Ontario

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 apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 21, 2018	2018_514566_0005	013585-18	Resident Quality Inspection

Licensee/Titulaire de permis

City of Toronto
55 John Street Metro Hall, 11th Floor TORONTO ON M5V 3C6

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

True Davidson Acres
200 Dawes Road TORONTO ON M4C 5M8

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

ARIEL JONES (566), ORALDEEN BROWN (698), PRAVEENA SITTAMPALAM (699)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 28, 29, July 3, 4, 5, 6, 9, 10, 11, 12, 13, and 16, 2018.

The following Critical Incident System (CIS) inspection was conducted concurrently with the RQI: Log #016378-18 / CIS #M586-000023-18 (related to duty to protect).

The following follow up inspection was conducted concurrently with the RQI: Log #008397-18 (related to neglect).

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), building services supervisor, occupational therapist (OT), nurse managers (NM), registered nursing staff (RN/RPN), personal support workers (PSW) / practical care aides (PCA), scheduling clerk, laundry service workers, Residents' Council president and Family Council representative, residents and family members.

During the course of the inspection, the inspector(s): conducted a tour of the home, observed the delivery of resident care and services, observed staff-to-resident interactions, observed meal services, observed infection control practices, observed the administration of medications and reviewed the licensee's medication incidents, reviewed residents' health care records, staff training records, relevant home policies and procedures, and minutes of the Residents' and Family Councils.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
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)**

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 # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2018_493652_0003	566

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. (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).

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

During the resident quality inspection (RQI), resident #012 triggered by record review and staff interview for an area of altered skin integrity.

Record review of resident #012's care plan, last updated on an identified date in June 2018, indicated that the resident required an identified level of assistance for specific personal care interventions related to prevention of worsening skin integrity, and that the resident required assistance with a specific care task as per an identified schedule.

Record review of resident #012's identified scheduled care task record for July 2018, indicated the document was not signed off on two identified dates and time frames. Further review of resident #012's progress notes for the identified dates failed to reveal notes that the resident's identified scheduled care was provided as per the care plan.

Record review of resident #012's medication administration record (MAR) indicated that on 11 identified dates and shifts in April, May and June, 2018, the identified document was not signed off and there were no corresponding progress notes to indicate resident #012's scheduled care was provided as required.

In an interview with personal support worker (PSW) #103, they stated that they document

the identified scheduled care of residents on a specific record. They also stated that it is the home’s expectation that the identified record is signed each time the identified scheduled care is provided.

In an interview, registered nurse (RN) #102 stated that resident #012 was to receive the identified scheduled care as part of the interventions for their identified skin condition. RN #102 confirmed that the PSW did not document the scheduled care on the identified record on the identified dates in July 2018. [s. 6. (9) 1.]

2. During the RQI, resident #010 triggered for a worsening area of altered skin integrity.

Record review of resident #010's Resident Assessment Instrument-Minimum Data Set (RAI-MDS) from an identified date in June 2018, indicated that the resident required a specific level of assistance for identified care tasks. Resident #010's written care plan also indicated that the resident required assistance with a specific care task as per an identified schedule related to their skin condition.

A review of resident #010’s scheduled care record from an identified date in April to an identified date in July 2018, indicated that on 36 identified shifts the document was not signed off and there were no corresponding progress notes completed by the registered nursing staff to indicate resident #010 received their scheduled care as per their plan of care.

In an interview with PSW #103, they stated that they document the identified scheduled care of a resident on an identified record. They also stated that it is the home’s expectation that the document is signed each time the scheduled care is provided.

In an interview, registered practical nurse (RPN) #114 stated that resident #010 was to receive the identified scheduled care as part of the interventions for the resident’s altered skin integrity. RPN #114 stated that the PSWs are expected to sign the identified record of care each time the resident receives the scheduled care. RPN #114 stated that on the identified shifts, the required documentation was not completed.

In an interview, nurse manager (NM) #101 stated that as per the home's protocol for residents who exhibit altered skin integrity, it is the expectation that the resident receives the identified scheduled care. NM #101 confirmed that if the identified record or MAR was not signed off, then the action was not done. NM #101 confirmed for resident #010 and resident #012 that the documentation was not completed for the identified scheduled

care task. [s. 6. (9) 1.]

3. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

During the RQI, resident #012 triggered by record review and staff interview for an identified skin condition.

Record review of resident #012's written care plan, last updated on an identified date in June 2018, indicated that resident #012 had identified areas of altered skin integrity on multiple identified parts of their body.

Record review of resident #012's progress notes from an identified date in May 2018, indicated the resident was noted to have an area of altered skin integrity on an identified part of their body. Further review of the resident's progress notes indicated resident #012 developed altered skin integrity on a second identified area of the body on an identified date in June, 2018.

Record review of the resident's weekly wound assessments from an identified date in July 2018, indicated that the resident had specific areas of altered skin integrity on multiple identified parts of their body.

In an interview, RN #102 stated that areas of altered skin integrity are communicated to staff by nursing reports and in the care plan. RN #102 stated that it is the home's expectation that the care plan be updated with the resident's current skin conditions. RN #102 stated that all of resident #012's current identified areas of altered skin integrity should have been on the written care plan.

In an interview, NM #101 stated that the care plan is to be updated with the resident's identified skin conditions. NM #101 confirmed that resident #012's care plan was not updated with their current areas of altered skin integrity.

In an interview, the Director of Care (DOC) stated that all of resident #012's areas of altered skin integrity should have been on the care plan and confirmed that they were not reflected on the current care plan. [s. 6. (10) (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 the provision of the resident's care set out in the plan of care is documented; and to 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 the resident's care needs change or care set out in the plan is no longer necessary, 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 has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

During the RQI, resident #012 triggered by record review and staff interview for an area of altered skin integrity.

Record review of resident #012's nursing progress notes from an identified date in May 2018, indicated resident #012 had altered skin integrity on an identified area. A review of the resident's progress note by the registered dietitian (RD) from the same date in May 2018, indicated that the resident had ongoing impaired skin on an identified area of the body.

Record review of resident #012's weekly wound assessments indicated skin assessments for altered skin integrity on an identified part of the body were initiated on a second identified date in May 2018. A weekly wound assessment from an identified date in June 2018, for a different body part identified another area of altered skin integrity. No weekly wound assessments were completed for resident #012 for a third identified ongoing area of impaired skin until a second identified date in June, 2018.

In an interview with RN #102, they stated that resident #012 had ongoing issues surrounding altered skin integrity on an identified area of the body. RN #102 confirmed that resident #012 should have had an assessment completed for the ongoing alteration in skin integrity. RN #102 was not able to provide the Inspector with assessments that were completed for the resident's altered skin integrity prior to or following an identified date in May, 2018. RN #102 stated if the assessments were not in the treatment administration record (TAR), then they were not done.

A review of the home's Skin and Wound Prevention and Management policy, RC 0518-02, published March 1, 2018, included direction for registered staff to assess residents with altered skin integrity at least weekly. The policy also indicated the specific types of altered skin integrity that require weekly wound assessment and the completion of the skin and wound assessment document.

In an interview, NM #101 indicated that residents with altered skin integrity require weekly skin assessments. NM #101 confirmed that weekly skin assessments were not initiated for resident #012 when altered skin integrity was identified. [s. 50. (2) (b) (iv)]

Issued on this 6th day of September, 2018

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

Original report signed by the inspector.