

Agenda

Dearness Home Committee of Management

2nd Meeting of the Dearness Home Committee of Management

May 22, 2019, 12:00 PM

Dearness Home, 710 Southdale Road E, London N6E 1R8

Members

Councillors: E. Pelosa (Chair), A. Hopkins (Vice Chair), M. Cassidy, S. Hillier, and S. Lehman, and C. Saunders (Secretary).

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Pages

- 1. **CALL TO ORDER**
 - 1.1. Disclosures of pecuniary interest(s), if applicable.
- 2. **CONSENT ITEMS**
 - 2.1 1st Report of the Dearness Home Committee of Management 2
 - 2.2 Administrator’s Report to the Committee of Management for the 4
 Period January 16, 2019 to April 15, 2019
- 3. **SCHEDULED ITEMS**
 - 3.1 Not before 12:00 PM Orientation and Tour of Dearness Home
- 4. **ITEMS FOR DIRECTION**
- 5. **DEFERRED MATTERS/ADDITIONAL BUSINESS**
- 6. **CONFIDENTIAL**
- 7. **NEXT MEETING DATE**
 - Wednesday, September 18, 2019, City Hall, Committee Room #4
- 8. **ADJOURNMENT**

MINUTES OF THE
1ST MEETING OF THE
DEARNESS HOME COMMITTEE OF MANAGEMENT

Meeting held on Thursday, February 21, 2019, commencing at 12:03 PM at City Hall, Second Floor, Committee Room #5.

PRESENT: Councillors M. Cassidy, S. Hillier, A. Hopkins, S. Lehman, and E. Pelosa, and C. Saunders (Secretary).

ALSO PRESENT: S. Datars Bere, A. Hagan and L. Hancock.

1. Disclosures of Pecuniary Interest

None were disclosed.

2. Election of Chair and Vice Chair, for the term ending November 15, 2022

HOPKINS AND HILLIER

That Councillor E. Pelosa BE ELECTED Chair of the Dearness Home Committee of Management, for the term ending November 15, 2022. CARRIED

HILLIER AND LEHMAN

That Councillor A. Hopkins BE ELECTED Vice-Chair of the Dearness Home Committee of Management, for the term ending November 15, 2022. CARRIED

3. Minutes of the 5th Meeting of the Dearness Home Committee of Management

HOPKINS AND LEHMAN

That the Minutes of the 5th Meeting of the Dearness Home Committee of Management, from its meeting held on November 14, 2018, BE RECEIVED. CARRIED

4. 2016-2019 Long-Term Care Home Service Accountability Agreement between The Corporation of the City of London (Dearness Home) and the South West Local Health Integration Network (LHIN) - Declaration of Compliance 2018

HOPKINS AND CASSIDY

That, on the recommendation of the Managing Director, Housing, Social Services and Dearness Home, the following actions be taken with respect to the 2016-2019 Long-Term Care Home Service Accountability Agreement between The Corporation of the City of London and the South West Local Health Integration Network (LHIN) - Declaration of Compliance 2018:

- a) the Managing Director, Housing, Social Services and Dearness Home BE AUTHORIZED to execute the Declaration of Compliance, under the Long Term Care Home Service Accountability Agreement for the reporting period of January 1 to December 31, 2018, substantially in the form appended to the staff report dated February 21, 2019, as Schedule 1; and
- b) the Managing Director, Housing, Social Services and Dearness Home BE DIRECTED to advise the Licensee, The Corporation of the City of London, that the Declaration of Compliance has been made. CARRIED

5. Orientation Briefing for Dearness Home Committee of Management (Overview of Home and Role of Committee of Management)

LEHMAN AND HILLIER

That, on the recommendation of the Administrator, Dearness Home and the Managing Director, Housing, Social Services and Dearness Home, that;

- a) the report dated February 21, 2019, entitled "Orientation Briefing for Dearness Home Committee of Management (Overview of Home and Role of Committee of Management)", BE RECEIVED; and,
- b) the Managing Director, Housing, Social Services and Dearness Home BE DIRECTED to advise the Licensee, The Corporation of the City of London, of the orientation conducted with the Committee of Management and the information shared;

it being noted that the Managing Director, Housing, Social Services and Dearness Home and the Administrator, Dearness Home, provided a presentation regarding this matter and responded to questions of the Committee of Management. CARRIED

6. Administrator's Report to the Committee of Management for the Period October 16, 2018 to January 15, 2019

HOPKINS AND CASSIDY

That, on the recommendation of the Administrator, Dearness Home, with the concurrence of the Managing Director, Housing, Social Services and Dearness Home, the report dated November 14, 2018, entitled "Administrator's Report to the Committee of Management for the Period October 16, 2018 to January 15, 2019", BE RECEIVED. CARRIED

7. Location of Next Meeting

HOPKINS AND HILLIER

That the May 22, 2019 meeting of the Dearness Home Committee of Management BE HELD at the Dearness Home; it being noted that the meeting will include a tour of the facility. CARRIED.

