



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de sions de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 9, 2016	2016_206115_0008	006894-16	Resident Quality Inspection

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

TERRI DALY (115), ALISON FALKINGHAM (518), SANDRA FYSH (190)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 7, 8, 9, 10, 11, 14, 15, 16, & 17, 2016

**A Follow Up inspection regarding Order #001 inspection #2015_206115_0036 log #034317-15 and the following Critical Incidents were inspected concurrently:
Log #036171-15 regarding resident to resident abuse
Log #028524-15 regarding a missing resident <3 hours
Log #028052-15 regarding a fall**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing Care, the Assistant Director of Nursing , one Manager of Resident Services, the Manager of Life Enrichment, the Food Service Supervisor, the Registered Dietitian, three Registered Nurses (RN), six Registered Practical Nurses (RPN), 13 Personal Support Workers (PSW), five Dietary Aides (DA), three Life Enrichment Aides (LEA), the Resident Council President, four Family Members and 40+ Residents.

During the course of the inspection, the inspector(s) reviewed resident clinical records, relevant policies related to the inspection, internal investigation notes, Critical Incident System reports, policies and procedures and Resident Council meeting minutes.

During the course of the inspection, the inspector(s) observed all resident home areas, dining services, medication rooms and medication administration, the provision of resident care, recreational activities, resident/staff interactions, resident/resident interactions, infection control practices and posting of required information.

The following Inspection Protocols were used during this inspection:



**Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Safe and Secure Home
Skin and Wound Care**

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

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2015_206115_0036		115



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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



Specifically failed to comply with the following:

s. 6. (1) 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; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (10) 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; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



1. The licensee had failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

An MDS assessment was completed for resident #024.
Interviews with Registered Nurse/Nurse Manager #101, PSW #106 and PSW #108, verified information related to resident #024.

The Registered Nurse/Nurse Manager #101 confirmed the plan of care did not provide clear directions to staff and others who provided direct care to the resident. [s. 6. (1) (c)]

2. The licensee had failed to ensure the plan of care was reviewed and revised when care set out in the plan of care has not been effective.

Resident #024 had a history of behaviours.

There were documented incidents where the resident exhibited behaviours.

A review of resident #024's clinical record revealed triggers and interventions related to behaviours were in place.

The RN/NM #101 confirmed that the interventions had not been effective and that the resident continued to exhibit behaviours. [s. 6. (10) (c)]

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 the plan of care sets out clear directions to staff and others who provide direct care to the resident and that the plan of care is reviewed and revised when care set out in the plan of care has not been effective, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement



Specifically failed to comply with the following:

s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).

Findings/Faits saillants :

1. The licensee had failed to ensure that the Personal Assistive Service Device (PASD) used to assist with a routine activity of living was included in the residents' plan of care.

Resident #043 was observed using a PASD during Stage One of the resident quality inspection.

Staff interviews confirmed use of a tilt PASD for an activity of daily living.

Information regarding the PASD and specific directions to staff were not documented in the plan of care. [s. 33. (3)]

2. Resident #022 was observed using a PASD during Stage One of the resident quality inspection.

Staff interviews confirmed that the use of a PASD for resident #022 and that the care plan did not reflect the use of this PASD. [s. 33. (3)]



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 PASD's are included in the resident's plan of care and that the use of the PASD has been approved by, i. a physician, ii. a registered nurse, iii. a registered practical nurse, iv. a member of the College of Occupational Therapists of Ontario, v. a member of the College of Physiotherapists of Ontario, or vi. any other person provided for in the regulations, to be implemented voluntarily.

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 had failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wound had been assessed by a registered dietitian who is a member of the staff of the home, and had any changes made to the plan of care related to nutrition, implemented.

Resident #023 had a wound.

The clinical record indicated the wound was assessed weekly and the dressing was changed daily.

An interview with Food Services Manager #123 revealed that a skin and wound assessment by a dietitian was not completed, and stated that this would be triggered by a referral sent by the Registered Nurse on the unit and should be submitted and completed within three days.

An interview with Registered Nurse #119 revealed that a dietary referral for a nutritional assessment after resident #023 had fallen and sustained a wound was not completed.

The home's Skin/Wound Program Policy 0104-03-01 last revised 18-August 2015 stated: "that the Registered Nurse is responsible to submit a referral for a post wound nutritional assessment by a dietitian."

The Director of Care #121 confirmed the expectation that all residents with wounds receive a nutritional assessment completed by a registered dietitian. [s. 50. (2) (b) (iii)]

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 altered skin integrity was 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, to be implemented voluntarily.



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Issued on this 16th day of May, 2016

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

Original report signed by the inspector.