



**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
prévus 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
Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Mar 28, 29, 30, Apr 2, 3, May 16, Jun 6, 26, 27, 28, Jul 10, 11, 2012	2012_053122_0009	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2

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

ROSE-MARIE FARWELL (122)

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 Administrator, Director of Care (DOC), Registered Nursing staff (RN/RPN), Personal Support Workers (PSWs) and residents.

During the course of the inspection, the inspector(s) conducted a walk through of the home and made observations related to the general state of repair of the resident and shared common areas of the home, reviewed resident health care records and various policies/procedures, observed the provision of care and services to residents of the home.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Medication

Personal Support Services

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
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
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 subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The Inspector reviewed a resident's plan of care completed on February 11, 2012 and noted that the plan directed staff to bathe the resident "daily as required". The unit bathing schedule was also reviewed by the Inspector and identified that resident's scheduled bath day was Sunday. The Kardex which provides quick reference to the Personal Support Workers caring for the resident and is part of the plan of care, did not identify any scheduled bath days. The licensee failed to ensure that there is a written plan of care for each resident which sets out, clear directions to staff and others who provide direct care to the resident. [LTCHA 2007, S.O., c. 8, s. 6 (1)(c)].

2. Inspector reviewed a resident's MDS assessment completed on February 29, 2012 and noted that the resident requires the assistance of 2 staff with mechanical transfer into the bathtub only and is otherwise independent or supervision only with bathing. Inspector reviewed the resident's health care record and plan of care on March 30, 2012 and was unable to locate a plan of care which set out clear direction regarding the resident's bathing and personal hygiene needs. The licensee failed to ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. [LTCHA 2007, S. O., c. 8, s. 6 (1)(c)].

3. While conducting a walk through of the home on March 28, 2012, the Inspector was beckoned into a resident's room by the resident. The Inspector observed the resident lying in bed with large amounts of feces on their fingertips, pillowcase and bed linens. The Inspector reviewed the resident's health care record and noted that the Kardex which provides quick reference to the Personal Support Workers caring for the resident and is part of the plan of care, identified that the resident is incontinent of bowels and bladder. The plan of care identified that the resident required assistance with all ADL's, transferring, repositioning and toileting. The Inspector was unable to locate a plan which set out clear directions to staff regarding the resident's continence needs. The licensee failed to ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. [LTCHA 2007, S.O., c. 8, s. 6 (1) c]

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 with LTCHA 2007, S.O., c. 8, s. 6 (1) c to ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs
Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The Inspector observed two tubes of Fucidin ointment and one jar of Clotrimaderm cream lying on top of the resident's night stand on March 28, 2012 at 1515 hrs, March 30, 2012 at 10:55 hrs and April 2, 2012 at 12:10 hrs.

On March 28, 2012 the inspector reviewed the resident's plan of care and noted the following directions: "RPN to apply prescription creams to excoriated areas as ordered by MD"

The resident was interviewed by the Inspector on March 30, 2012 and reported that nursing staff applied the topical medications and stored them at the bedside.

The RPN was interviewed by the Inspector on April 2, 2012 and reported that the resident's topical cream and ointment are applied by the PSWs and assessed by the RPN on a weekly basis. The RPN stated that there was a current physician's order for the resident's medicated treatment creams to be left at the bedside.

The RPN conducted a search of the resident's health care record with the Inspector in attendance. The RPN produced the resident's MAR/TAR which identified that Hyderm cream may be left at the resident's bedside, but no similar instructions were noted on the MAR/TAR regarding Clotrimaderm cream or Fucidin ointment.

The Inspector conducted a further review of the resident's healthcare record. Inspector located the physician's order for Hyderm cream to be left at resident Vincent's bedside. Inspector was unable to locate a physician's order stating that Fucidin ointment or Clotrimaderm cream should be left at the resident's bedside.

The licensee failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. [LTCHA 2007, O. Reg. 79/10, s. 131 (2)].

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 with LTCHA 2007, O. Reg. 79/10, s. 131 (2) to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. The Inspector reviewed a resident's health care record and noted that the most current documented reassessment of the resident's drug regime was completed on November 11, 2011. The licensee failed to ensure that there is, at least quarterly, a documented reassessment of each resident's drug regime. [LTCHA 2007, O. Reg. 79/10, s. 134 (c)].

The Inspector reviewed a resident's health care record and noted that the most current documented reassessment of the resident's drug regime was completed on November 4, 2011. The licensee failed to ensure that there is, at least quarterly, a documented reassessment of each resident's drug regime. [LTCHA 2007, O. Reg. 79/10, s. 134 (c)].

The Inspector reviewed a resident's health care record and noted that the most current documented reassessment of the resident's drug regime was completed on November 23, 2011. The licensee failed to ensure that there is, at least quarterly, a documented reassessment of each resident's drug regime. [LTCHA 2007, O. Reg. 79/10, s. 134 (c)].

