

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
Nov 13, 2019	2019_793743_0016	016935-19, 017002-19	Critical Incident System

Licensee/Titulaire de permis

Villa Forum
175 Forum Drive MISSISSAUGA ON L4Z 4E5

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

Villa Forum
175 Forum Drive MISSISSAUGA ON L4Z 4E5

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

KIYOMI KORNETSKY (743)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 10 and 15-18, 2019.

**The following intakes were completed in this critical incident inspection:
Log #017002-19/ CI 2855-000008-19 related to a fracture sustained by a resident during personal care.
Log #016935-19/ CI 2855-000007-19 related to alleged physical abuse.**

During the course of the inspection, the inspector(s) spoke with The Co-Director of Care (CO-DOC), Occupational Therapist (OT), Physiotherapist (PT), Registered Nurses (RN), Registered Practical Nurses (RPN), and Personal Support Workers (PSW).

The inspector(s) reviewed clinical records and plans of care for relevant residents, pertinent policies and procedures and the home's documentation related to relevant investigations.

Observations were made of residents, staff to resident interactions, and resident care provision.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
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

<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 failed to ensure that altered skin on resident #002's upper extremities was reassessed at least weekly by a member of the registered nursing staff.

A critical incident was submitted related to alleged physical abuse by staff to resident #002. Resident #002's plan of care indicated that they were prone to altered skin integrity. As per their plan of care, direct staff were to assess resident #002 for any new skin issues.

Co-Director of Care (CO-DOC) #109 and Registered Practical Nurse (RPN) #108 said weekly skin assessments were to be completed for areas of altered skin integrity until they resolved.

A Point Click Care (PCC) assessment documented that resident #002 had multiple areas of altered skin integrity that were at different stages of healing. The source of the altered skin integrity was unknown.

Record review showed two subsequent skin assessments were completed, however, they did not indicate that the areas of altered skin integrity had healed, nor did they indicate the status of the altered skin.

Review of a PCC skin assessment indicated resident #002 had a new area of altered skin integrity that was found on a specified date. Record review showed that no skin assessments were completed related to this area of altered skin integrity after the first assessment.

RPN #108 acknowledged that weekly skin assessments were not completed for resident #002; and DOC # 109 acknowledged that staff did not complete weekly skin assessments for the altered skin integrity noted on two prior occasions.

The licensee has failed to ensure weekly skin assessments were completed by registered staff for resident #002's areas of altered skin integrity. [s. 50. (2) (b) (iv)]

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 residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff., to be implemented voluntarily.

Issued on this 21st day of November, 2019

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

Original report signed by the inspector.