

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
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 # / No de registre	Type of Inspection / Genre d'inspection
Dec 7, 2020	2020_784762_0023	004615-20	Complaint

Licensee/Titulaire de permis

Trilogy LTC Inc.
7070 Derrycrest Drive Mississauga ON L5W 0G5

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

Chartwell Trilogy Long Term Care Residence
340 McCowan Road Scarborough ON M1J 3P4

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

MOSES NEELAM (762)

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): November 16, 18-20 and 23, 2020

Log related to falls, bladder continence, diabetes management, skin and wound and nutrition and hydration

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Medical Doctor (MD), Registered Practical Nurses (RPN), and Personal Support Workers (PSW).

During the course of the inspection, the inspector(s) toured residents' home areas, conducted observations, reviewed clinical records and reviewed relevant policies.

The following Inspection Protocols were used during this inspection:
Continenence Care and Bowel Management
Falls Prevention
Medication
Nutrition and Hydration
Skin and Wound Care

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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 the resident is assessed using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment when resident #001 had altered skin integrity.

“Altered skin integrity” means potential or actual disruption of epidermal or dermal tissue. O.Reg 79/10 s.50(3)

Altered skin integrity was documented in the PSW documentation system for resident #001. In a review of the assessments, a nursing assessment of the altered skin integrity using a clinically appropriate tool was not present. However, on all these occasions, there were doctors order prescribing an intervention to manage the altered skin on resident #001’s. As a result, there was a potential risk of the deterioration of the altered skin as there was no assessment that was completed.

Sources: PSW documentation for skin integrity; Physician order sheets; Medication Administration Record; Interviews with RPN #103 and DOC #101.

[s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that the resident was assessed by the registered dietitian (RD) when resident #001 had altered skin integrity.

Altered skin integrity was documented in the PSW documentation system for resident #001. In a review of the electronic health records, there was no indication of a RD assessment. RPN #103 indicated that the resident was not assessed by the RD for this skin issue. As a result, there was a potential risk of the deterioration of the altered skin, as there was no assessment that was completed, which subsequently lead to no potential new interventions to manage the altered skin.

Source: PSW documentation for skin integrity; Progress notes; Interviews with RPN #103 and DOC #101. [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 1. that residents receive 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, 2. and that residents are 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.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

s. 114. (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Long-Term Care Home (LTCH)'s hyperglycemia policy is implemented by the registered staff.

The LTCH policy on hyperglycemia indicated that the physicians are to be notified if a resident's blood glucose level is above 15 mmol/L unless the resident has sliding scale insulin or otherwise indicated by the physician/nurse practitioner. Resident #001's blood glucose levels were above 15 mmol/L on different instances. During an interview RPN #103 stated that the physician was not notified of the high blood glucose readings. The physician confirmed that they were not notified. The residents blood glucose levels were fluctuating during this period and there was no documented evidence of a review of the blood glucose levels. As a result, the resident was at risk of the negative symptoms of hyperglycemia.

Sources: Resident glucose readings; Interviews with MD#104, RPN #103 and DOC #101; Policy No: LTC-CA-WQ-200-03-03, with the title: Hyperglycemia last revised on July 2019; physician notes; physician orders; medication administration record [s. 114. (3) (a)]

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 written policies and protocols must be implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

Issued on this 9th day of December, 2020

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

Original report signed by the inspector.