



**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
prévues 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
conformité

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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
Mar 20, 21, 22, 23, 26, 27, 28, 29, Apr 2, 3, 4, 2012	2012_07649_0009	Complaint
Licensee/Titulaire de permis		
TORONTO LONG-TERM CARE HOMES AND SERVICES 55 JOHN STREET, METRO HALL, 11th FLOOR, TORONTO, ON, M5V-3C6		
Long-Term Care Home/Foyer de soins de longue durée		
WESBURN MANOR 400 The West Mall, ETOBICOKE, ON, M9C-5S1		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs		
BAMBO OLUWADIMU (149)		

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 the Administrator, Director of Care, Registered staff, Personal Support Workers (PSWs), residents' families and the President of Family Council.

During the course of the inspection, the inspector(s) observed resident care, reviewed resident records and home's administrative records.

PLEASE NOTE:

1. Non compliance s.6(7) found under this inspection is issued under Inspection # 2012_07649_007.
2. Non compliance s.221(1), finding #1 issued under this inspection was found under Inspection # 2012_07649_007.

The following Inspection Protocols were used during this inspection:

Dining Observation

Family Council

Hospitalization and Death

Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

- s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,**
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).
- 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,**
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee did not ensure that staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

Staff reported to the inspector that residents on weekly wound assessments also get weekly pain assessments. On the pain assessment tool, Resident A was assessed between November 10, 2011 and March 21, 2012 as having no pain. On the wound assessment sheet, resident A was assessed as having mild to moderate wound pain from November 10 to February 22, 2012. No intervention was provided to manage this pain [s.6.(4)(a)].

2. On January 9, 23 and February 6, 2012, the physician assessed resident A's wound as healing well. On January 10, 17, 24 and February 7, 2012 some nurses assessed resident A's wound as healing with low, serous drainage with no tunnelling. On January 20 and February 9, 2012, other nurses assessed the wound to have low bloody drainage with 0.5cm tunnelling. On February 13, 2012 at the hospital, the ulcer was assessed to have moderate amount of sero-purulent drainage with 3cm tunnelling. Wound infection was diagnosed during the hospital admission [s.6.(4)(a)].

3. Resident A returned from hospital on November 9, 2011 with stage 3 ulcer. The physician and nurses regularly assessed the ulcer between November 10 and December 5, 2011. On December 1, 2011 the wound was assessed by RPN A to have purulent drainage and deteriorating. On another skin assessment tool, RPN A assessed the wound to have serous drainage. RPN A left a note for the physician to assess the wound. On Dec 5, 2011 at 0645h, the wound was assessed by RPN B to have purulent drainage and deteriorating. Later that morning, the physician assessed the wound as clean and healing. When Family member A inquired about the status of the wound that afternoon, Family member A was informed by RN A that the wound was infected [s.6.(4)(a)].

4. The resident was not reassessed and the plan of care reviewed when the resident's care needs changed. Family member A reported to the inspector that resident A's legs were swollen and painful, two weeks prior to being hospitalized on February 11, 2012. Family member A reported this change to registered staff prior to resident A's hospitalization. Two PSWs reported to the inspector that resident A often moaned in discomfort when repositioned and reported this to the registered staff. RN A reported to the inspector that resident A had ongoing problem with swollen legs and was given Tylenol when he/she complained of pain. The leg pain was not assessed by the registered staff and was not reported to the attending physician. When resident A was admitted to hospital on February 11, 2012, it was diagnosed as bilateral deep vein thrombosis [s.6.(10)(b)].

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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 staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following subsections:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee did not provide staff who provide direct care to resident with training in continence care and bowel management. Twenty-six of the 150 nursing staff received training related to continence care and bowel management between March 2011 and March 2012 [r.221(1)3].

2. The licensee did not provide annual skin and wound care training to all staff who provide direct care to residents.

Resident A returned from hospital on November 9, 2011 with stage 3 ulcer. The physician and nurses regularly assessed the ulcer between November 10 and December 5, 2011. On December 1, 2011 the wound was assessed by RPN A to have purulent drainage and deteriorating. On another skin assessment tool, RPN A assessed the wound to have serous drainage. RPN A left a note for the physician to assess the wound. On Dec 5, 2011 at 0645h, the wound was assessed by RPN B to have purulent drainage and deteriorating. Later that morning, the physician assessed the wound as clean and healing. When Family member A inquired about the status of the wound that afternoon, Family member A was informed by RN A that the wound was infected [r.221(1)2].

