



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
Dec 21, 2011; ^{ha} Feb 2, 16, 2012	2011_026147_0042	Complaint

Licensee/Titulaire de permis

~~GAIKWOOD RETIREMENT COMMUNITIES INC.~~ *Schlegel Villages Inc.*
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF ERIN MEADOWS
2930 Erin Centre Boulevard, MISSISSAUGA, ON, L5M-7M4

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

LALEH NEWELL (147)

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 Administrator, Assistant Director of Care (ADOC), Kinesiologist and Registered Practical Nurse (RPN) staff.

During the course of the inspection, the inspector(s) interviewed the Administrator, Assistance Director of Care and the Kinesiologist, reviewed clinical chart and progress notes, reviewed Policy and Procedure related to Skin and Wound, Pain Management, Nutrition and Hydration and Weight and Height Monitoring.

Log #H-002358-11

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Pain

Safe and Secure Home

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
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. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) 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,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. 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, is complied with.
O. Reg. 79/10, s. 8 (1).

a. The home's Wound and Skin Care policy states the Team Leader will inform Power of Attorney (POA)/Substitute Decision Maker (SDM) regarding the status of the wound. An identified resident developed a pressure ulcer in 2011, however according to progress notes and interview with Assistance Director of Care and the Registered Practical Nurse the POA was not informed by the home regarding the pressure ulcer.

b. The home's Pain Management Policy states the home is to develop intervention related to pain management with discussion with the POA for possible causes of pain and relieving factors and analgesic to be administered. An identified resident developed a pressure ulcer in 2011 that required dressing changes twice a week. Progress notes and weekly Wound Assessment Tool assessment completed by registered staff indicated the resident exhibited pain during dressing changes, however there was no discussion with the POA to determine alternative pain relieving factors for the resident.

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 that 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 is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 23. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions. O. Reg. 79/10, s. 23.

Findings/Faits saillants :

1. The home failed to ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instruction. It was reported to the home that the staff were not utilizing the correct equipment for an identified resident's bed in accordance with manufacturers' instruction. This was also confirmed by interviews with the staff of the home.

WN #3: 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).**
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Findings/Faits saillants :

1. The home failed to ensure that a resident exhibiting altered skin integrity, including pressure ulcers receive immediate treatment and interventions to reduce or relieve pain as required. An identified resident developed a pressure ulcer in 2011. The home's progress notes and weekly Wound Assessment Tool assessment completed by the registered staff indicated the resident did express pain during dressing changes, however there were no immediate treatment and intervention developed to reduce or relieve the pain until several days after the assessments were completed.

Issued on this 22nd day of February, 2012



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