

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 13, 2021	2021_947752_0001	013526-21	Complaint

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**Licensee/Titulaire de permis**

Vigour Limited Partnership on behalf of Vigour General Partner Inc.  
302 Town Centre Blvd Suite 300 Markham ON L3R 0E8

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

Altamont Care Community  
92 Island Road Scarborough ON M1C 2P5

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

LUCIA KWOK (752)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): October 4, 5, 6, and 7, 2021**

**Log #013526-21 related to a fall.**

**During the course of the inspection, the inspector(s) spoke with residents, Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Nurse Practitioner (NP), Registered Nurses (RN), Registered Practical Nurses (RPN), and Personal Support Workers (PSW).**

**The inspector conducted a tour of the home, observed the provision of care, and resident and staff interactions. The inspector reviewed pertinent clinical records, and relevant policies and procedures, and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Skin and Wound Care**

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

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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:**

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

**Findings/Faits saillants :**

The licensee has failed to ensure the falls prevention policies and procedures included in the required falls prevention and management program were complied with, for two residents.

In accordance with O.Reg. 79/10, s. 48 (1), the licensee was required to ensure that a falls prevention and management program to reduce the incidence of falls and the risk of injury was developed and implemented.

Specifically, staff did not comply with the home's Head Injury Routine (HIR) policy and procedure, effective January 2021.

The policy stated any residents who has sustained or is suspected of sustaining a head injury and after any unwitnessed fall would have a HIR initiated. The HIR should be completed as per the schedule outlined or as ordered by the physician.

The ADOC/Falls lead said that a HIR should be initiated for any unwitnessed falls, witnessed fall with head injuries and any suspected head injuries. The HIR should be completed as per the schedule listed on the paper form and filled in its entirety. The ADOC also said if a resident refused an assessment, staff were to document the refusal on the form, sign, and document a progress note in Point Click Care (PCC).

a) A resident sustained a fall with head injury. The RPN documented that they were unable to complete HIR due to the resident's non-compliance. There was no documentation of the resident's HIR refusal in PCC and a paper copy of the HIR could not have been found.

b) A resident sustained an unwitnessed fall with head injury and a HIR was initiated. The HIR record was not completed in its entirety. The ADOC confirmed that the resident's HIR was incomplete as per the home's policy.

By not completing the HIR in its entirety, there was potential risk of harm to residents as necessary interventions would not be provided immediately if the resident's condition changed.

Source: progress notes, clinical records, HIR records; interview with ADOC; home's head injury routine policy, dated January 2021. [s. 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 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.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (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,**
    - (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; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure two residents who exhibited altered skin integrity were reassessed weekly by a registered staff member.

Two residents sustained falls which resulted in areas of altered skin integrity. There was no evidence of weekly wound assessments completed for the area of altered skin integrity after the initial assessment for both residents. The RPN and DOC acknowledged that weekly skin and wound assessments were not completed for the residents.

The DOC stated that bruises and any intact or non-intact skin injuries were considered altered skin integrity. The DOC and a RN stated that registered staff were to monitor and complete weekly skin and wound assessments for areas of altered skin integrity until resolved.

By not reassessing the areas of altered skin integrity weekly, there was potential risk that treatment would not be implemented if the areas worsened.

Sources: progress notes, head to toe assessments; interviews with DOC and a RN. [s. 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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

**Issued on this 22nd day of October, 2021**

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

**Original report signed by the inspector.**