The Inspector reviewed a resident's health care record and noted that the most current documented reassessment of the resident's drug regime was completed on November 7, 2011. The licensee failed to ensure that there is, at least quarterly, a documented reassessment of each resident's drug regime. [LTCHA 2007, O. Reg. 79/10, s. 134 (c)].

The Inspector reviewed a resident's health care record and noted that the most current documented reassessment of the resident's drug regime was completed on November 8, 2011. The licensee failed to ensure that there is, at least quarterly, a documented reassessment of each resident's drug regime. [LTCHA 2007, O. Reg. 79/10, s. 134 (c)].

The Inspector reviewed a resident's health care record and noted that the most current documented reassessment of the resident's drug regime was completed on November 4, 2011. The licensee failed to ensure that there is, at least quarterly, a documented reassessment of each resident's drug regime. [LTCHA 2007, O. Reg. 79/10, s. 134 (c)].

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 with LTCHA 2007, O. Reg. 79/10, s. 134 (c) to ensure that, there is, at least quarterly a documented reassessment of the resident's drug regime, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

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. The resident's health care record was reviewed by the Inspector on March 29, 2011 and identified that the resident exhibited skin breakdown to her upper back and coccyx.

Inspector also reviewed the "Resident Treatment Observation Record" which identified the type of skin breakdown, wound measurements, directions related to wound care, documentation of weekly skin assessments related to altered skin integrity. The document further identified that the weekly assessments should be completed "every Tuesday".

Inspector noted that skin assessments of the resident's altered skin integrity to upper back were completed on January 1, 2012; January 12, 2012; February 14, 2012; March 15, 2012 and March 20, 2012.

Inspector noted that documented assessments of the resident's altered skin integrity to her coccyx were completed on January 20, 2012; February 14, 2012; March 1, 2012; March 15, 2012; March 20, 2012.

The Inspector conducted a further review of the resident's electronic health care record and was unable to locate any further documentation of weekly assessments related to the resident's altered skin integrity to upper back and/or coccyx.

The licensee failed to ensure that a 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. [LTCHA 2007, O. Reg. 79/10, 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 with LTCHA 2007, O. Reg. 79/10, s. 50 (2) (b) (iv) to ensure that a 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.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. Inspector reviewed the resident's health care record on March 29, 2012 and noted that the MDS assessment completed on February 1, 2012 identified that the resident is incontinent of bowels and bladder and wears a continence brief. The Inspector was unable to locate a continence assessment which identified causal factors, patterns, type of incontinence and potential to restore function with specific interventions on the resident's health care record. The licensee failed to ensure that each resident who is incontinent receives an assessment that identifies casual factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence. [LTCHA 2007, O. Reg. 79/10, s. 51 (2) (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 with LTCHA 2007, O. Reg. 79/10, s. 51 (2)(a) to ensure that each resident who is incontinent receives an assessment that identifies casual factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The Inspector conducted a walk through of the home on March 30, 2012 at 11:46 hrs and made the following observations:

Smeared, dried feces were observed on the washroom floor between the toilet and bathroom wall in a resident room.

Flaking or chipped paint, gouged and/or scuffed walls were observed in most resident rooms throughout the 6th floor; bathroom doors on the 6th floor and the TV area located by the nursing station.

An accumulation of dirt, dust and debris on baseboards were observed in most resident rooms throughout the 6th floor.

An accumulation of dirt, dust and debris was observed in the north stairwell.

An accumulation of sawdust was observed in the north stairwell, main floor located between emergency exit 5 and entry to the resident dining room and kitchen.

The flooring was observed to be stained and/or gouged in multiple rooms located on the 6th floor.

Dried spills and dirt of unknown origin was observed on the cream coloured vinyl ottoman located at the 6th floor nursing station.

The wall protectors and wall paper located in the main lobby, main dining area and administration area of the home; all located on the main floor, were observed to be heavily soiled with dirt, spills, mud and scuffs. The wall paper was observed to be unsightly, worn, torn and gouged.

The flooring located in the main lobby and the administration area of the home was observed to be stained, the finish worn off and the dirt permanently embedded.

The finish on the credenza located in the main lobby of the home under the flat screen TV was observed to be heavily scuffed, scratched and worn and in need of repair.

A heavy accumulation of dirt and mud was observed around the columns and walls located in the main dining room and elevator area located on the first floor of the home.

The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary and in a good state of repair. [LTCHA 2007, S.O., c.8, s. 15 (2)].

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 with LTCHA 2007, S.O., c. 8, s. 15 (2) to ensure that the home, furnishings and equipment are kept clean and sanitary and are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.



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Issued on this 11th day of July, 2012

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

A handwritten signature in cursive script, appearing to read "A. J. J. J.", written in black ink within a rectangular box.