MINISTRY OF HEALTH AND LONG TERM CARE 2014 RESIDENT QUALITY INSPECTION – 2017 Macassa Lodge

RQI Finding	Description	Action
CO#001, WN# 1 2017_689586_0010	Skin and Wound Program must include policies and practices to ensure altered skin integrity is identified, treated and evaluated using an interdisciplinary approach a. Two residents did not have initial wound assessments documented as per policy b. Two residents with altered skin integrity were not referred to the Registered Dietitian as per policy c. Two residents with altered skin integrity did not have a weekly wound reassessment documented	1. Quality Improvement project initiated in December 2017 with assistance from Manager of Quality, Nursing Leadership, Nurse Practitioner, Director of Food Services and Skin & Wound Committee 2. Review of Compliance Report with all levels of Nursing Team via Newsletter 3. Compliance Report reviewed in staff meetings 4. Reallocation of RPN resources in Feb 2018 to provide more focus on documentation 5. Enrolled in LTC Clinical Supports Program in partnership with AdvantAge and MOHLTC; focus area for Lodge will be Skin & Wound Program 6. New Audit program to begin in January 2018
WN#2 VPC#1 – Safe and Secure Home	Policies are implemented to ensure that the Home is a safe and secure environment for its residents a. One neighbourhood servery was not	1. Review with Department Leads to increase monitoring and audit efforts 2. Review with staff in team

	secured appropriately; within this non-secure area there was an unlocked cupboard with cleaning products stored. Additionally there is a hot water machine which could pose a risk to residents.	meetings and Annual Mandatory Training
WN#3 VPC#2 - Plan of Care	A written plan of care for each resident is developed and documented to set out the planned care for the resident a. Resident with dementia had an identified risk for fall; plan of care did not include documented direction to remind resident not to self-transfer. Intervention was occurring in practice but the intervention was not included in the care plan. The intervention has little risk reduction benefit to resident given her dementia but it is part of our routine standard of care. b. One resident was found to be sitting on the toilet without staff supervision. Resident plan of care outlined supervision for toileting. Potential risk to resident. c. One resident was seated in a tilt wheelchair; plan of care had not been sufficiently updated to include this intervention. No risk to resident	1. Review with all staff during Annual Mandatory Training 2. Consider and explore streamlining documentation tasks within context of LTCH Act. Care plan continues to be an antiquated process despite electronic options. 3. Ongoing audits continue but should anticipate given volume and complexity of documentation that this issue will continue to be identified. 4. This Written Notification is the most often cited during RQIs across the province in LTC Homes.
WN#4 VPC#3 - Compliance with Internal Policies	A weight monitoring system to measure and record each resident's body mass index and height are to be completed on admission and annually thereafter.	1. Consultation between Director of Nursing and Director of Food Services to review policy

	a. Annual resident heights had not been measured and documented as per internal policy	2. Modified workers have completed the heights in December 2017 3. Food Services Leadership in consultation with Registered Dietitian will review expectations and policy 4. Monitor and audit compliance in 2018
WN#5 VPC#4 – Plan of Care	A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Skin condition, including altered skin integrity and foot conditions a. Two residents with skin conditions did not have a written plan of care	1. Action plan is outlined in WN #1 and #4 2. Compliance Inspectors have an obligation to outline any deficiency in all applicable regulations and standards. This leads to duplication of findings in Compliance Report
WN#6 VPC#5 - Safe Storage of Drugs	Drugs are stored in a secure and locked area or medication cart a. An unlocked treatment cart with medicated creams was found in an open room used by nursing staff but potentially accessible to residents b. An open linen cart used by PSWs had a non-secure basket containing medicated creams	1. Review current practice for storage and use of medicated creams 2. Ongoing audits 3. Review policy with all direct care staff at Annual Mandatory Training
WN#7 VPC#6 – Medication Incidents and Adverse Drug Reactions	Every medication incident is documented along with a record of the immediate actions taken to assess and maintain the resident's health. Additionally the incident is reported to the resident, substitute decision maker,	1. Consultation with Rexall Pharmacy to redevelop Medication Incident Report form 2. Review revised form with

	as needed, Director of Nursing, Medical Director, prescribing Physician and Pharmacy provider. a. Three medication incident reports were completed and lacked sufficient documentation that all requirements were met	Registered Staff in January 2018 and at Annual Mandatory Training 3. Audit program to be revised in February 2018
WN#8 VPC#7 – Powers of Residents' Council	When Residents' Council advises the Home of concerns or recommendations the Home will respond in writing within 10 days of receipt of the concerns a. Concerns identified in two Residents' Council meetings were not responded to in writing within the expected timelines.	1. Review process for gathering and responding to Residents' Council concerns or recommendations 2. Audit compliance related to written responses to Council