

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

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

Division de la responsabilisation et de la performance du
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☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection January 28, 2011	Inspection No/ d'inspection 2011_132_8574_28Jan105157	Type of Inspection/Genre d'inspection Complaint T3170 -2010
Licensee/Titulaire Unionville Home society, 4300 Highway #7, Markham, ON, L3R 1L8		
Long-Term Care Home/Foyer de soins de longue durée Union Villa, 4300 Highway #7, Markham, ON, L3R 1L8		
Name of Inspector(s)/Nom de l'inspecteur(s) Rosemary Lam, #132		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection. T3170 -2010		
During the course of the inspection, the inspector spoke with: Director of Operation (Director of Care), Registered Nursing staff and PSW staff from care unit.		
During the course of the inspection, the inspector reviewed medical file for the involved resident.		
The following Inspection Protocols were used in part or in whole during this inspection: Skin and Wound Care Hospitalization and Death Inspection Protocol		
☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN 2 VPC		

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. Regulation 70/10. **50(2)(b)(i)**

(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.

Findings:

One of the residents reportedly had altered skin integrity however, he/she was not assessed by member of the registered staff using a clinically appropriate assessment instrument.

1. Full time Personal Support Worker (PSW), confirmed that the resident did not have a buttock ulcer but had a left hip rash that comes & goes. PSW staff documented this by checking off the section box to indicate there was a skin integrity issue under section "skin open/pressure ulcer" of the PSW observation and monitoring flow sheet.. PSW staff indicated she applied the usual skin cream the home provides and did not report this information to registered staff. Condition and size of the left hip rash was not available throughout resident's file.
2. Registered Practical Nurse (RPN), in her progress note documentation, provided contrary information on the resident's skin condition. In RPN's note, she reported that the resident's skin was intact during his/her recent skin assessment on the resident..
3. Another RPN - FT, reported the resident didn't have coccyx wound but was not aware of him/her having left hip rash.

VPC – Pursuant to LTCHA, 2007, S.O. 2007, c. 8, s. 152 (2) the licensee is hereby requested to prepare a written plan of correction for ensuring the following: All residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, 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. This is to be implemented voluntarily

WN#2: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c. 8, s.6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary;

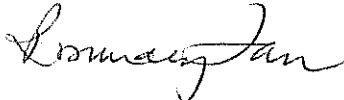
Findings:

1. The Speech Language Pathologist's assessments in July, and November, 2010 which recommended Honey thickened fluid was not implemented as of November 17, 2010. Staff implemented this

- intervention on November 18, 2010 after ministry's dietary inspector pointed out this deficiency. Plan of care of October 1, 2010 was not revised and continued to direct staff to give Nectar thickened fluid.
- Plan of care of October 1, 2010 identified urinary incontinence issue and directed staff to use large incontinence briefs. The plan of care was not revised after an indwelling catheter was inserted. There was no direction to staff in regards to care and management of the resident's catheter.

During the MOHLTC Dietary Inspector's visit on November 17, 18, 2010, order was issued and due for Dec 3rd, 2010 with regards to weight monitoring and weight assessment. Written notification was issued with regards to the licensee not implementing Speech Language pathologist's recommendation for Honey thickened fluid. Resident was discharged and was not at the long-term care at the time of Ministry's nursing inspector's visit.

VPC – Pursuant to LTCHA, 2007, S.O. 2007, c. 8, s. 152 (2) the licensee is hereby requested to prepare a written plan of correction for ensuring each resident's plan of care is revised when the resident's care needs change or care set out in the plan is no longer necessary. This is to be implemented voluntarily.

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 of Report: (if different from date(s) of inspection). 