Ontario

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 10, 2015	2015_401616_0016	025933-15	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

PINEWOOD COURT
2625 WALSH STREET EAST THUNDER BAY ON P7E 2E5

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

JENNIFER KOSS (616), JULIE KUORIKOSKI (621)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 29-October 6, 2015

This inspection was conducted concurrently with Follow Up Inspection 2015_401616_0017 and Critical Incident System Inspection 2015_433625_0002.

This inspection includes intakes 025933-15, 025739-15, 025504-15.

For findings of non-compliance related to LTCHA, 2007 S.O. 2007, c.8, s. 6 (7), please refer to Follow Up Inspection 2015_401616_0017.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RNs) and Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Food Services Manager, Environmental Services Staff, Resident Assessment Instrument (RAI) Coordinator, Physiotherapy Assistant, residents and family members.

During the course of the inspection, observations were made of the home areas, meal services, and the provision of care and services to residents. Infection Control practices, policies and procedures, and resident health records were reviewed.

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

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **4 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change, care set out in the plan was no longer necessary, or care set out in the plan has not been effective.

Staff #100, S#101, and S#102 each reported to inspector #616 that resident #001 wore an incontinent product for incontinence. All three staff reported the incontinent product is changed by staff while the resident is laying down.

The most recent RAI-MDS continence assessment provided by the RAI Coordinator indicated the resident did not use the toilet and pads or briefs are used.

Inspector #616 reviewed the hygiene/grooming section of the care plan for this resident as S#100, S#101, S#102 each referred the inspector to this section of the care plan for information related to continence. All three staff confirmed the intervention which indicated the resident required weight bearing assistance with brief changes was outdated and did not reflect the resident's current incontinence care needs.

The Administrator provided the inspector with the home's Continence Care Policy (LTC-E-50, May 2013) which stated under the section "Documentation" #1: The 24 hour Admission Assessment and Care Plan will reflect the individualized needs of the Resident. The current care plan for resident #001 did not reflect their individualized needs. [s. 6. (10) (b)]

2. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when care set out in the plan has not been effective.

Resident #001 was assessed for altered skin integrity. Inspector #616 reviewed the Treatment Observation Record (TOR) for treatment documentation to the affected area. During this inspection on October 2, 2015, S#103 and #102 both confirmed to the inspector that the resident continued to have altered skin integrity in this area.

As per documentation on the TOR, the inspector noted that over a three month review period, the area had progressively worsened. The section of the TOR which identified if treatment had changed, was consistently checked "no" throughout these dates. At the bottom of the page of the TOR was direction for staff to notify physician if evidence of infection, worsening or no improvement of wound. Further, in the home's Skin and Wound Policy (LTC-E-90, August 2015), under section "Referrals" #3 Notify Physician and refer to members of the Interdisciplinary Skin and Wound Care Team or external consultant if skin breakdown/healable wounds are not improving in three weeks or sooner if required as determined by the assessment.

The DOC confirmed to the inspector that the care plan related to skin and wound had not been updated and revised when the current treatment had proved to be ineffective as evidenced by the documented deterioration of the altered skin integrity. [s. 6. (10) (c)]

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 resident #001 is reassessed and the plan of care is reviewed and revised at least every six months and at any other time when the resident's needs change, care set out in the plan is no longer necessary, or care set out in the plan has not been effective related to continence care and bowel management, and skin and wound, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that a registered dietitian who is a member of the staff of the home completes a nutritional assessment for all residents on admission and whenever there was a significant change in a resident's health condition.

The Nutrition Care plan identified resident #001 to be at high nutritional risk with a goal to meet specific fluid requirements per day through to next review date. A care plan intervention documented a referral to Registered Dietitian (RD) if less than 50 per cent of the meal is not consumed or if fluid intake is less than required for three consecutive days.

The Nutritional Assessment and Care Policy (LTC-G-80, August 2014) stated that a referral will be made to the RD if the resident's daily fluid intake is less than recommended for three consecutive days.

S#101 stated that food and fluid intake was documented by staff on each resident's Point of Care (POC). The RAI Coordinator, who generated a report for the inspector, confirmed that staff documented resident's intake on the POC. The inspector reviewed resident #001's fluid intake for a three month period in 2015 and found that their fluid intake was documented as less than recommended on: 12 of 31 days in the first month; 9 of 31 days in the second month; and 11 of 30 days in the third month reviewed. During the first month there were two periods where fluid intake was less than recommended for three consecutive days.

