Ontario

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

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*


**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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| | _ Licensee Copy/Copie du Titulaire | X Public Copy/Copie Public |
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| **Date(s) of inspection/Date de l'inspection** | **Inspection No/ d'inspection** | **Type of Inspection/Genre d'inspection** |
| November 23 – 26, 2010 | 2010_106_2936_23Nov1622 | Critical Incident Report Inspection |

**Licensee/Titulaire**
F. J. Davey Home, 733 Third Line Road, Box 9600, Sault Ste Marie, ON, P7A 7C1
Fax: 705-942-2234

**Long-Term Care Home/Foyer de soins de longue durée**
F. J. Davey Home
Fax: 705-256-4207

**Name of Inspector(s)/Nom de l'inspecteur(s)**
Margot Burns-Prouty #106
Gail Peplinskie #154

## Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident Report Inspection.

During the course of the inspection, the inspector(s) spoke with: The administrator, the Executive Director, Director of Nursing, RAI Coordinator, Registered Nurse, Registered Practical Nurse and Personal Support Workers.

During the course of the inspection, the inspector(s): Interviewed staff members, observed care provided to residents in facility, audited electronic plans of care, audited written plans of care, reviewed facility policies and procedures.

The following Inspection Protocols were used in part or in whole during this inspection: Skin and Wound Care

☐ There are no findings of Non-Compliance as a result of this inspection.

X Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

## NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire
**DR** – Director Referral/Régisseur envoyé
**CO** – Compliance Order/Ordres de conformité
**WAO** – Work and Activity Order/Ordres: travaux et activités

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| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.<br><br>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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.<br><br>Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi. |

**WN #1:** The Licensee has failed to comply with O. Reg. 79/10, S. 50(2)(b)(i):
Every licensee of a long-term care home shall ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, 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

**Findings:** This was found not to be in compliance.

A resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, did not receive 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.

A review of a resident's nursing progress notes show that on July 26, 2010, an alteration in their skin integrity was found. No record of this wound being assessed using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment was found to be completed for this wound until August 12, 2010.

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| **Inspector ID #:** | 106 & 154 |

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| **Signature of Licensee or Representative of Licensee**<br>**Signature du Titulaire du représentant désigné** | **Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** |
| **Title:** **Date:** | **Date of Report:** (if different from date(s) of inspection).<br>December 23, 2010 |