on July 29, 2011, with policy no of 0104-19-01, indicated in the section titled Monitor and Assess that "PSW/Health Care Aide (HCA) staff to monitor hourly and complete documentation in Point of Care (POC)". In an interview with the DOC she confirmed that all residents who used full bed rails were to be monitored hourly by the staff and the checks were to be documented in POC. Review of resident #0001 flow sheets for the past three months revealed that hourly checks were not initiated until one day after the incident.

The DOC and the Administrator confirmed that hourly checks for resident #0001 should have been initiated with the initiation of the full bed rails to mitigate risks associated with the use of the bed rails. [s. 15. (1) (b)]



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 where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, to be implemented voluntarily.

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 :



1. The licensee had failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Resident #0001 sustained a skin integrity impairment which required medical intervention and monitoring.

Review of resident #0001's clinical record revealed that the staff had not documented weekly skin/wound assessments on the homes clinically appropriate skin and wound tool titled the Wound Assessment Tool. The progress note documentation that was reviewed, indicated that the skin impairment was cared for as ordered and was monitored for complications.

The homes policy titled "Skin and Wound Program" dated August 21, 2013, with policy no 0104-03-01, stated in the overview to "Complete the Wound Assessment Tool when a wound/pressure ulcer is identified. This is a permanent part of the electronic record. Reassess wound weekly or when change occurs, and complete form weekly. The tool enables accurate evaluation of wound progress or deterioration."

In an interview with the DOC and the Administrator, they confirmed that resident #0001's skin integrity impairment should have had weekly skin/wound assessments documented on the homes appropriate skin/wound tool for monitoring purposes. [s. 50. (2) (b) (i)]

Issued on this 19th day of October, 2015

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

Original report signed by the inspector.