



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date de l'inspection January 21, 24, 2011	Inspection No/ d'inspection 2011-173-2927-21Jan103311	Type of Inspection/Genre d'inspection Complaint Log # H00072, H00099
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Licensee/Titulaire
St. Peters Care Centres
125 Redfern Ave, Hamilton, Ontario L9C 7W9

Long-Term Care Home/Foyer de soins de longue durée
St. Peter's Residence at Chedoke
125 Redfern Ave, Hamilton, Ontario L9C 7W9

Name of Inspector(s)/Nom de l'inspecteur(s)
Lesla Wulff – LTC Inspector – Nursing -#173

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct two complaint inspections.

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, RAI Coordinator, Physio Therapist, Registered Staff, and Personal Support Workers.

During the course of the inspection, the inspector: Reviewed the clinical health records, reviewed policy and procedures, reviewed internal investigation notes.

The following Inspection Protocols were used in part or in whole during this inspection:

Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN
2 VPC

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(1)(c)
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out
(c) clear direction to staff and others who provide direct care for the resident.

Findings:

1. Plan of care for an identified resident did not provide clear directions to staff and others who provide direct care for the resident in relation to wound care due to the following:
 - An identified resident who had impaired skin integrity that required treatment did not have a written plan of care with interventions to direct staff.

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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 related to ensuring that all written plans of care will provide clear direction to staff and others who provide direct care for the resident , to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s.50(2)(b)(iv)
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
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Findings:

1. An identified resident that exhibited skin breakdown and an open area did not receive weekly reassessments by the registered staff.

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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 related to ensuring that all resident with impaired skin integrity are assessed weekly by a member of the registered staff, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s.30(2)
The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Findings:

1. The home did not provide documentation for their skin and wound program in relation to the following:
2. An identified resident did not have a treatment record completed for January 2001 that indicated that treatment was completed as ordered.
3. An identified resident that exhibited skin breakdown and an open area did not receive weekly reassessments by the registered staff.

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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
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		<i>Lesa Wuff</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>May 13/11</i>