8. Adjournment

CASSIDY AND HOPKINS

That the meeting of the Dearness Home Committee of Management BE ADJOURNED. CARRIED.

The meeting adjourns at 1:35 PM.

E. Pelloza, Chair

C. Saunders, Secretary

TO:	CHAIR AND MEMBERS DEARNESS HOME COMMITTEE OF MANAGEMENT MEETING ON MAY 22, 2019
FROM:	LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME
SUBJECT:	ADMINISTRATOR'S REPORT TO THE COMMITTEE OF MANAGEMENT FOR THE PERIOD JANUARY 16, 2019 TO APRIL 15, 2019.

RECOMMENDATION

That, on the recommendation of the Administrator, Dearness Home and with the concurrence of the Managing Director, Housing, Social Services and Dearness Home, this report related to the Dearness Home **BE RECEIVED** for information.

PREVIOUS REPORTS PERTINENT TO THIS MATTER
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- November 14, 2018, Administrator's Report August 1, 2018 to October 15, 2018
- February 21, 2019, Administrator's Report October 16, 2018 to January 15, 2019

BACKGROUND

Service Provision Statistics:

Occupancy Average January 1, 2019 to March 31, 2019	Number of Individuals on Waiting List as of April 14, 2019
98.46%	Basic – 306 Private - 48

Compliance Report/Update:

Critical Incidents – The Ministry of Health and Long Term Care (MOHLTC) has a Mandatory and Critical Incident Reporting process which requires reporting of all critical incidents in the Home.

The following critical incidents were reported to the MOHLTC during the reporting period:

Mandatory and Critical Incident Reporting

Incident Type and Number (n) of Incidents	Issues	Status
An injury that results in a resident transfer to hospital: <ul style="list-style-type: none">Falls with Fracture (5)	Fractures included left hip, left wrist, lower spine and right humerus fractures.	All required documentation was completed. The residents affected had their plan of care reviewed by the Falls Committee and Management team to ensure improved processes are in place to mitigate further falls. <u>Fall Statistics:</u> <ul style="list-style-type: none">20.3% of residents fell in January.22.1% of residents fell in February.21.3% of residents fell in March.12% of residents fell in April (up to April 15).25.8% of residents who fell were found on the floor (unwitnessed).83.5% had no injury.16.5% had temporary injury.5.3% were transferred to hospital.
Abuse or neglect of a resident that resulted in harm or risk of harm: Suspected Abuse (3): <ul style="list-style-type: none">Staff to Resident (2)Resident to Resident (1)	Followed City of London/ Dearness Home process for Resident Abuse and Neglect Policy and Internal process. Organization to assess and provide interventions to mitigate further harm/risk.	Investigations completed with the exception of one (1) incomplete investigation. All appropriate actions taken with staff and residents involved. All recommended actions flowing from the completed investigations were implemented.
An Outbreak of a Reportable Disease: <ul style="list-style-type: none">Acute Respiratory (6)	The acute respiratory outbreak on 5 East, Birch Walk was declared on January 31, 2019 and resolved on February 14, 2019. There was minimal resident impact. The acute respiratory outbreak on 4 East, Willow	Daily surveillance and infection control measures are in place to minimize a chance of outbreak and/or duration of outbreak.

	<p>Way was declared on January 19, 2019 and resolved on February 4, 2019. There was minimal resident impact.</p> <p>The acute respiratory outbreak on 3 East, Poplar Green was declared on March 30, 2019 and resolved on April 23, 2019. There was minimal resident impact.</p> <p>The acute respiratory outbreak on 2 West, Walnut Court was declared on March 25, 2019 and resolved on April 4, 2019. There was minimal resident impact.</p> <p>The acute respiratory outbreak on 4 West, Pine Grove was declared on March 13, 2019 and resolved on March 26, 2019. There was minimal resident impact.</p> <p>The acute respiratory outbreak on 4 East, Willow Way and 5 West, Ash Acres was declared on April 6, 2019. Both units remain in outbreak.</p>	
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Infection Control

The Home continues to have minimal outbreak days compared to previous years. The average number of outbreak days for 2018 was 8.5 days per outbreak.

The Home continues to have low infection rates related to urinary tract infections and wounds.

