

**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:** November 7, 2024

**Inspection Number:** 2024-1194-0004

**Inspection Type:**  
Standardized PCI

**Licensee:** Revera Long Term Care Inc.

**Long Term Care Home and City:** Blenheim Community Village, Blenheim

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 29, 31, 2024 and November 1, 4, 5, 6, 2024

The inspection occurred offsite on the following date(s): October 30, 2024

The following intake(s) were inspected:

- Intake: #00130275 - Proactive Compliance Inspection - 2024

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement

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Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: 24-hour admission care plan

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

**Non-compliance with: O. Reg. 246/22, s. 27 (2) 7.**

24-hour admission care plan

s. 27 (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

7. Skin condition, including interventions.

#### Introduction

The home failed to ensure that the 24-hour admission care plan for a resident included identification of skin conditions, including interventions.

#### Rationale and Summary

A resident was admitted to the home, with wounds identified on their Total Body Skin Assessment completed the day of admission. During record review there was no reference to skin condition, including interventions, in the residents care plan. The Move in Assessment / 24hr Care Plan for the resident had not included any information under the skin care section, and was not signed as complete when reviewed by the inspector. The Associate Director of Care (ADOC) confirmed that the 24-hour admission care plan for the resident should have been completed within 24-hours of admission.

By not referencing skin condition, including interventions, in the 24-hour care plan, the home placed the resident at risk of direct care staff not being aware of the care requirements.

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**Sources:** The resident's Move in Assessment / 24hr Care Plan, care plan and staff interviews.

## 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) (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 an authorized person described in subsection (2.1), if clinically indicated;

### Introduction

The licensee failed to ensure that a resident had a weekly reassessment completed for their altered skin integrity.

### Rational and Summary

A resident was identified as having had altered skin integrity and an assessment of the skin integrity issue was completed. A reassessment had not been completed during a specific timeframe. Registered staff had confirmed a skin issue should have been assessed weekly. The ADOC confirmed no reassessment had been completed for the resident's altered skin integrity during a specific timeframe.

Not completing a weekly reassessment of the altered skin integrity placed the resident at risk of unidentified wound deterioration.

**Sources:** Resident's assessments/skin and wound tab, physical chart, and staff interviews.

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## WRITTEN NOTIFICATION: Skin and wound care

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

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

Skin and wound care

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

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

### Introduction

The licensee failed to ensure that a referral to a Registered Dietitian (RD) was made for a resident that had a skin condition that was likely to require or respond to a nutrition intervention.

### Rational and Summary

A resident was identified as having had a skin condition that was likely to require or respond to a nutrition intervention. The inspector was unable to locate a referral to the RD for this skin issue. Further, the inspector had not located an assessment completed by the RD in relation to the skin issue. A registered staff member confirmed a referral to the RD should have been completed for the skin issue. The ADOC confirmed no referral had been completed for the resident's skin issue and should have been per the home's policies and procedures.

**Sources:** The resident's assessments, physical chart review, and staff interviews.