



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

The licensee shall ensure that each resident who exhibits altered skin integrity, including skin breakdown, ulcers, skin tears or wounds, receive an assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument, specifically designed for skin and wound assessment, and that all residents with altered skin integrity, including residents #9709 and #0015, are assessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Grounds / Motifs :

1. 1. Previously issued as a VPC in 2011.

Not all residents who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A) The Bath Day Skin Assessment identified that resident #9925, had an intact water blister on the back of the right thigh on January 3, 2013. The progress notes identified a new area of altered skin integrity on January 5, 2013, a water blister, on the right thigh, which was treated. Discussion with the RPN identified that registered staff would sign the bath day assessment when PSW staff brought it to their attention with any concerns. This tool was not signed by registered staff January 3, 2013. The area of altered integrity was not assessed or documented by a registered nursing staff until January 5, 2013.

B) Resident #9709 did not have an assessment of pressure ulcers using a clinically appropriate assessment instrument. On March 10, 2013, the resident was identified as having open areas, that had previously healed. The registered staff identified the skin breakdown were stage II pressure ulcers as a result of sitting and incontinence. The documented assessment in the progress notes for the areas of altered skin were not completed until March 13, 2013. The last Bates-Jensen assessment was completed December 31, 2012, which was prior to March 2013, and did not include an assessment of the current open areas.

C) Progress note for resident #4006, noted that a PSW reported an open area, the size of a quarter, and the area was noted by the same staff last week. A request was made that day staff assess and treat the area, as appropriate. Interview with the PSW, who reported the area, identified that the skin breakdown was reported to a RPN, when first identified. Interview with the RN confirmed that the PSW, indicated that she previously reported the skin



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breakdown to a RPN and that the area was not in the record. The RN also confirmed that the PSW reported that the area was now larger than when initially noted (the nurse identified an error in the progress notes on review). There was no documented assessment of the area of altered skin integrity, by a member of the registered nursing staff at the home, for at least eight days after the area was identified, when the resident was available for assessment.

2. Not all residents who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, have been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A) Resident #9925 was assessed and treated on January 5, 2013, for a large water blister on the right thigh. The Treatment Administration Record (TAR) identified this area was resolved on January 21, 2013, however there was no reassessment of the area of altered skin integrity from January 5 until 21, 2013. It was noted that the resident had subsequent altered skin integrity in this area identified in March, April and May 2013, which is currently resolved. The RPN confirmed that all assessments related to skin and wound care would be recorded electronically and should be completed on a weekly basis.

B) Resident #9709 had stage II pressure ulcers identified on March 10, 2013. The resident and nursing staff confirmed the stage II pressure ulcers were present as of May 7, 2013. The progress notes reviewed noted documented skin assessments on March 13, 27 and April 10, 2013. Review of assessments completed from December 2012 until May 2013, identified the last Bates-Jensen Wound Assessment was completed on December 31, 2012. Assessments were not conducted on a weekly basis by registered staff:

C) Resident #0015 had a wound identified on September 29, 2012. Skin integrity was not assessed on a weekly basis by the registered nursing staff, from September 29, 2012, until April 30, 2013, the wound was not assessed by the registered staff on 16 out of 30 weeks. (168)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 02, 2013



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**Order # /
Ordre no :** 006

**Order Type /
Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(a) is a minimum of 21 days in duration;
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
(d) includes alternative beverage choices at meals and snacks;
(e) is approved by a registered dietitian who is a member of the staff of the home;
(f) is reviewed by the Residents' Council for the home; and
(g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Order / Ordre :

The licensee shall ensure that the menu cycle includes menus for all therapeutic diets including vegetarian and low sodium diets for both meals and snacks.

Grounds / Motifs :

1. The homes menu cycle did not include menus for vegetarian and low sodium diets for both meals and snacks. (156)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 26, 2013



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Order # /

Ordre no : 007

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,

- (a) three meals daily;
- (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
- (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Order / Ordre :

The licensee shall prepare, submit and implement a plan that outlines how the home will ensure that all residents are offered a between meal beverage in the morning and afternoon and a beverage in the evening after supper.

The plan shall include how the home will ensure that residents are offered between meal beverages on a continual basis to ensure compliance is maintained.

The plan is to be submitted to lisa.vink@ontario.ca by July 8, 2013.

Grounds / Motifs :

1. Previously issued as VPC in January 2012.

Beverages were not offered to residents in three separate home areas during the morning on two dates during the inspection: Staff and residents confirmed that beverages were not offered in the morning on a regular basis. (168)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 29, 2013



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Order # /

Ordre no : 008

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 72. (2) The food production system must, at a minimum, provide for,

- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
- (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
- (c) standardized recipes and production sheets for all menus;
- (d) preparation of all menu items according to the planned menu;
- (e) menu substitutions that are comparable to the planned menu;
- (f) communication to residents and staff of any menu substitutions; and
- (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan that outlines how the home will ensure that:

- a) recipes are available and followed for all food items including textured modified foods
- b) recipes include preparation instructions, ingredients, measurement, yield etc.
- c) portion sizes are followed consistently in all home areas
- d) foods are not prepared too far in advance of meal service
- e) the same level of quality is provided for all items being prepared for the textured modified menus
- f) all menu items are consistently available
- g) foods appear appetizing to residents

The plan is to be submitted to lisa.vink@ontario.ca by July 8, 2013.

Grounds / Motifs :



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1. Previously issued as a VPC in January 2013.

