



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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 conformité**

**Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670**

**Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 4, 2013	2013_230134_0003	223, 057, 286, 172, 182-13	Critical Incident System

Licensee/Titulaire de permis

CITY OF OTTAWA

Long Term Care Branch, 275 Perrier Avenue, OTTAWA, ON, K1L-5C6

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

PETER D. CLARK CENTRE

9 MERIDIAN PLACE, OTTAWA, ON, K2G-6P8

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

COLETTE ASSELIN (134)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): June 19, 20 and 21, 2013

During the course of this inspection 5 critical incident inspections (log # O-000286-13, O-000057-13, O-000223-13, O-000172-13 and O-000182-3) were conducted.

During the course of the inspection, the inspector(s) spoke with the Administrator, two Directors of Care (DOC), two Registered Nurses (RN), several Registered Practical Nurses (RPN), the Psycho-Geriatric Nurse, the Psychiatrist, several residents and one family member.

During the course of the inspection, the inspector(s) toured one unit, two bungalows, reviewed the Pain Management Program, the Wound Management Program and several residents' health records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Pain

Personal Support Services

Responsive Behaviours

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 O.Reg 79/10, s. 50. Skin and wound care



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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 failed to comply with the O.Reg 79/10 s. 50 (2) (b) (i), in that staff failed to ensure that Resident #4 received 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.

The Home has a Skin and Wound Care program, which indicates the expectation that a weekly reassessment of the resident's skin be completed for each resident exhibiting altered skin integrity. The home's "Skin Assessment Tool" was reviewed and there is an entry that specifies that the skin assessment tool needs to be completed as needed (when a resident is determined to be at risk any time throughout their stay based on clinical judgment of the registered nurse).

There is a chart entry, a specified day in January, 2013, indicating Resident #4 was observed to have extensive deep purple bruising and an hematoma to one of the lower legs.

Based on discussion with the DOC, the skin assessment was not completed using the skin assessment tool once the bruising and hematoma of Resident #4's lower leg was observed on a specified day in January, 2013. The abnormal color changes to the resident's lower leg was not assessed on an ongoing basis for several days in January, 2013. The resident was transferred to hospital for assessment.

As such the resident's wound to the lower leg was not assessed using a clinically appropriate assessment instrument specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

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 to ensure every resident exhibiting altered skin integrity, 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management



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Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :



1. The licensee failed to comply with O. Reg. 79/10 s. 52 (2), in that staff failed to use a clinically appropriate assessment instrument to assess Resident #4's pain when it was not relieved by initial interventions.

The home's Pain Management Policy #315.18 was reviewed. There is an entry specifying the registered staff will complete the pain assessment tool when the condition or circumstances of the resident's pain is not relieved by initial interventions and as needed when the resident is determined to have unrelieved pain anytime throughout their stay based on clinical judgement of the registered nursing staff.

Resident #4's progress notes were reviewed and there are chart entries indicating the resident started showing a change in condition on a specific day in January 2013 where she was observed to be lethargic and did not want to eat as usual. Based on the progress notes of a specific day in January, 2013 there is a chart entry indicating the resident was being changed in bed and when approached yelled out and scratched at staff. The yelling ceased when the care was completed.

There is a chart entry made on a specific date in January, 2013 indicating the resident was found with extensive deep purple bruising to the front and outer aspect of one leg and had an hematoma to the same leg.

There is a chart entry made on a specific date in January, 2013 indicating the resident's leg was warm to touch compared to the other and resident continued to be lethargic with poor appetite.

On a different date in January, 2013 there is a chart entry indicating Resident #4 "was crying during the move to complete the bedtime care".

On a specified day in January, 2013, there is a chart entry indicating "the resident was presenting signs and symptoms of pain when the leg was moved. The resident was showing severe signs of pain. Slight change to the leg position presented with troubling scream and signs and symptoms of pain".

On a specified day in January, 2013, there is a chart entry indicating the resident continues to cry out when moved. Resident's appetite remains poor. On a specified day in January, 2013, there is a chart entry indicating the doctor examined the resident and indicated the identified lower leg was externally rotated and noted a



possible fracture. The physician ordered that the resident be sent to hospital for assessment.

On a specified day in January, 2013, there is a chart entry indicating the resident stated he/she had a lot of pain, that according to the staff, the pain intensity increased during care and with any slight movement of the leg. Resident seemed exhausted from pain and did not like to move.

On a specified day in January, 2013, there is a chart entry indicating staff report continued increased pain with any sort of movement or touch. Assessment shows +++ external rotation of the identified leg and potential shortening of the leg. Resident was not tolerating any sort of touch or repositioning. Resident guarding hip/upper leg, has facial grimacing. Is crying out more than usual behaviours with movement or touch.

As such, these circumstances show evidence of unrelieved pain for several days. There is no indication that the licensee's "pain assessment tool" was used to determine the location, the severity, the quality of the pain, the effects of the pain on activity of daily living and quality of life, the symptoms, behaviours present, past pain management, other concerns and provision of a nursing diagnosis as per the home's policy. [s. 52. (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 to ensure staff comply with the licensee's Pain Management Policy and use the pain assessment tool when a resident shows unrelieved pain and discomfort, to be implemented voluntarily.



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Issued on this 4th day of July, 2013

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

Casseli, LTH Inspector #134