3. On January 9, 23 and February 6, 2012, the physician assessed resident A's wound as healing well. On January 10, 17, 24 and February 7, 2012 some nurses assessed resident A's wound as healing with low, serous drainage with no tunnelling. On January 20 and February 9, 2012, other nurses assessed the wound to have low bloody drainage with 0.5cm tunnelling. On February 13, 2012 at the hospital, the ulcer was assessed to have moderate amount of sero-purulent drainage with 3cm tunnelling. Wound infection was diagnosed during the hospital admission [r.221(1)2].

4. Staff reported to the inspector that residents on weekly wound assessments also get weekly pain assessments. On the pain assessment tool, Resident A was assessed between November 10, 2011 and March 21, 2012 as having no pain. On the wound assessment sheet, resident A was assessed as having mild to moderate wound pain from November 10 to February 22, 2012. No intervention was provided to manage this pain [r.221(1)2].

5. In October 2011, a Long Term Care Homes Inspector from the Ministry of Health and Long Term Care issued a non-compliance (written notification) because the licensee had not provided skin and wound care training to staff who provide direct care to resident since July 2010. No wound and skin care training was provided to staff between October 2011 and February 2012. Home has 150 direct care staff. On March 16, 2012, skin and wound care training was provided to 15 of the 68 registered staff. No training was provided to PSWs [r.221.(1)2].

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: 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. The licensee did not ensure that where the Act or Regulation requires (i.e. Required program r.51(1) Continence care and bowel management) 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 plan, policy, protocol, procedure, strategy or system is complied with.

A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires registered staff to change Foley catheters every three to four weeks. Resident B has a Foley catheter. The Foley catheter is being changed every 6 weeks as of February 2012 [r.8.(1)].

2. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires registered staff to provide catheter care to the resident on all three shifts. Resident B has a Foley catheter. Catheter was irrigated every two days in February 2012. Catheter care was not provided to resident B on all three shifts in December 2011, January, February and March 2012 [r.8.(1)].

3. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires registered staff to provide catheter care to the resident on all three shifts. Resident C has a Foley catheter. Catheter care was not provided to resident C on all three shifts in December 2011, January, February and March 2012 [r.8.(1)].

4. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires registered staff to change the catheter bag weekly. Resident B has a Foley catheter. The catheter bag was changed every two weeks in November 2011 and February 2012. The catheter bag was not changed in December 2011 and January 2012 [r.8.(1)].

5. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires registered staff to change the catheter bag weekly. Resident C has a Foley catheter. The catheter bag was changed every two weeks between December 2011 and February 2012 [r.8.(1)].

6. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires urine specimen be collected and sent to the laboratory for testing monthly when the Foley catheter is changed. Resident B has a Foley catheter. Urine specimen was not collected and sent to the laboratory for testing in December 2011, January, February and March 2012 when the Foley catheters were changed [r.8.(1)].

7. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires urine specimen to be collected and sent to the laboratory for testing monthly when the catheter is changed. Resident C has a Foley catheter. Urine was sent for testing in December 2011 and January 2012 but was sent back as contaminated. Urine specimen were not resent to the laboratory for testing. Urine specimen were not collected and sent to the laboratory for testing in February and March 2012 when the Foley catheters were changed [r.8.(1)].

8. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires registered staff to change the catheter bag weekly. Resident A's Foley catheter was inserted on December 6, 2011 to help keep the skin dry and facilitate healing of the wound. The catheter bag was not changed the week of December, 12, 19, 26, 2011, week of January 18, 25, February 24, and March 8, 2012. Resident A was transferred to the hospital on February 11, 2012 and diagnosis with Urosepsis [r.8.(1)].

9. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires registered staff to provide catheter care to the resident on all three shifts. Resident A had Foley catheter inserted on December 6, 2011 to help keep the skin dry and facilitate healing of the wound. Catheter care was not provided to resident A on all three shifts until March 3, 2012. Resident A was transferred to the hospital on February 11, 2012 and diagnosis with Urosepsis [r.8.(1)].

