

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: April 27, 2023	
Inspection Number: 2023-1135-0002	
Inspection Type: Critical Incident System	
Licensee: Babcock Community Care Centre Inc.	
Long Term Care Home and City: Babcock Community Care Centre, Wardsville	
Lead Inspector Christina Legouffe (730)	Inspector Digital Signature
Additional Inspector(s) Rhonda Kukoly (213)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 24, 25, 2023

The inspection occurred offsite on the following date(s): April 26, 2023

The following intake(s) were inspected:

- Intake: #00013731 - 2626-000007-22: related to a fall
- Intake: #00016625 - 2626-000008-22: related to a fall

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

Infection Prevention and Control
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Binding on licensees

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that the Minister's Directive, COVID-19 response measures for long-term care homes, was carried out.

Rationale and Summary

The Minister's Directive: COVID-19 response measures for long-term care homes, s. 1.1 states: Licensees, in consultation with their joint health and safety committees or health and safety representatives if any, shall ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including ensuring the development and implementation of a COVID-19 Outbreak Preparedness Plan. This plan must include at a minimum: conducting regular IPAC audits in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario, or as amended.

The COVID-19 guidance document for long-term care homes in Ontario states: Per section 1.1 of the Minister's Directive, licensees, in consultation with their joint health and safety committees or health and safety representatives, if any, shall ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including ensuring the development and implementation of a COVID-19 Outbreak Preparedness Plan. This plan must, among other things, include conducting regular IPAC audits in accordance with this guidance document. At minimum, homes must include in their audit the Public Health Ontario's (PHO) COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes.

The Director of Care and the Infection Prevention and Control (IPAC) Lead said that they were not completing the PHO's COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes, they were completing their own tool that didn't include all of the same information. There was risk that IPAC best practices were not being adhered to when the home was not completing the required IPAC audits.

Sources: The Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, the COVID-19 guidance document for long-term care homes in Ontario, effective March 21, 2023, the Babcock Community Care Centre - Covid Safety Audit, and staff interviews. [213]

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WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

The licensee has failed to ensure that when a resident exhibited altered skin integrity that they received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Rationale and Summary

A Critical Incident System (CIS) report was received by the Ministry of Long-Term Care related to a fall for a resident resulting in an injury.

A resident was re-admitted to the home with impaired skin integrity. There were no documented assessments for the areas of altered skin integrity in Point Click Care (PCC).

The same resident had another fall in the home and had altered skin integrity as a result. These areas of altered skin integrity were identified on the home's Post Fall Assessment Tool. There were no documented assessments for the areas in PCC.

The home's skin and wound care policy stated that the interdisciplinary team was to initiate baseline assessments using PCC-Weekly Wound Assessment for every wound including skin tears and surgical wounds.

A Registered Staff member said that the expectation in the home was that each area of altered skin integrity was assessed using the weekly skin and wound assessment in PCC, but that assessments had not been documented using this tool for the specified areas of altered skin integrity.

There was a risk that the resident's areas of altered skin integrity could have worsened in the absence of assessment.

Sources: Health records for a resident, the home's policy titled "Skin and Wound Care Program" (effective March 2017), and interviews with a Registered Staff Member and other staff. [730]