



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection 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 # / Registre no	Type of Inspection / Genre d'inspection
Jun 14, 2016	2016_276537_0024	016712-16	Resident Quality Inspection

Licensee/Titulaire de permis

QCC CORP
3942 West Graham Place LONDON ON N6P 1G3

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

WATFORD QUALITY CARE CENTRE
344 VICTORIA STREET P. O. BOX 400 WATFORD ON N0M 2S0

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

NANCY SINCLAIR (537), ALICIA MARLATT (590), SANDRA FYSH (190)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): June 6, 7, 8, 9, 10 and 13, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing(DON), Nutritional Manager, Activation Manager, three Registered Nurses(RN), two Registered Practical Nurses(RPN), five Personal Support Workers(PSW), Residents and Families.

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 and medication storage area, 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

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Residents' Council

Responsive Behaviours

Skin and Wound Care

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

2 WN(s)

0 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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The home's policy, titled "Pain Management" last reviewed December 2015, revealed the following: "The corporate pain assessment tool, located in the Point Click Care software program, shall be completed on admission, every 8 hours for 72 hours, post fall and when a resident's pain is not being managed (i.e. complains of pain during the Resident Assessment Instrument(RAI) assessment or has had a change in condition, or post procedure)."

Review of the clinical record for an identified resident indicated that the corporate pain assessment tool had not been completed every 8 hours for 72 hours on admission of the resident.

The Director of Nursing #100 stated that a Point Click Care Summary of Three Day Assessment note and a Pain Assessment (Every Shift 3- Days) had not been completed on every shift (every 8 hours) for 72 hours as per the home's policy. [s. 8. (1) (b)]

WN #2: 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.

Census record review during stage 1 of the RQI revealed an identified resident had an area of altered skin integrity.

The home's policy, titled "Skin and Wound Management Policy", effective date April 2016 revealed the following:

"Registered staff will use the home's approved forms for oral, foot and any wound assessments."

Review of the clinical record for this resident revealed that weekly wound assessments for the area of altered skin integrity were not being consistently completed or documented on the home's approved wound assessment form. The Director of Nursing (DOC) #100 indicated that the wound assessments had not been completed every week since the identification of the area.

An interview with Director of Nursing(DON) #100 confirmed that the staff were to complete and document assessments of all areas of skin impairment using the home's approved wound assessment form on a weekly basis. [s. 50. (2) (b) (i)]

Issued on this 14th day of June, 2016

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

Original report signed by the inspector.