The Home’s hand hygiene compliance rate remains above 90%.

The Home’s influenza immunization rates were 40% of staff and 96% of residents immunized.

Members of the Home’s Infection Control Committee attended Infection Control education provided by Public Health Ontario during the reporting period.

Goals and objectives around infection control were reviewed at the Home’s Infection Control Committee meeting. The main goal is to increase staff compliance for influenza immunization for 2019.

Ministry Inspections/Visits:

The Middlesex-London Health Unit visited the Dearness Home on January 17, 2019 to conduct a Food Safety Inspection. There were no findings.

The Ministry of Health and Long Term Care visited the Dearness Home on January 16, 17, 18 and February 21, 1019 to conduct a complaint inspection which resulted in one (1) written notification received. The Home has developed and implemented a plan of corrective action to ensure compliance. The Ministry’s public report of this inspection is attached as Appendix A.

The Ministry of Health and Long Term Care visited the Dearness Home on January 16, 17, and 18, 2019 to conduct a Critical Incident System Inspection. There were no issues. The Ministry's public report of this inspection is attached as Appendix B.

Public reports are posted by the MOHLTC at the following link: <http://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=m514&tab=1>

Fire Inspections completed by the London Fire Department are current.

Health and Safety:

The Occupational Health and Safety (OHS) Committee met monthly during the reporting period and regular inspections were conducted. Health and Safety procedures continue to be reviewed annually and the committee remains on schedule with its annual review. Health and Safety workplace inspections were completed and timely responses to items have been addressed. The committee reviewed and established its Continuous Improvement Plan projects for 2019 which include Corporate and Dearness specific initiatives.

General Updates:

Highlights in the Recreation Department include:

- The Home's management team hosted its annual Family Information Night in January to give families/residents the opportunity to meet the management team, get an overview of each area, and ask questions.
- The Home's Management Team hosted its Accreditation Kick Off and Information Session for staff and stakeholders. The Accreditation Surveyors will conduct the survey during June 17 to June 19, 2019.
- The Manager of Community Life completed LEAN White Belt Training in February.
- The Home hosted a Memorial Service for staff and loved ones of Dearness. Caring and Sharing is held in honour of our residents who have passed away. The service is led by our Chaplain and Spiritual Care Committee.
- Residents and family enjoyed the Home's annual Valentine's 'Someone Special' Dinner. Over 50 residents and family attended along with a special visit from Station 9 Firefighters who gave some love and cheer.
- The Dearness Home Diversity Committee hosted a staff event in partnership with the ABC Committee in honour of Black History Month in February.
- The Home's Recreation Team hosted Therapeutic Recreation (TR) Awareness Week during the reporting period. The event included TR programs, TR games, massages for staff and prize draws.
- The Home shared its yearly Resident/Family Satisfaction Survey outcomes with the Family and Resident Councils along with an action plan addressing Management's commitment to areas scoring under 80% satisfaction. Our survey response rate doubled this year to 123 respondents partly attributed to the new electronic survey option.
- In preparation for Accreditation and to comply with the Commission on Accreditation of Rehabilitation Facilities (CARF) standards; the management team reviewed and updated its annual Communication Plan, HR Plan, Education Plan, Accessibility Plan, Pandemic Plan, and Strategic/Operational Plan. All Terms of References for Dearness Committees were reviewed.
- The Recreation Team along with its Behavioural Supports Ontario (BSO) team attended an enhanced education afternoon on Snoezelen Therapy. Sensory rooms, snoezelen rooms and multi-sensory equipment are effective activity resources for people experiencing Dementia and Alzheimer's. Dearness Home has a beautiful space that utilizes this equipment.
- Dearness hosted a Volunteer Appreciation event at Nichols Arena. Over 50 of our volunteers attended.
- The Dearness Home's Auxiliary were nominated for the 'Everyday Hero' award and will be showcased and celebrated for this as a feature in an article in the Boomers and Beyond magazine.
- During National Volunteer Week, the Dearness Home Volunteer Program was featured in

the London and Area Association for Volunteer Administration (LAVA) newsletter 'The Volunteer Factor; Lifting Communities'.

Dietary:

Highlights in the Dietary Department include:

- Due to retirement, the Dietary Department recruited a new Food Services Supervisor during the reporting period.
- The Dietary Department assisted with providing our annual Valentines Day dinner for over 50 residents and family members.
- The Dietary Department celebrated Nutrition Month with displays of information and nutritional ideas for residents, family and staff.
- The Dietary Department is implementing Menu Stream software to support our dietary system. This software provides iPads for tableside ordering resulting in a reduction of paper and errors with diets and textures.

