

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

Rapport d'inspection prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 13, 2019	2019_722630_0024	016369-19, 016521-19	Complaint

Licensee/Titulaire de permis

peopleCare Inc.
735 Bridge Street West WATERLOO ON N2V 2H1

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

peopleCare Oakcrossing London
1242 Oakcrossing Road LONDON ON N6H 0G2

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

AMIE GIBBS-WARD (630)

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 6, 9 and 11, 2019.

The following Complaint intakes were completed within this inspection:
Complaint Log #005905-19 / IL-65112-LO related to medication administration, continence care and personal support services;
Complaint Log #016369-19 / IL-69520-LO related to skin and wound care, continence care and personal support services.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Executive Director of Nursing, an Assistant Director of Care (ADOC), a Registered Nurse (RN), a Registered Practical Nurse (RPN), Personal Support Workers (PSWs), family members and residents.

The inspector also observed resident rooms, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents and reviewed policies and procedures of the home.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Hospitalization and Change in Condition
Medication
Personal Support Services
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

1 WN(s)
0 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>Légende</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. 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, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

The Ministry of Long-Term Care (MOLTC) received an anonymous complaint regarding concerns about practices in the home for staff monitoring and documenting changes in residents' skin integrity.

During an interview a Personal Support Worker (PSW) reported that the PSWs in the home were expected to monitor residents for changes in their skin, such as open areas, when providing care. They said that if they noticed a concern they would report it right away to the registered nursing staff. They said that there was a place for PSWs to document during bathing care if they notice that a resident had any skin issues. This PSW said that an identified resident had a specific open area that had developed at a specific time.

During an interview a Registered Practical Nurse (RPN) said it was the expectation in the home for registered nursing staff to complete an initial skin assessment for any new open skin area. They said that PSWs were expected to report any skin concerns that they had

found when providing care to residents and then the registered nursing staff would follow-up to assess and determine if treatment was needed. They said that staff had reported that an identified resident a specific open area which the nursing staff were monitoring. The RPN said they did not think an initial skin assessment had been completed for this wound as they thought the staff were just monitoring the area.

The clinical record for this resident included documentation by PSW staff that they had observed an open area. There were no progress notes during a specific time period for this open area. The "Assessment" section of the electronic chart did not include an "initial skin assessment" of this skin concern until after Inspector #630 interviewed the staff in the home.

During an interview the Assistant Director of Care (ADOC) said they were the lead for the skin and wound care program in the home. They said it was the expectation in the home that PSW staff would report any skin integrity concerns to the registered nursing staff and then the registered nursing staff would complete an assessment and document this using the "initial skin assessment" form. Inspector #630 and the ADOC reviewed the documentation and the assessments completed for this resident and the ADOC acknowledged that the skin assessment had no been completed and documented as per the processes and expectation in the home. [s. 50. (2) (b) (i)]

Issued on this 16th day of September, 2019

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

Original report signed by the inspector.