

**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 22, 2021	2021_790730_0035	010570-21, 010961-21	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

CHRISTINA LEGOUFFE (730)

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 20 and 21, 2021.

The following Critical Incident (CI) intakes were completed within this inspection:

Related to falls prevention and management:

Log #010961-21/ CI 2659-000013-21

Log #010570-21/ CI 2659-000011-21

An Infection Prevention and Control (IPAC) inspection was also completed.

Inspector Tatiana Pyper (#691945) was also present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Administrator, a Nurse Manager (NM), a Registered Nurse (RN), a Registered Practical Nurse (RPN), a Personal Support Worker (PSW), a Screener, Housekeepers, and residents.

The inspectors also observed resident rooms and common areas, observed IPAC practices within the home, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed a CI report, and reviewed relevant policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Skin and Wound Care

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

2 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>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,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).

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 two residents received skin assessments by a member of the registered nursing staff upon their return from hospital.

A resident was admitted to hospital and returned with areas of altered skin integrity . No skin assessments were documented for the resident upon their return.

Another resident was admitted to hospital and no skin assessments were documented upon their return.

A Nurse Manager (NM) said that it was the expectation of the home that a head to toe skin assessment would be completed by a member of the registered nursing staff within 24 hours after a resident returned from hospital. They said that one of the residents had

impaired skin integrity upon return from hospital and the other was at risk for impaired skin integrity. The NM said that skin assessments were not completed as per the expectation of the home for the two residents upon their return from hospital.

The home's policy titled "Skin Assessment, Head to Toe" (revised 10/2020), said that each resident readmitted to the home following a hospital admission was to be checked from head to toe within 24 hours.

There was a risk of harm to two residents when skin assessments were not completed by a member of the registered nursing staff upon return from hospital.

Sources: Resident clinical records including assessments, progress notes, and interviews with a Nurse Manager and other staff. [s. 50. (2) (a) (ii)]

2. The licensee has failed to ensure that a resident, who was exhibiting altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff.

A resident had an area of altered skin integrity. An initial wound assessment was completed for the area of altered skin integrity. No weekly reassessments were completed for the area and there was no documentation to indicate if the area had healed.

A Registered Nurse (RN) said that nursing staff were to complete assessments of areas of altered skin integrity at least weekly and that they expected that the resident's area of altered skin integrity should have been reassessed to indicate whether it had healed.

There was a risk that the resident's area of altered skin integrity would worsen in the absence of weekly skin assessments.

Sources: Clinical records for a resident including progress notes, skin assessments, and care plan, and interviews with an RN and other staff. [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 ensure that when a resident returns from hospital they receive a skin assessment by a member of the registered nursing staff and that areas of impaired skin integrity are reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control (IPAC) program related to the use of personal protective equipment (PPE) for four residents.

During separate observations on the same date, two Inspectors observed a staff member in the room where two residents resided and another staff member in the room where two other residents resided. The staff members were not wearing gowns. Signage was posted on the doors of both rooms which indicated that they were under enhanced contact and droplet precautions. Both staff members stated in separate interviews that they should have donned gowns in addition to their mask, eye protection, and gloves, when they entered the resident's rooms, but did not.

The home's policy titled "Personal Protective Equipment" (Revised May 2021), stated that for contact precautions gowns were to be worn during all patient contact and when in the patient's environment. Also, the home's signage titled "Covid Suspected or Confirmed Resident, Enhanced Droplet + Contact Precautions" included steps to don PPE, which included donning a gown.

A Nurse Manager (NM) said that the four residents were currently under contact and droplet precautions due to Covid-19 symptoms and that the residents were awaiting swab results. The NM said that gowns were included in the required PPE for entering a room where a resident was on isolation under contact and droplet precautions. They said that the staff members should have donned gowns prior entering the rooms where the four residents resided.

There was a risk of harm to residents due to staff not donning the appropriate PPE prior to entering a room where residents were under contact and droplet precautions.

Sources: The home's "Personal Protective Equipment" policy (last revised May 2021), signage titled "Covid Suspected or Confirmed Resident, Enhanced Droplet + Contact Precautions," clinical records for identified residents, and interviews with a Nurse Manager and other staff. [s. 229. (4)]

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 staff participate in the implementation of the infection and prevention and control (IPAC) program related to the use of personal protective equipment, to be implemented voluntarily.

Issued on this 28th day of October, 2021

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

Original report signed by the inspector.