

Ministry of Long-Term Care

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

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5

Original Public Report	
Report Issue Date: February 12, 2024	
Inspection Number: 2024-1531-0001	
Inspection Type: Complaint	
Licensee: City of Toronto	
Long Term Care Home and City: Bendale Acres, Scarborough	
Lead Inspector Susan Semeredy (501)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): January 24-26, 29-31, 2024 and February 1, 2, 6, 7, 2024. An offsite interview occurred on February 8, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00104073 - Complaint regarding skin and wound prevention, qualifications of staff, and the prevention of abuse and neglect. • Intake: #00105074 - Complaint regarding continence care, skin and wound prevention and resident care and support services.

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

Skin and Wound Prevention and Management

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Contenance Care
Resident Care and Support Services
Food, Nutrition and Hydration
Whistle-blowing Protection and Retaliation
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound

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

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

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, 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,

The licensee has failed to ensure a resident's altered skin integrity was assessed using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Rationale and Summary

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A resident developed altered skin integrity, the physician was notified, and treatment ordered. However, there was no assessment completed in the assessment section of Point Click Care (PCC). A registered Nurse (RN) stated they were unsure whether an assessment should have been completed for this altered skin integrity. A Nurse Manager (NM) confirmed that a clinically appropriate assessment instrument should have been completed in the assessment section of PCC.

Failing to complete a skin and wound assessment using a clinically appropriate tool put the resident at risk for monitoring the effectiveness of treatment.

Sources: A resident's progress notes, assessments and interviews with an RN, NM, and other staff. [501]

WRITTEN NOTIFICATION: Skin and Wound

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

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

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

The licensee has failed to ensure that when a resident exhibited a wound, they were reassessed weekly.

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Rationale and Summary

A resident developed a wound that appeared to heal and reopen several times during a period of five months. Weekly wound assessments were not completed for five identified weeks. One missed assessment posed a risk as the wound had deteriorated during the time of the missed assessment. A Nurse Manager (NM) who was the Lead for the Skin and Wound Program, acknowledged that if a weekly wound assessment had been completed that week, it might have revealed the deterioration sooner which would have led to an earlier intervention.

Failing to complete weekly wound assessments potentially led to the worsening of resident's wound.

Sources: A resident's progress notes, assessments, and an interview with a NM. [501]

WRITTEN NOTIFICATION: Reporting and Complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee has failed to ensure that a complaint was investigated, resolved and a

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response given within 10 business days of the receipt of the complaint.

Summary and Rationale

A family member first complained about an issue a few months ago. A Nurse Manager (NM) confirmed the home did not follow their policy and provide a response to the family member regarding any possible resolution until it was brought to their attention by the inspector. A response to the family member was then documented which indicated a resolution was underway.

There was risk to the resident's quality of life related to the home failing to respond to the family's member's concern.

Sources: A resident's progress notes, the home's policy and interviews with the family member, interviews with a NM and other staff. [501]