Nursing:

Highlights in the Nursing Department include:

- Dearness Home is hiring nursing students into PSW positions for the first time in the Home's recent history for the summer season. It is hoped the temporary staff will help alleviate staffing pressures during summer months when regular staff are taking much deserved vacation.
- In keeping with our commitment to diversity and inclusion, the Dearness management team along with Behavioural Supports Ontario (BSO) staff attended 2 webinars presented by Advantage Ontario on Sexuality and Gender Expression Among Seniors. The webinars focused on the fear of renewed discrimination when LGBTQ2 seniors enter the Long Term Care setting. Understanding how to care for LGBTQ2 seniors and accommodate a diversity of sexual and gender expression among residents was reviewed. The staff found the webinars to be very informative and are committed to applying the recommendations.
- In March, the Home changed its model of the Resident Assessment Instrument – Minimum Data Set (RAI-MDS) program by adding a third RAI-MDS Coordinator and re-directed all of the coding and associated Resident Assessment Protocols from the nurses on the units to this specialized team of coordinators. The change was made to facilitate accuracy of coding, ensure the Home received the most appropriate funding through the program, maintain compliance with the Long Term Care Homes Act (LTCHA) and the Canadian Institute for Health Information (CIHI), and increase direct care hours for the unit nurses.
- The Home is excited to participate in a research study examining the use of an integrated care pathway for agitation of Alzheimer's Disease or mixed Alzheimer's Disease/Vascular Dementia in LTC settings. The study is overseen by a leading Psychiatrist in association with the St. Joseph's Hospital Parkwood site. We will be one of 2 Homes in the London area participating and we see this as a great opportunity to help our residents receive the highest and most appropriate quality care for their disease process. Families and/or residents chosen for the study will be contacted by Dearness Home staff to obtain consent for participation in the study which is completely voluntary. The study is expected to commence in early May 2019.
- The 2019/2020 Quality Improvement Plan (QIP) for Health Quality Ontario (HQP) was submitted in March 2019. This year's QIP focuses on timely and efficient transitions, service excellence, and safe and effective care. These themes reflect quality gaps within the health care system and areas that the Ministry have identified as those that matter most to patients, residents and their families. Our narrative section focused on our outstanding achievements in wound care, reducing our stage 2 to 4 pressure ulcer rate from 4.15% as reported in our 2018/2019 QIP to 2.70% for the 2019/2020 QIP, as well as our partnerships with residents in developing our QIPs and our commitment to the prevention of workplace violence and harassment. Our work-plan demonstrates our focus on decreasing Emergency Room visits for our residents, increasing our resident's satisfaction with the Home and its services, and ensuring our palliative residents have their needs identified early through a comprehensive and holistic assessment.
- Mandatory staff training has begun for this year. To date, 116 staff having attended the training. All topics required under the legislation are covered as well as additional topics

required by CARF and those the Dearness Management team felt were appropriate. Topics include Lift Training, Mission Statement, Long Term Care Homes Act, Resident Bill of Rights, Mandatory Reporting, Abuse and Neglect, Whistle Blowing Protection, Infection Control, Fire Safety and Emergency Procedures, Food and Fluid Textures, Restraints, Responsive Behaviours, Dementia Care and Suicide, Falls, Skin and Wound, Pain and Palliative Care, Continence and Bowel Management, and Workplace Violence and Harassment (Bill 168).

Environmental:

Highlights in the Environmental Department include:

- Improvements and upgrades to the Home’s WiFi and phone systems have begun. Many desk phones have been replaced to date as part of a larger project throughout the Corporation. The WiFi expansion and wireless phones installation has been delayed but is anticipated to be completed by June 2019.
- Capital projects such as LED lighting upgrades to the parking lot and installation of sensor faucets and new toilets in public washrooms for the Dearness Home are in planning stages. Additional projects may include electrical upgrades, energy, gas and water conservation, and Accessibility for Ontarians with Disabilities Act (AODA) upgrades to public washrooms.
- The Home successfully replaced its 4 hot water tanks during the reporting period.

RECOMMENDED BY:	CONCURRED BY:
LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME	SANDRA DATARS BERE MANAGING DIRECTOR HOUSING, SOCIAL SERVICES AND DEARNESS HOME

- CC:
- M. Hayward, City Manager
 - B. Baar, Senior Financial Business Administrator
 - J. Brown, Financial Business Administrator
 - L. Marshall, Solicitor
 - A. Hagan, Manager, Labour Relations
 - C. Da Silva, Specialist, Human Resources Solutions


**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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 22, 2019	2019_778563_0003	030998-18	Complaint

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection



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Long-Term Care**

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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 16, 17 and 18, and February 21, 2019

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Directors of Care, Resident Assessment Instrument Coordinator, the Local Health Integration Network Registered Nurse Care Coordinator, the Manager of Community Life, Registered Practical Nurse, Personal Support Workers and one family member.