10. A procedure in "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) requires urine specimen be collected and sent to the laboratory for testing monthly when the catheter is changed. Resident A had Foley catheter inserted on December 6, 2011 to help keep the skin dry and facilitate healing of the wound. Foley catheter was changed on January 6, 2012 and urine specimen was not sent until February 9, 2012 when resident A had temperature of 38 degrees and blood streaks in the urine. Resident A was transferred to the hospital on February 11, 2012 and diagnosis with Urosepsis [r.8.(1)].

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 the "Care of Indwelling Ureteral Catheter" policy (NU-00804-00) is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee did not ensure that residents are provided with personal assistance required to safely eat and drink as comfortably and independently as possible.

Resident A requires feeding assistance with meals. On January 10, 2012, resident A's lunch tray was left in resident A's room and was not provided with feeding assistance. When Family member B arrived for a visit, Family member B found the lunch tray sitting in front of resident A while resident A was sleeping. The lunch tray was picked up at 1530h by a Personal Support Worker [r.73(1)9].

WN #5: 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 license did not ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receives immediate treatment and interventions to reduce or relieve pain, promote healing, prevent infection and is reassessed at least weekly by a member of the registered nursing staff when clinically indicated.

Staff reported to the inspector that residents on weekly wound assessments are also assessed weekly for pain. On resident A's wound assessment sheets, Resident A was assessed to have mild to moderate pain from November 10 to February 22, 2012. On December 12, 2011, standing order for Tylenol 500mg three times a day was discontinued. Resident A continued to have prescribed order for Tylenol 325 to 650 mg every four hours when required. Resident A was not offered Tylenol before or after dressing changes between December 22, 2011 and Feb 29, 2012. When resident A was assessed by Wound Nurse Specialist on March 1, 2011, it was observed that the resident was uncomfortable during the dressing change and Tylenol prior to dressing changes was recommended. Tylenol 650 mg was order March 2, 2012 to be given prior to dressing changes [r.50(2)(b)(ii)].

2. Resident A's wound was infected in December 2011 and was referred to Wound Nurse Specialist for consultation. The Wound Nurse Specialist recommended monthly Wound Nurse Specialist follow-up. Resident A did not get a follow-up assessment by the Wound Nurse Specialist until she was transferred to hospital on February 11, 2012. Resident A was diagnosed with wound infection at the hospital [r.50(2)(b)(ii)].

3. Resident A returned from hospital on November 9, 2011 with stage 3 ulcer and was assessed to required weekly wound assessment. Resident A's ulcer was not assessed by the registered staff the week of January 31, March 5 and March 12, 2012 [r.50(2)(b)(iv)].

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 residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receives immediate treatment and interventions to reduce or relieve pain, promote healing, prevent infection and is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council
Specifically failed to comply with the following subsections:**

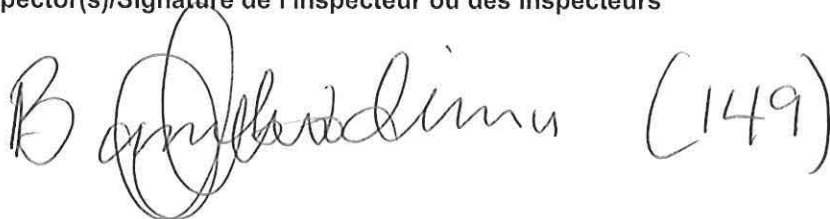
**s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either
paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the
Family Council in writing. 2007, c. 8, s. 60. (2).**

Findings/Faits saillants :

1. The licensee did not respond to the Family Council in writing within 10 days of receiving concern about the operation of the home. President of Family Council sent email on November 20, 2011 to the Administrator about concerns that staff were not providing assisting to residents in the dining room. The Administrator responded to President of Family Council verbally, but did not respond in writing until December 9, 2011 [s.60.(2)].

