



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

**Rapport d'inspection
prévus 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
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Dates of inspection/Date de l'inspection December 14 th , 15 th 2010	Inspection No/ d'inspection 2010_188_9566_14Dec093523	Type of Inspection/Genre d'inspection Complaint Log # S-00035, IL-13747-SU Log # S-00721
Licensee/Titulaire The City of Greater Sudbury, 200 Brady Street, PO Box 5000 Station A, Sudbury, ON, P3A 5P3. F 705-524-1767		
Long-Term Care Home/Foyer de soins de longue durée Pioneer Manor 960 Notre Dame Ave, Sudbury, ON P3A 2T4, F 705-524-1767		
Name of Inspector/Nom de l'inspecteur Melissa Chisholm 188		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection. During the course of the inspection, the inspector spoke with: the Manager of Resident Care, Manger of Dietary Services, Manger of Therapeutic Services, 2 Registered Nursing staff, 5 Personal Support Workers, 1 Physiotherapy Assistant, 1 Activation Aid During the course of the inspection, the inspector: Conducted a walk-through of all resident home areas and various common areas, observed the resident named in the complaint, observed staff practices and interactions with residents, observed snack pass on 2 different units and reviewed the following: • Policies and procedures related to Skin and Wound Care and Weight Loss • Health care records of resident named in the complaint • Resident equipment storage and availability The following Inspection Protocols were used during this inspection: Nutrition and Hydration Skin and Wound Care Accommodation Services: Maintenance Snack Observation Findings of Non-Compliance were found during this inspection. The following action was taken: 5 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

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

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.69 Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: (1) A change of 5 per cent of body weigh, or more, over one month, (2) A change of 7.5 per cent of body weigh, or more, over three months, (3) A change of 10 per cent of body weight, or more, over 6 months, (4) any other weight change that compromises the resident's health status.

Findings:

1. The inspector identified a resident with a progressive and significant weight loss of 5% or more over one month, 7.5% or more over three months or 10% or more over six months. The inspector noted that the weight changes were not assessed despite the continued weight loss. The licensee failed to ensure that the resident's significant weight loss was assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated.

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WN #2: The Licensee has failed to comply with O.Reg 79/10, s.50(2)(b)(iv) 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, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated

Findings:

1. The inspector reviewed the health care record of a resident. The resident had a documented wound. Review of the Skin Integrity Form and Wound Assessment Record for the resident was completed by the inspector. Documentation on these forms was not completed weekly. The licensee failed to ensure that the resident who had been exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

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WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(b) 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, b) is complied with.

Findings:

1. The inspector reviewed policy titled Weight Change obtained from Pioneer Manors electronic policy library December 15th, 2010. The policy indicates the following under the procedure section:
 - #5. The registered staff member will input the weight into the electronic record and check for

unplanned weight gain or loss of more than 5% or more over one month, 7.5% or more over three months or 10% or more over six months. If significant weight change has occurred they will request a reweigh and if the reweigh confirms a referral to the Clinical Dietitian or Food Service Supervisor will be sent.

- #6. The Physician will be notified of the weight change via the physician's note book.
- #7. Document on the progress notes and update the Resident Care Plan to indicate weight change, intervention planned and referrals made. The Clinical Dietitian or Food Service Supervisor will conduct a thorough assessment of residents referred and investigate possible nutritional factors responsible for the weight change.

Review of a resident's clinical record by the inspector revealed no documentation in the progress notes by the registered nursing staff following monthly weight losses of 5% or more over one month, 7.5% or more over three months or 10% or more over six months. No documentation was located indicating the resident was re-weighed. Referrals to the Clinical Dietitian or Food service supervisor relating to weight loss were not completed. The licensee has failed to ensure that their policy titled Weight Change, sections #5, #6 and #7, were complied with.

2. The inspector reviewed policy titled Skin Integrity: Prevention, Assessment and Treatment obtained from Pioneer Manor's electronic policy library December 15th, 2010. The policy indicates the following under the documentation section:
 - Section d) Skin Integrity Record, complete weekly
 - Review of a resident's clinical record by the inspector found the Skin Integrity Record and was not completed weekly. This does not comply with the homes policy indicating that weekly documentation needs to be completed for all residents with wounds on the Skin Integrity Record. The licensee has failed to ensure that their policy titled Skin Integrity: Prevention, Assessment and Treatment, section d, was complied with.

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WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.15(2) Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. The home was not maintained in a good state of repair on December 14 and 15, 2010 as observed by the inspector. The following was noted:
 - Six wet ceiling tiles outside the dinning room in front of the nursing station on Trillium unit.
 - Two wet ceiling tiles in the dinning room on Trillium unit.
 - Two missing ceiling tiles and two wet ceiling tiles on Ramsey in the entrance to the common area/elevator.
 - Four wet ceiling tiles in the common area/elevator on Ramsey near the air conditioner.
 - Two wet ceiling tiles outside the dinning room in front of the nursing station on Tulip unit.
 - One wet ceiling tile surrounding a speaker on Tulip unit behind the nursing station.

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WN #5: The Licensee has failed to comply with O.Reg. 79/10, s.87(2)d As part of the organized program of housekeeping under clause 15(1)a of the Act, the licensee shall ensure that procedures are developed and implemented for, d) addressing incidents of lingering offensive odours.

Findings:

1. The inspector was at the nursing station for Lilac and Mallard units. A strong urine odour was detected by the inspector. The inspector was unable to determine the cause of the odour. The licensee failed to ensure that procedures were implemented to address lingering offensive odours.

2. The inspector was walking from the Killarney unit to the Lilac unit and detected a strong odour of feces. The inspector determined the odour to be coming from soiled linen hampers in the hallway. The odour remained when inspector returned to the same area later on. The licensee failed to ensure that procedures were implemented to address lingering offensive odours.
3. The inspector detected a strong odour of feces on the Poplar unit. The inspector was unable to determine the origin of the odour. The odour remained when inspector returned to the same area. The licensee failed to ensure that procedures were implemented to address lingering offensive odours.

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**Signature of Licensee or Representative of Licensee
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).
