

**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
Oct 29, 2020	2020_605213_0025	020777-20	Critical Incident System

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

RHONDA KUKOLY (213)

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 26 and 27, 2020.

Log #: 020777-20, Critical Incident #2659-000012-20, related to a fall was completed during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Practical Nurses, Personal Support Workers and a resident.

The inspector also made observations and reviewed health records, policies and procedures, evaluations and other relevant documentation.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the following was complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of the Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

Ontario Regulation 79/10 s. 48(1) 1 states: Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

Ontario Regulation 79/10 s. 50(3) states: Altered skin integrity means potential or actual disruption of epidermal or dermal tissue.

Ontario Regulation 79/10 s. 50(2)(a) states: A resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(ii) Upon any return of the resident from hospital.

Ontario Regulation 79/10 s. 50(2)(b) states: 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 dietician 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.

A resident had a fall and suffered a significant change in condition. The resident did not have a skin assessment completed on return from hospital, did not have an assessment of a wound, and did not have an assessment by a registered dietitian related to a wound.

The home's policies related to skin assessment and wound assessment did not include skin assessment for residents at risk of altered skin integrity on readmission from hospital to identify altered skin integrity other than pressure ulcers, and did not include assessment of altered skin integrity other than pressure ulcers.

The Director of Care (DOC) verified that the resident did not have a skin assessment on readmission from hospital or an assessment of a wound. The DOC also verified that the home's policies related to skin and wound assessment did not include altered skin integrity other than pressure ulcers.

Sources: Progress notes, treatment administration records and assessments for resident #001, the home's "Skin Assessment, Head to Toe" policy #550-S-22, last revised December 2018 and "Wounds, Assessment and Monitoring Of" policy #550-W-25, last revised April 2020, interviews with the DOC and two Registered Practical Nurses.

[s. 30. (1) 1.]

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 following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required, to be implemented voluntarily.

Issued on this 29th day of October, 2020

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

Original report signed by the inspector.