



**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 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**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159 rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Public Copy/Copie du 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 30, 2018	2018_671684_0022	025901-17	Follow up

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**Licensee/Titulaire de permis**

Chapleau Health Services  
c/o Chapleau General Hospital 6 Broomhead Road CHAPLEAU ON P0M 1K0

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

The Bignucolo Residence  
c/o Chapleau General Hospital, 6 Broomhead Road P.O. Box 757 CHAPLEAU ON P0M 1K0

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

SHELLEY MURPHY (684)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): October 22-25, 2018.**

**The following intake was inspected on during this Follow up inspection:**

**- One follow up intake, related to compliance order (CO) #001 that was issued during inspection #2017\_435621\_0023, s. 19 (1) of the Ontario Regulation 79/10, specific to ensuring that the long-term care home protects residents from abuse by anyone and ensures that residents are not neglected by the licensee or staff.**

**A Critical Incident (CI) inspection #2018\_671684\_0023, was conducted concurrently with this inspection.**

**The Inspector also conducted daily tours of the resident care areas, observed the provision of care and services to residents, reviewed relevant licensee policies, procedures, programs and resident health care records.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care/Patient Care Manager, Long Term Care (LTC)Team Lead, Registered Practical Nurses (RPNs), Personal Support Worker (PSW), Housekeeping, residents and their families.**

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

**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)**



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2017_435621_0023		684

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

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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>

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence**

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

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that they complied with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

The licensee was to be compliant with Compliance Order (CO) #001 from Inspection #2017\_435621\_0023 that was issued to the home on October 26, 2017, which had a compliance due date of December 29, 2017.

The licensee was ordered to ensure that they were compliant with section 19 (1) of the Ontario Regulation 79/10. Specifically the licensee was ordered to:

- a) Ensure that all residents of the home were protected from neglect of staff.
- b) Ensure resident #008 and every resident of the home who had altered skin integrity had the appropriate assessments completed to address the altered skin integrity.
- c) Ensure all staff were trained on the home's prevention of abuse and neglect policies and procedures.
- d) Ensure all direct care staff were trained on the home's policies and procedures related to the skin and wound care program.

While the licensee complied with section "a, c, and d" of the compliance order, non-compliance continued to be identified with section "b", where the licensee was ordered to ensure resident #008 and every resident of the home who had altered skin integrity had the appropriate assessments completed to address the altered skin integrity.



During a review of resident #006's skin and wound assessments it was noted they had a wound assessment completed on a specified date in 2018 which indicated that resident #006 had areas altered skin integrity. The next wound assessment for resident #006 was completed three months later, for one of the areas of altered skin integrity. No further wound assessments were found for the other area of altered skin integrity. Inspector #684 also reviewed resident #005's skin and wound assessments and noted that four weekly wound assessments were not completed for an area of altered skin integrity, over a four month period of time.

Inspector #684 reviewed a policy for Skin and Wound Care Maintenance, (CLI-03-19003), last revised June 8, 2018. The home's policy stated, that each patient or resident with altered skin integrity (e.g. pressure injuries, leg ulcers from PVD) shall be assessed a minimum of weekly or more often if necessary. The home's policy for Skin and Wound Care Prevention, (CLI-03-19004), last revised June 7, 2018, stated, that each patient or resident with altered skin integrity (e.g. pressure injuries, leg ulcers from PVD) shall be assessed a minimum of weekly or more often if necessary.

During an interview held with Long Term Care (LTC) Team Leader #103 regarding skin and wound assessments, they stated that all skin and wound assessments were to be completed in Point Click Care (PCC) under the assessment tab. Inspector #684 reviewed the wound assessment documentation with LTC Team Lead, and they agreed that wound assessments were missing for resident #006 for their noted areas of altered skin integrity. Inspector #684 then reviewed the wound assessments for resident #005 with the LTC team lead and it was noted that four weekly wound assessments were missing over a four month time frame. LTC Team Leader agreed that weekly wound assessments were missing and had not being completed.

During an interview held with the Director of Care (DOC)/Patient Care manager, they agreed that residents #005 and #006 were missing weekly skin and wound assessments for their identified areas of altered skin integrity. [s. 101. (3)]



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**Issued on this 1st day of November, 2018**

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

**Original report signed by the inspector.**