



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 25, 2015	2015_276537_0037	023988-15	Resident Quality Inspection

Licensee/Titulaire de permis

VISION '74 INC
229 WELLINGTON STREET SARNIA ON N7T 1G9

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

VISION NURSING HOME
229 WELLINGTON STREET SARNIA ON N7T 1G9

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

NANCY SINCLAIR (537), ALICIA MARLATT (590), ALISON FALKINGHAM (518)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 8, 9, 10, 11, 14, and 15, 2015

During the course of the inspection, the inspector(s) spoke with Residents and Family Members, the Chief Executive Officer, Administrator, Director of Care, Nurse Practitioner, Quality Improvement Coordinator, Social Worker, three Registered Nurses, four Registered Practical Nurses, RAI Coordinator, one Physio Aide, one Housekeeping staff and eight Personal Support Workers.

The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided to them, meal service, medication passes, medication storage areas, reviewed health care records and plans of care for identified residents, policies and procedures, meeting minutes and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Reporting and Complaints

Residents' Council

Skin and Wound Care



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

- 3 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>Legendé</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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Skin and Wound Care policies were:

(a) in compliance with and were implemented in accordance with all applicable requirements under the Act.

The legislation requires that the Skin and Wound Care Required Program, O. Reg 79/10, s.50.(2) (b) includes the following:

(2)(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,

(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

The home's policy - Wounds, Assessment and Monitoring, 550-W-25 indicated the following:

6. Once treatment is determined a monitoring schedule is placed in the E-TAR and Wound Flow Sheet (PCC) intervals are set.

Stage 1: Nursing Measure is put in place in the TAR to monitor daily and apply dressing change.



Stage II - IV: A weekly full wound assessment is completed with dressing change.
Stage IV: Wound is assessed 2x a week or more often with each dressing change.

The Director of Care indicated that the home's policy did not indicate the use of the Wound Flow Sheet for the initial assessment of wounds and Wound Flow Sheets are only completed weekly on Stage II wounds or higher, not for Stage I wounds at all.

The home's policy - Wound Care, Management and Treatment Guideline of Stage I-IV-X Ulcers and Skin Conditions indicated the following: A referral is made to the Dietitian to initiate nutritional interventions for wound healing for Stage II-IV wounds.

The Director of Care confirmed that the home's policy did not include a referral to the Dietitian to initiate nutritional interventions for wound healing for Stage I ulcers.

The Director of Care confirmed that it was the home's expectation that the home's policies for wounds were in compliance with and implemented in accordance with all applicable requirements under the Act. [s. 8. (1) (a),s. 8. (1) (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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is:

(a) in compliance with and is implemented in accordance with all applicable requirements under the Act, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails



Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails were used, (a) the resident was assessed and his or her bed system was evaluated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices, to minimize risk to the resident.

Interview with the Director of Care by inspector # 590 on September 14, 2015 at 1530 hours, and then again by inspector #537 on Tuesday, September 15, 2015 at 1115 hours indicated that residents who used bed rails had been assessed using the home's Restraint Use Assessment Form to determine the need for bed rails, and then the necessary consents and plans of care were initiated.

The Director of Care indicated that an evaluation of the bed systems had not been completed on any of the beds in the home, to minimize risk to the residents.

The Director of Care indicated that the home was in the process of implementing the evaluation of all bed systems in the home, either through the purchase of equipment and training for home personnel or through the hiring of an external source to complete the bed system evaluations, to be completed before December 31, 2015.

The Director of Care confirmed that where bed rails were used, it was the expectation that the bed system would be evaluated to minimize the risk to residents. [s. 15. (1) (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 where bed rails are used, (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident, to be implemented voluntarily.

WN #3: 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, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Record review of an identified resident revealed the presence of an ulcer that required weekly monitoring.

The home's policy - Wounds, Assessment and Monitoring, 550-W-25, last revised in 12/12, revealed that "once treatment is determined a monitoring schedule is placed in the E-TAR and Wound Flow Sheet(PCC) intervals are set".

Review of the resident's clinical record revealed that assessments were not completed and documented weekly using an appropriate assessment as required on two occasions in July 2015 and two occasions in August 2015. There are progress note entries to indicate the wound had dressing changes completed on the missing assessment days however the notes did not describe the wound or indicate that an assessment was completed.

An interview with a registered staff member revealed that weekly wound assessments were completed by the registered staff or the Nurse Practitioner and documented on the homes Wound Flow Sheet for each resident in Point Click Care (PCC).

An interview with the Director of Care indicated that not all staff used the Wound Flow Sheet and sometimes would complete a progress note entry to document the assessment. The Director of Care (DOC) confirmed that the home's expectation was that weekly wound assessments were to be documented on the Wound Flow Sheet for each wound and that the clinically appropriate assessment tool was not consistently being used as required.[s. 50. (2) (b) (i)]



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Issued on this 25th day of September, 2015

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

Original report signed by the inspector.