Ontario

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 prévue 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 # / No de registre	Type of Inspection / Genre d'inspection
Jul 24, 2019	2019_791739_0021	013235-19	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Berkshire Care Centre
350 Dougall Avenue WINDSOR ON N9A 4P4

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

JULIE DALESSANDRO (739)

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): July 16, 17, and 18, 2019

The following complaint inspection was completed:
Log #013235 / IL-68138-LO related to skin and wound care

During the course of the inspection, the inspector(s) spoke with Personal Support Worker(s), Registered Practical Nurse(s), the home's Wound Care Nurse, and the Director of Nursing.

During the course of this inspection the inspector(s) also completed record reviews and observations relevant to the inspection.

The following Inspection Protocols were used during this inspection:
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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	Légende 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 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,
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any resident who was dependent on staff for repositioning was repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

A) The Ministry of Health and Long-Term Care (MOHLTC) INFOLINE received a complaint on a specific date, Log #013235-19 / IL-68138-LO related to skin and wound care for resident #001. The complainant expressed concern related to resident #001's altered skin integrity.

Record review of the progress notes in Point Click Care (PCC) indicated that a wound care referral was received regarding an area of altered skin integrity on a specific part of resident #001's body. The Wound Care Nurse, Registered Nurse (RN) #104, assessed the area and noted altered skin integrity on resident #001's body. RN #104 recommended that staff turned and repositioned resident #001 every two hours to assist with healing the area.

Record review of resident # 001's care plans for two different dates both indicated that resident #001 required assistance for bed mobility. Resident #001's care plans for these dates also indicated that they were to be turned and repositioned every two hours to assist with healing the area.

During an interview with Personal Support Worker (PSW) #100, Registered Practical Nurse (RPN) #102, and RN #104, they stated that resident #001 was to be turned and repositioned by two staff members every two hours to assist with healing the area.

Record review of the home's Skin and Wound Management Program document, last revised in March 2018, indicated that daily routines for dependent residents included changing the residents position a minimum of every two hours for those at risk for skin breakdown.

Record review of document titled 'Berkshire Care Centre Documentation Survey Report v2 ' related to turning and repositioning every two hours for resident #001 was missing documentation on the following dates:
February 14, 19, 23, 26, and 28, 2019
March 1, 9, and 25, 2019

April 1, 4, 16, 17, 20, and 23, 2019
May 1, 10, and 12, 2019

During an interview with the homes Director of Care (DOC) #103, they stated that the expectation was that resident #001 was to be turned and repositioned every two hours when in bed and that it was to be documented in PCC.

B) Record review of resident # 002's care plan dated a specific date indicated that resident #002 required assistance for bed mobility and that they were to be turned and repositioned every two hours.

Record review of document titled 'Berkshire Care Centre Documentation Survey Report v2 ' related to turning and repositioning every two hours for resident #002 was missing documentation on the following dates:
March 4, 5, and 10, 2019
April 6, and 22, 2019

During an interview with DOC #103, they stated that the expectation was that resident #002 was to be turned and repositioned every two hours when in bed and that it was to be documented in PCC.

C) Record review of resident # 003's care plan dated for a specific date indicated that resident #003 required assistance for bed mobility and that they were to be turned and repositioned every two hours.

Record review of document titled 'Berkshire Care Centre Documentation Survey Report v2 ' related to turning and repositioning every two hours for resident #003 was missing documentation on the following dates:
March 2, 3, 10, 17, 24, and 26 2019
April 4, 16, 17, 23, 26, and 27, 2019

During an interview with DOC #103, they stated that the expectation was that resident #003 was to be turned and repositioned every two hours when in bed and that it was to be documented in PCC.

DOC #103 acknowledged that the turning and repositioning logs for resident #001, resident #002, and resident #003 were missing documentation and therefore they could not confirm that the residents had been turned and repositioned every two hours as per

their plan of care.

The licensee has failed to ensure that resident #001, #002, and #003 who were dependent on staff for repositioning, had been repositioned every two hours. [s. 50. (2) (d)]

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 any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, to be implemented voluntarily.

Issued on this 24th day of July, 2019

[redacted]

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

Original report signed by the inspector.