During an interview with the DOC and the Food Services Manager it was confirmed that a nutrition assessment had not been completed for resident #001 related to their hydration risk. [s. 26. (4) (a),s. 26. (4) (b)]

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 a registered dietitian who is a member of the staff of the home completes a nutritional assessment for resident #001 and all residents on admission and whenever there is a significant change in a resident's health condition, to be implemented voluntarily.

WN #3: 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 was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The home's Skin and Wound Program Policy # LTC-E-90 (revised August 2015) "Management of Skin and Wound Care – Assessment" stated: #1. All residents exhibiting

altered skin integrity will be assessed by the Nurse on initial discovery and re-assessed with every dressing change but minimum weekly. According to the "Documentation/Monitoring" section of this policy, #5: The Treatment Observation Record (TOR) – Ongoing Wound Assessment (LTC-E-90-10(B) is completed with every dressing change, but minimum every 7 days.

Inspector #616 reviewed the treatment observation binder which identified multiple areas of altered skin integrity for resident #001.

Staff #104 informed the inspector that registered staff assess impaired skin integrity at minimum weekly on the resident's TOR. However, weekly assessments were not completed consistently on the TOR for each of the affected areas for resident #001 during the reviewed period.

The DOC confirmed to the inspector that skin and wound assessments are documented weekly in the resident's TOR. During the interview, they contacted S#103 who confirmed the TOR used by staff does not differentiate between documentation of the dressing changes and the required weekly assessments. The DOC reported to the inspector that weekly assessments were not completed. [s. 50. (2) (b) (iv)]

2. Inspector #616 reviewed the treatment observation binder which identified altered skin integrity for resident #003. A Resident Wound Referral Form was completed, followed by a completed form Ongoing Wound Assessment - Treatment Observation Record also of the same date. It noted the skin and wound treatment schedule for this resident's affected area. The inspector also reviewed the Monthly Skin integrity Report provided by the DOC which indicated the altered skin integrity issue had resolved prior to this inspection. At the time of inspection, S#100 reported to the inspector that resident #003 did not currently have altered skin integrity.

The inspector's review of the TOR documentation for the specified area for this resident from the date of identification to the date of inspection did not verify that weekly assessments had been completed. S#103 reviewed the TOR with the inspector and they confirmed the assessments were incomplete. [s. 50. (2) (b) (iv)]

3. Inspector #616 reviewed the treatment observation binder which identified altered skin integrity for resident #002. A Resident Wound Referral Form was completed, followed by a completed form Ongoing Wound Assessment - Treatment Observation Record dated later that same month. It noted the skin and wound treatment schedule for this resident's

affected area. The treatment documentation on the TOR did not consistently follow the ordered treatment schedule and assessment documentation was sporadic over the reviewed six month period. The inspector also reviewed the Monthly Skin integrity Report provided by DOC which indicated the altered skin integrity continued through a recent three month period. At the time of inspection, two staff members, S#100 and S#103 both confirmed the resident currently had altered skin integrity.

The DOC confirmed to the inspector that skin and wound assessments are documented weekly in the resident's TOR. S#103 reviewed the TOR and confirmed the weekly assessments were incomplete. [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 resident's #001, #002, #003, and all other residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is reassessed at least weekly by a member of the Registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee has failed to ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: A change of 7.5 per cent of body weight, or more, over three months.

The weight records for the months of May, June, and July 2015, for resident #001 were reviewed by Inspector #616. From May to July the resident had a significant weight change over the three months.

The inspector's review of the resident's health record did not identify documentation of the resident's weight change during the months from May to July 2015, nor a nutrition referral as per the home's Height Measurement and Weight Management Policy (LTC-G-60, June 2014). Under "Assessment #6", the policy stated: the weight record will be reviewed monthly. A nutrition referral to the RD will be completed and the information documented in the interdisciplinary progress notes for the the following weight variances: ii. Weight loss or gain of greater than or equal to 7.5% of total body weight over three months.

The RAI Coordinator also confirmed the RD documents weight change assessments in the resident health record. The DOC confirmed there was no nutrition referral for resident #001's weight change of greater than 7.5 per cent identified from May to July 2015. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 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 ensure that resident #001 and all other residents with significant weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated, to be implemented voluntarily.

Issued on this 18th day of November, 2015

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

Original report signed by the inspector.