



**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 rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 12, 2016	2016_432654_0007	007110-14	Complaint

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF SIMCOE
1110 Highway 26 Midhurst ON L0L 1X0

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

TRILLIUM MANOR HOME FOR THE AGED
12 GRACE AVENUE ORILLIA ON L3V 2K2

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

SIMAR KAUR (654), MATTHEW CHIU (565)

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): October 18, 19, 20, 21, 24, 25, 26, 31, November 1, 2, and 3, 2016.

During the course of the inspection, inspectors #565 and #654 conducted Resident Quality Inspection #2016_334565_0015 concurrently.

A finding of non-compliance was identified under O. Reg. 79/10, s. 49 (2) related to resident #020 during this inspection and was issued in inspection report #2016_334565_0015.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care, Dietary Supervisor, Resident Assessment Instrument Minimum Data Set Coordinator, Wound Care Nurses, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Physiotherapist, Physiotherapy Aide, and Family members.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Hospitalization and Change in Condition
Nutrition and Hydration
Pain
Personal Support Services
Responsive Behaviours
Skin and Wound Care**

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. 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 :

The licensee has failed to ensure that 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 is specifically designed for skin and wound assessment.

Review of the complaint submitted to the Ministry of Health and Long-Term Care (MOHLTC), related to provision of care for the resident #020 indicated concerns related to skin and wound care.

Record review of resident #020's clinical profile indicated that resident was discharged on an identified date.

Review of the resident #020's progress notes indicated that the resident had a fall on an identified date, and sustained an identified altered area of skin integrity. Further record review of the residents Skin Assessments revealed that resident #020 did not receive a skin assessment for the altered area of skin integrity after the identified fall.

Interview with the PSW #116 revealed that he/she was unable to recall the above mentioned incident, as it was over an identified time period, and resident #020 had a few other incidents of falls.



Interview with the Wound Care Nurse #125 indicated that after a resident exhibits altered skin integrity, including skin tear or wounds, the home's practice in an identified time period was to assess the resident using Skin Assessment on Point Click Care (PCC). Staff further confirmed after the review of resident #020's progress notes that resident #020 had an altered area of skin integrity, on an identified area of his/her body due to the identified fall. Staff further confirmed that he/she could not locate a skin assessment for resident #020's altered skin integrity after the fall on an identified date.

Record review of the home's policy "Skin and Wound Management Program" (Policy # NPC E-30, effective date April 2011) indicated that a resident should receive a Skin Assessment on admission, upon return of the resident from hospital, upon any return of the resident from an absence of greater than 24 hours, quarterly with the Resident Assessment Instrument Minimum Data Set (RAI/MDS) schedule and when there is a change in status.

Interview with the DORC indicated that residents with altered skin integrity including skin breakdown, skin tears or wounds were required to receive a skin assessment by a member of the registered nursing staff, and that resident #020 did not receive a skin assessment as required.

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 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 is specifically designed for skin and wound assessment., to be implemented voluntarily.

**WN #2: 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

The licensee has failed to ensure that the provision of care set out in the plan of care was documented.

Review of the complaint submitted to the MOHLTC, related to provision of care for the resident #020 including a concern related to continence care.

Record review of the resident #020's Documentation Survey Report from Point of Care (POC) indicated that PSWs are required to document for toileting/continence care for residents to whom they provide care during day, evening and night shifts. Review of resident #020's report revealed missing documentation for toileting/continence care on two identified dates, on an identified shift.

Interview with the PSW #116 who provided care to resident #020 on the above mentioned identified shift indicated that he/she did not recollect the details. By reviewing his/her own documentation record, PSW #116 confirmed that he/she had provided care to the resident on two identified dates, during the identified shift. Staff further confirmed that toileting/continence care provided to the resident was not documented on POC for two identified dates.

Interview with the RAI Coordinator #132 and DORC indicated that the PSWs are required to document on the POC each shift for toileting/continence care provided to residents. DORC and RAI Coordinator further confirmed that the provision of care set out in the plan was not documented for resident #020 as required.



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Issued on this 8th day of February, 2017

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

Original report signed by the inspector.