



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

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

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

**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**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 17, 2016	2016_275536_0016	028479-16	Complaint

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**Licensee/Titulaire de permis**

ST. JOSEPH'S HEALTH SYSTEM  
56 GOVERNOR'S ROAD DUNDAS ON L9H 5G7

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

ST JOSEPH'S VILLA, DUNDAS  
56 GOVERNOR'S ROAD DUNDAS ON L9H 5G7

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

CATHIE ROBITAILLE (536)

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**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): October 4, 5, 6, 7 and 8, 2016.**

**During the course of the inspection, the inspector(s) spoke with residents, family, registered staff, Assistant Director of Care (ADOC), Resident Care Coordinator and the Chief Nursing Executive.**

**During the course of the inspection, the inspector interviewed staff, residents and reviewed relevant documents including, health care records, investigation reports, training records, meeting minutes and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Pain**

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**



**Specifically failed to comply with the following:**

**s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**s. 6. (9) The licensee shall ensure that the following are documented:**

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the Substitute Decision Maker (SDM) of the resident had been given an opportunity to participate fully in the development and implementation of the plan of care.

A) A review was completed of resident #001's clinical record. The progress notes did not indicate that the SDM was notified about the resident's altered skin integrity. The SDM confirmed that they had not been notified and given an opportunity to participate fully in the development and implementation of the plan of care.

B) A review was completed of resident #003's clinical record. The progress notes did not indicate that the SDM was notified about the resident's altered skin integrity. Staff #101 confirmed that the clinical record did not indicate that the SDM for resident #003 had been notified and been given an opportunity to participate fully in the development and implementation of the plan of care. [s. 6. (5)]

2. The licensee failed to ensure that the provision of the care set out in the plan of care was documented.

A) A review was completed of resident #001's Treatment Administration Records (TARs) as they were being treated for altered skin integrity. On a specified date in 2016, resident #001 required a specified intervention. Between identified dates in 2016, there were only 221 out of 729 required signatures documented on the TARs. On a specified date in 2016, resident #001 resident began receiving daily wound treatments. Between identified dates in 2016 there were only 67 out of 238 required signatures documented



on the TARs. The home also required Personal Support Workers (PSWs) to complete a skin observation on all residents daily with care on their nursing flow sheet. Between identified dates in 2016 there were only 55 out of 243 days that a skin observation had been done on resident #001. Staff #100 confirmed that many of the required signatures were missing identifying that treatments and observations were not completed.

B) A review was completed of resident #003's clinical record. The home was not able to locate the resident's September TARs or 31 days of the nursing flow sheets. A review was completed of resident #003's TARs as they were began receiving wound treatments. Between identified dates in 2016 there were only 151 out of 264 required signatures documented in the TARs. The home also required PSWs to complete a skin observation on all residents daily with care on their nursing flow sheet. Between identified dates in 2016 there were only 39 out of 137 days that a skin observation had been done on resident #003. Staff #101 confirmed that many of the required signatures were missing identifying that treatments and observations were not completed. [s. 6. (9) 1.]

***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 and ensuring that the Substitute Decision Maker has been given the opportunity to participate fully in the development and implementation of the plan of care and that care set out in the plan of care is documented, to be implemented voluntarily.***

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**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,**  
**(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**  
**(i) within 24 hours of the resident's admission,**  
**(ii) upon any return of the resident from hospital, and**  
**(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).**

**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).**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and O. Reg. 79/10, s. 50 (2).**

### **Findings/Faits saillants :**

1. The licensee failed to ensure that the resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff upon return from the hospital.

On a specified date in 2016, resident #002 returned from the hospital. The home's policy "Skin and Wound Care Management Program" policy number: POL/11, last revised: October 10, 2015 stated: "Any resident at risk for altered skin integrity will receive a

wound assessment by a registered nursing staff member: b) upon return of a visit to the hospital for greater than 24 hours." On a identified date in 2016, resident #002 was noted to have altered skin integrity. On another identified date in 2016, pressure relief interventions were put into place. Resident #002 then developed further altered skin integrity. The Director of Care confirmed that the registered staff had used the incorrect assessment which did not direct the staff to complete a clinically appropriate head to toe assessment. [s. 50. (2) (a) (ii)]

2. The licensee failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff.

A) On an identified date in 2016, resident #001 developed altered skin integrity. On an identified date in 2016, resident #001 developed another area of altered skin integrity. The Inspector completed a review of the weekly wound assessments for resident #001. In total 20 out of 33 weeks of wound assessments were not completed. Staff #100 confirmed that resident #001 did not have weekly wound assessments completed.

B) On an identified date in 2016, resident #003 developed altered skin integrity. The Inspector completed a review of the weekly wound assessments for resident #003. In total 13 out of 23 weeks of wound assessments were not completed. Staff #101 confirmed that resident #003 did not have weekly wound assessments completed. [s. 50. (2) (b) (iv)]

3. The licensee failed to ensure that the equipment, supplies, devices and positioning aids were readily available at the home as required to relieve pressure for resident #001.

Resident #001 required a pressure relief item. During the review of resident #001's clinical record a progress notes stated that the substitute decision maker(SDM) for resident #001 was asked for consent to purchase and cover the cost of the pressure relief item. According to the "Guideline for Eligible Expenditures for Long-Term Care Homes" dated February 2013, page 17 states: "dressings and wound management supplies are a component of the medical care provided to a resident in a long-term care home. Providing this care addresses the physical needs of a resident and allows them to live safely and with dignity. This is also consistent with the requirements in the Act and its regulations for a skin and wound care program." The licensee did not ensure that the supply of pressure relief items were readily available in the home. [s. 50. (2) (c)]



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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 and ensuring that residents exhibiting altered skin integrity receive a skin assessment upon return from the hospital, are reassessed at least weekly by a member of the registered staff and that the equipment, supplies, devices and positioning aids are readily available at the home as required to relieve pressure, to be implemented voluntarily.***

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Issued on this 4th day of November, 2016

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

**Original report signed by the inspector.**