



**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
Dec 2, 2016	2016_289550_0043	022352-16	Complaint

Licensee/Titulaire de permis

Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

WOODLAND VILLA

30 Milles Roches Road R. R. #1 Long Sault ON K0C 1P0

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

JOANNE HENRIE (550)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 28, 30 and December 1, 2016.

This complaint inspection is related to a complaint regarding wound care, medication, continence care and personal support services.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), several Registered Nurses (RN and RPN), the Dietician, Personal Support Workers (PSW) and a family member.

In addition, the inspector reviewed a resident's health care records and the home's skin and wound management program.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Infection Prevention and Control
Medication
Personal Support Services
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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
- 2. 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. O. Reg. 79/10, s. 48 (1).**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

1. The licensee has failed to 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.

Related to Log #022352-16.

On a specific date in 2016, the Director received a complaint regarding the lack of care to resident #001's wounds. Resident #001's family member complained that the resident had recurrent wounds to a specific body part and that the resident has had these wounds for many years.

Resident #001 was admitted to the home on a specific date and had several medical conditions.

During a review of the resident's medical records, the inspector observed that on a specific date in 2016 the resident was identified as having a specific type of wound to a specific body part. The inspector reviewed the home's skin and wound program provided by the Director of Care, more specifically the policy titled "Pressure Ulcer and Wound Management", policy #HLHS-SW-3.6, dated January 2012. On page 1 the policy indicated:



The interdisciplinary team will continue with practices used for a specific type of wound and add;

-Complete Braden scale and implement appropriate interventions.

Page two, fourth bullet indicated:

-Reassess ulcer weekly and document the following: stage, location, size, odour, condition of skin at base and at edges of open area.

During an interview on December 1, 2016, RN staff #100 and PSW #101 indicated to the inspector that resident #001 had recurring wounds to a specific body part.

The inspector reviewed the resident's health care records and was unable to find that a Braden scale had been completed. The inspector was also unable to find weekly documentation of reassessment to include: stage, location, size, odour, condition of skin at base and edges of open areas.

On December 1, 2016, the DOC indicated to the inspector that she was unable to find documentation that a Braden scale had been completed. She indicated that the weekly documentation of the stage, location, size, odour, condition of skin at base and edges of open areas should be documented on a specific form. The inspector reviewed the form and observed that the document contains three pages. The first and second pages are used to identify the wound, where the wound was acquired and weekly documentation of interventions put in place including the treatment. This form allows for documentation for 5 weeks. The second document titled "documentation for treatment" the form has 7 columns. The first column is titled: Date, site of wound or site of treatment, the second column is titled: Length, width, depth, measure in cm, the third column: Evidence of infection Y/N, the fourth column: Tunneling/undermining measure and describe, use the clock method to describe the location of the tunnel, fifth column: Exudate: amount, copious, small, moderate, large, type: describe, colour: describe, odour: describe, sixth column: Appearance of underlying tissue: red, yellow, black (granulating, sloughy, necrotic amount of necrosis-e.g. %10, %20, %30, etc), and seventh column is titled: NCP: reviewed Y/N, Changed Y/N, Current Y/N and signature of staff.

The inspector reviewed both forms for resident #001 and was unable to find weekly documentation for each wound.

As evidenced above, the skin and wound program is not implemented in the home specifically related to Braden scale assessment and weekly documentation of the



wounds according to their policy, for resident #001. [s. 48. (1) 2.]

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 skin and wound care program is implemented in the home, to be implemented voluntarily.

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 a resident exhibiting altered skin integrity including skin breakdown, pressure ulcers, skin tears or wounds, 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.

Related to Log # 022352-16.

A review of resident #001's health care record showed that on a specific date the resident was identified by the home's wound care nurse as having wounds to a specific body part.

Upon a review of the resident's plan of care and health care records, the inspector was unable to find any documentation indicating that he/she was assessed by the home's Dietician when he/she developed the wounds.

During an interview on December 1, 2016, the Director of Care indicated to the inspector that residents with wounds are communicated to the Dietician through the monthly report titled "Skin/Wound data summary sheet". The Dietician uses this form to identify residents to be assessed for nutrition interventions regarding the management of wounds.

On December 1, 2016, during an interview, the home's dietician indicated to the inspector that she did not assess resident #001 when the resident developed wounds as she did not get the referral form.

As such, resident #001 was not assessed by the home's Registered Dietician when he/she developed wounds. [s. 50. (2) (b) (iii)]

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 all residents exhibiting altered skin integrity are assessed by the home's dietician, to be implemented voluntarily.



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Issued on this 29th day of December, 2016

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

Original report signed by the inspector.