Issued on this 4th day of April, 2012

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





**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

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BAMBO OLUWADIMU (149)
Inspection No. / No de l'inspection :	2012_07649 _0009
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Mar 20, 21, 22, 23, 26, 27, 28, 29, Apr 2, 3, 4, 2012
Licensee / Titulaire de permis :	TORONTO LONG-TERM CARE HOMES AND SERVICES 55 JOHN STREET, METRO HALL, 11th FLOOR, TORONTO, ON, M5V-3C6
LTC Home / Foyer de SLD :	WESBURN MANOR 400 The West Mall, ETOBICOKE, ON, M9C-5S1
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	JUDI JOLIFFE (ACTING) <i>Rosemary Stehar</i>

To TORONTO LONG-TERM CARE HOMES AND SERVICES, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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

Order # / Ordre no :	Order Type / Genre d'ordre :
001	Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee shall ensure that the resident is reassessed and the plan of care reviewed when the resident's care needs change.

Grounds / Motifs :

1. The resident was not reassessed and the plan of care reviewed when the resident's care needs changed. Family member A reported to the inspector that resident A's legs were swollen and painful, two weeks prior to been hospitalized on February 11, 2012. Family member A reported this change to registered staff prior to resident A's hospitalization. Two PSWs reported to the inspector that resident A often moaned in discomfort when repositioned and reported this to the registered staff. RN A reported to the inspector that resident A had ongoing problem with swollen legs and was given Tylenol when he/she complained of pain. The leg pain was not assessed by the registered staff and was not reported to the attending physician. When resident A was admitted to hospital on February 11, 2012, it was diagnosed as bilateral deep vein thrombosis. (149)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jun 28, 2012

Order # / Ordre no :	Order Type / Genre d'ordre :
002	Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

Order / Ordre :



**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 provide training to all staff who provide direct care to residents in wound and skin care and continence care and bowel management.

Grounds / Motifs :

1. The licensee did not provide annual skin and wound care training to all staff who provide direct care to residents. In October 2011, a Long Term Care Homes Inspector from the Ministry of Health and Long Term Care issued a non-compliance (written notification) because the licensee had not provided skin and wound care training to staff who provide direct care to resident since July 2010. No wound and skin care training was provided to staff between October 2011 and February 2012. Home has 150 direct care staff. On March 16, 2012, skin and wound care training was provided to 15 of the 68 registered staff. No training was provided to PSWs. (149)
2. Staff reported to the inspector that residents on weekly wound assessments also get weekly pain assessments. On the pain assessment tool, Resident A was assessed between November 10, 2011 and March 21, 2012 as having no pain. On the wound assessment sheet, resident A was assessed as having mild to moderate wound pain from November 10 to February 22, 2012. No intervention was provided to manage this pain. (149)
3. On January 9, 23 and February 6, 2012, the physician assessed resident A's wound as healing well. On January 10, 17, 24 and February 7, 2012 some nurses assessed resident A's wound as healing with low, serous drainage with no tunnelling. On January 20 and February 9, 2012, other nurses assessed the wound to have low bloody drainage with 0.5cm tunnelling. On February 13, 2012 at the hospital, the ulcer was assessed to have moderate amount of sero-purulent drainage with 3cm tunnelling. Wound infection was diagnosed during the hospital admission. (149)
4. Resident A returned from hospital on November 9, 2011 with stage 3 ulcer. The physician and nurses regularly assessed the ulcer between November 10 and December 5, 2011. On December 1, 2011 the wound was assessed by RPN A to have purulent drainage and deteriorating. On another skin assessment tool, RPN A assessed the wound to have serous drainage. RPN A left a note for the physician to assess the wound. On Dec 5, 2011 at 0645h, the wound was assessed by RPN B to have purulent drainage and deteriorating. Later that morning, the physician assessed the wound as clean and healing. When Family member A inquired about the status of the wound that afternoon, Family member A was informed by RN A that the wound was infected. (149)
5. The licensee did not provide staff who provide direct care to resident with training in continence care and bowel management. Twenty-six of the 150 nursing staff received training related to continence care and bowel management between March 2011 and March 2012. (149)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 29, 2012



**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

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

**1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603**

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

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 4th day of April, 2012

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

BAMBO OLUWADIMU

Service Area Office /

Bureau régional de services : Toronto Service Area Office