The home did not have standardized recipes and production sheets for all menus including minced and pureed items. Recipes were found to be incomplete, not available or not followed. Portion sizes were not followed in all home areas. Menu items were cooked too far in advance of the meal being served, including textured modified items. Food items were not always available nor did food always appear appetizing, as several items looked dried out or overcooked. Resident food comments and suggestions were not consistently followed up on to ensure food quality. (156)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 20, 2013



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Order # /

Ordre no : 009

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 82. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,

(a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination;

(b) attends regularly at the home to provide services, including assessments; and

(c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that all residents have a physical examination by a physician or a registered nurse in the extended class upon admission and annually thereafter, and have a written report of the findings in the medical record.

The plan should consider the prioritization of residents based on admission date, date of last examination and medical needs.

The plan shall be submitted to lisa.vink@ontario.ca by July 31, 2013.

Grounds / Motifs :

1. A total of 12 residents were identified as not having an annual physical since at least 2011, one resident's last medical exam was conducted in 2008. A resident who was admitted in early 2012 has yet to have a physical completed. (169)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 29, 2013



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Order # /

Ordre no : 010

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 101. (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101. (4).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that home meets the practice requirements of the Resident Assessment Instrument - Minimum Data Set (MDS-RAI) system, which requires each resident to have their care and service needs be reassessed using the MDS 2.0 Quarterly or Full Assessment by the interdisciplinary team within 92 days of the last Assessment Reference Date (ARD) of the previous assessment, and any significant change in resident's condition, either decline or improvement, to be reassessed along with Resident Assessment Protocol (RAPs) by the interdisciplinary care team using the MDS Full assessment by the 14th day following the determination that a significant change in status had occurred.

The plan shall be submitted to lisa.vink@ontario.ca by July 15, 2013.

Grounds / Motifs :



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1. The Long-Term Care Home Service Accountability Agreement (LSAA) with the Local Health Integration Network (LHIN) under the Local Health System Integration Act, 2006, required the licensee to meet the practice requirements of the RAI-MDS (Resident Assessment Instrument - Minimum Data Set) system, which required each resident's care and service needs to be reassessed using the MDS 2.0 Quarterly or Full Assessment by the interdisciplinary team within 92 days of the Assessment Reference Date (ARD) of the previous assessment, and any significant change in resident's condition, either decline or improvement, to be reassessed along with Resident Assessment Protocol (RAPs) by the interdisciplinary care team using the MDS Full assessment by the 14th day following the determination that a significant change in status had occurred. For all other assessments (quarterly, significant change in resident's health status) - The care plan must be reviewed by the interdisciplinary team and where necessary revised, within 14 days of the ARD or within seven days maximum following the date of VB2. - RAPs must be generated and reviewed and RAPs assessment summaries must be completed for triggered RAPs and non-triggered clinical conditions within 7 days maximum of the ARD. The licensee did not comply with the conditions to which the license is subject for the following identified residents:

- A) At least four residents were identified to not have their RAI-MDS Full Assessment completed within 92 days of the ARD of the previous assessment.
- B) A total of six residents were identified as having incomplete or late RAPs completed, 14 days after the MDS Full Assessment was completed and a RAP was triggered. (141)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2013



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Order # /

Ordre no : 011

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure:

1. Identify what immediate interventions have been implemented to date to mitigate risks to residents that use one or more bed rails for beds that failed any zone of entrapment. This includes all beds, whether the mattress is foam based or not.

2. Identify what long term measures will be implemented to ensure beds continue to pass all zones of entrapment.

3. Identify how residents are being assessed to determine if their bed system (rail, mattress and frame) are appropriate for their needs.

4. Summarize how and when staff have been or will be trained and oriented with respect to bed safety.

The plan shall be implemented by December 31, 2013.

The plan shall be submitted to bernadette.susnik@ontario.ca by June 30, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before the original compliance date expires.

Grounds / Motifs :



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1. Where bed rails are used, residents had not been assessed and steps had not been taken to prevent resident entrapment, taking into consideration all potential zones of entrapment (one through seven); and other safety issues related to the use of bed rails, including height.

The home had their bed systems evaluated in accordance with current prevailing practices (Health Canada Guidelines titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards", 2008) by an external company on January 24 and 25, 2013. The audit identified that over 60% of the beds failed more than one zone of entrapment related to either the rail type or mattress or both.

A mixed variety of manual and electric bed systems (which includes bed frame, bed rails and mattress type) were identified throughout the home during the inspection. In addition to the entrapment zones that were identified in the audit, additional safety risks were observed during the inspection.

A) Beds with therapeutic surfaces on the frames were not tested due to their compressible air filled design and were partially exempt from the Health Canada Guidelines. However, the guidelines did caution the need to evaluate the safety of the bed (including bed rail height) due to the inherent entrapment risks based on their design (soft edges, height and compressible nature). The benefits need to outweigh the risks. Many of these surfaces were observed in use during the inspection and safety risks identified. In four rooms, the air mattresses were thick and the surfaces were almost level with the tops of the raised bed rails. A resident sleeping on such a mattress could roll over top of the rail. The height of the rail on beds with therapeutic mattresses had not been addressed.

B) Numerous beds without corner mattress keepers to keep the mattresses from sliding side to side were identified. When beds without mattress keepers were tested, the mattresses easily slid off the frame of the bed, especially when the bed rails were in the down position. No visual amendments to bed systems were apparent other than gap fillers for beds where the mattress was too short for the bed frame.

The manager who is involved in the bed safety program was not able to provide any documentation to support what immediate steps have been taken to mitigate zone one through four entrapment risks. No documentation was provided that identifies when and how residents were assessed for compatibility with their bed system (appropriate rail, mattress and style of bed). (120)



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1. Where bed rails are used, residents had not been assessed and steps had no

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
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La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of June, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

LISA VINK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office