The inspector reviewed relevant policies and procedures, investigation notes, clinical records and plan of care for the identified resident.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



Ministry of Health and Long-Term Care

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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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).

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

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. 24. 24-hour admission care plan

Specifically failed to comply with the following:

s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

7. Skin condition, including interventions. O. Reg. 79/10, s. 24 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the care plan must identify the resident and must



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include, at a minimum, the following with respect to the resident: Skin condition, including interventions.

Ontario Regulation 79/10 s. 24 (1) states, "Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home."

The Critical Incident System (CIS) report was submitted to the Ministry of Health and Long Term Care (MOHLTC) with an allegation of staff to resident physical abuse. Also, there was a complaint reported to the MOHLTC related to the same critical incident.

The Dearness Pressure Ulcers Policy #03-07 states all residents will be assessed for risk of skin breakdown on admission. The resident had a Pressure Ulcer Risk Scale (PURS) that indicated risk of skin breakdown and pressure ulcer development.

The Pressure Ulcer Resident Assessment Profile (RAP) flags both the need for addressing an existing pressure ulcer, and for risk of developing one. The PURS could be used as information to further delineate and identify individuals at greater or lesser risk of developing pressure ulcers.

The Head To Toe Skin Assessment Form - V2 was completed on admission for the resident. The assessment documented no altered skin integrity on admission. The Head to Toe Assessment however does not identify risk, it was a skin inspection that identified the presence of altered skin integrity at the time of the assessment. The Dearness Head to Toe Assessment Policy #03-04 stated, "any skin care needs as well as interventions related to skin care and treatments are documented in the resident's plan of care".

The Dearness Pressure Ulcers Policy #03-07 stated, "Risk factors for skin breakdown will be care planned for with appropriate interventions to minimize the skin breakdown." The resident was identified through the PURS as at risk for pressure injury and according to this policy would require care planning to address risk factors with appropriate interventions to minimize the skin breakdown. The resident had multiple risk factors. The risk factors were to be care planned with interventions to avoid skin breakdown. There were skin care needs for the resident to prevent skin breakdown and those interventions were to be documented in the resident's plan of care.

The Point Click Care (PCC) care plan had the documented planned care related to falls



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and transfers only. Both Assistant Directors of Care (ADOC) stated that there would not be a skin care section unless there was identified altered skin integrity on admission or thereafter. They also shared that the intervention to turn and reposition every two hours was only added to the task list in Point of Care (POC) when there was a concern, otherwise it is the home's policy to always turn and reposition every two hours as part of the skin and wound program.

The Dearness Preventative Skin Care Policy #03-03 stated the "plan of care should outline specific preventative skin care the resident requires based on the resident status and outcomes of resident assessments." The outcome of the Minimum Data Set (MDS) Assessment determined the resident was at risk for pressure injury and the plan of care must then outline specific preventative skin care. The ADOC stated that additional preventative skin measures were only added if skin breakdown had been identified. However, the skin and wound program policies address risk of skin breakdown, not just identified skin breakdown.

The care plan did not identify at a minimum the resident's skin condition including the interventions implemented to prevent skin breakdown. [s. 24. (2) 7.]

Issued on this 1st day of April, 2019

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

Original report signed by the inspector.



Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007
Rapport d'inspection prévue sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 28, 2019	2019_778563_0002	027113-18, 031661-18, 032618-18	Critical Incident System

Licensee/Titulaire de permis
 The Corporation of the City of London
 355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

Long-Term Care Home/Foyer de soins de longue durée
 Dearness Home for Senior Citizens
 710 Southdale Road East LONDON ON N6E 1R8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
 MELANIE NORTHEY (563), KRISTEN MURRAY (731)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 16, 17 and 18, 2019

The following Critical Incident (CI) intakes related to fall prevention were completed within this inspection:

Log #027113-18 / CI #M514-000041-18

Log #031661-18 / CI #M514-000045-18

Log #032618-18 / CI #M514-000046-18

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Directors of Care, Registered Practical Nurses, Personal Support Workers and residents.

The inspector(s) also made observations of residents and care provided. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed.

**The following Inspection Protocols were used during this inspection:
Falls Prevention**

During the course of this inspection, Non-Compliances were not issued.

0 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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).

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

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

Issued on this 28th day of January, 2019

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



**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 prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée***

Original report signed by the inspector.