



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jul 16, 24, 27, Aug 7, 2012; 2012\_094144\_0014; Complaint

Licensee/Titulaire de permis

THE HOMEWOOD CORPORATION
150 DELHI STREET, GUELPH, ON, N1E-6K9

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

THE VILLAGE OF GLENDALE CROSSING
3030 Singleton Avenue, LONDON, ON, N6L-0B6

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

CAROLEE MILLINER (144)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Director of care, Assistant Director of Care, Resident Coordinator, three RPN's and the Registered Dietician.

During the course of the inspection, the inspector(s) reviewed one resident health care record, home policies related to Skin and Wound, Care Observation and Monitoring and the home Wound Assessment Tool.

The following Inspection Protocols were used during this inspection:

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. 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



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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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**  
**Specifically failed to comply with the following subsections:**

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Findings/Faits saillants :**

1. The home Care Observation and Monitoring Policy directs PSW's to complete skin assessments twice weekly with resident baths.  
Review of the health care record for one resident confirmed skin assessments were not completed for three weeks of the eleven weeks reviewed and twice weekly skin assessments not completed for seven of the eleven weeks reviewed. On interview, the Director of Care confirmed that skin assessments were not completed according to the home policy.[O. Reg.79/10, s.8(1)(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 related to the home Care Observation and Monitoring policy of completing resident skin assessments with each bath., to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**



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Specifically failed to comply with the following subsections:

- 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;
  - (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;
  - (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
  - (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Findings/Faits saillants :**

1. Nursing personnel observed a skin tear of unknown origin on one resident. The residents' written plan of care was reviewed and revised to include interventions related to promotion of wound healing. Interventions included referral to the home Dietician. Two RPN's and the Dietician confirmed a dietary referral was not completed. [O. Reg. 79/10, s. 50(2) (b)(iii)]

Issued on this 7th day of August, 2012

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