



**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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 10, 2017	2017_432654_0001	033714-16	Resident Quality Inspection

Licensee/Titulaire de permis

SPENCER HOUSE INC.
835 West Ridge Blvd ORILLIA ON L3V 8B3

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

SPENCER HOUSE INC.
835 West Ridge Blvd. ORILLIA ON L3V 8B3

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

SIMAR KAUR (654), DIANE BROWN (110)

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): January 04, 05, 06, 09, 10, 11, 12, 13, 2017.

During the course of inspection a complaint intake #021078-16 related to skin and wound care was inspected.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Wound Care Nurse, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Physiotherapist, Residents and Family Members.

During the course of inspection, the inspector(s) conducted a tour of the resident home areas, observations of medication administration, staff and resident interactions, provision of care, dining services, record review of relevant resident and home records, meeting minutes for Residents' Council, staffing schedules and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Dignity, Choice and Privacy
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Residents' Council
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>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. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the home had a resident-staff communication response system that was easily accessed and used by residents at all times.

During stage one of the Resident Quality inspections (RQI), resident #004 was triggered for Falls Prevention.

During resident observation on an identified date, resident #004's call bell was not accessible to him/her while sitting in a reclining chair by the window opposite to his/her bed. Resident #004's call bell was observed attached to his/her bed.

Record review of resident #004's recent written plan of care directs staff to remind the resident to use the call bell when requesting an identified assistance due to the risk of fall.

Interview with resident #004 indicated that he/she uses the call bell to communicate to staff when the above mentioned identified assistance is required. The resident further revealed that he/she sits in his/her reclining chair every day and does not always have access to the call bell within reach.

Interview with PSW #110 and RPN #108 confirmed that resident #004 requires the identified assistance for the identified activities of daily living as he/she has a high fall risk. PSW#110 further confirmed that on the identified date, the call bell was not within reach of resident #004 while he/she was sitting in his/her reclining chair. Interview with RPN#108 and DOC indicated the home's expectation is to have the call bell accessible to resident #004 when in room. [s. 17. (1) (a)]

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 home's resident-staff communication response system is easily accessed and used by residents at all times, 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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #001 was triggered in the stage one of Resident Quality Inspection for Skin and Wound, and a complaint was received by Ministry of Health and Long Term Care (MOHLTC), involving Skin and Wound.

Record review of resident #001's progress notes indicated that on an identified date he/she acquired an altered area of skin integrity on an identified area of body, and the progress notes further revealed that on another identified date, altered area of skin integrity area has worsened.

Interview with resident #001 confirmed that he/she acquired an altered area of skin integrity on his/her identified body area in the identified time period. The resident further indicated that it was painful and uncomfortable for him/her due to the altered area of skin integrity.

An Interview with RN #115 confirmed that resident #001 acquired an altered area of skin integrity on the identified date, on his/her identified body area and on another identified



date, it has worsened. RN #115 further indicated that as per home's expectations residents with altered skin integrity are required to receive a weekly skin assessment by a member of the registered nursing staff using the Weekly Skin Assessment tool in the Point Click Care (PCC).

Record review of resident #001's weekly skin assessments from point click care (PCC) indicated that there was no weekly skin assessment on three identified dates in 2016, for the altered area of skin integrity on his/her identified area of body.

Interview with the RN/Lead of Skin and Wound Care Program #111, and RN #115 reviewed residents #001's weekly skin assessments, and confirmed that the resident was required to be weekly assessed for his/her altered area of skin integrity on the three identified dates. Staff further confirmed that resident #001 was not assessed on above mentioned identified dates.

Interview with the DOC revealed that the residents with altered skin integrity are required to be reassessed at least weekly by a member of the registered nursing staff by using the Weekly Skin Assessment tool in the PCC and resident #001 had not been reassessed weekly on the above mentioned dates. [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 that the resident 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.



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Issued on this 15th day of February, 2017

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

Original report signed by the inspector.