Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
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Original Public Report

Report Issue Date: September 28, 2023	
Inspection Number: 2023-1384-0005	
Inspection Type: Critical Incident	
Licensee: Regency LTC Operating Limited Partnership, by it general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.	
Long Term Care Home and City: AgeCare Brant, Burlington	
Lead Inspector Dusty Stevenson (740739)	**Inspector Digital Signature** Dusty Stevenson Digitally signed by Dusty Stevenson Date: 2023.09.28 11:34:03 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 11, 14-15, 20, 22, 25-26, 2023

The following Critical Incident (CI) intakes were inspected:

- Intake: #00019739 /CI# 2900-000001-23 – related to abuse/neglect.
- Intake: #00088515/CI# 2900-000008-23 – related to resident care and administration of drugs.

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care

NC #001 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 a resident received a skin assessment using a clinically appropriate instrument when a new skin issue was reported.

Rationale and summary
A resident's clinical records indicated a new skin issue was observed and reported to a staff member. According to the records, this staff member confirmed the skin issue was present but did not have time to document an assessment at the time.

The following day, another staff member completed a skin assessment for the skin issue. This staff member acknowledged that an assessment for the resident should have been completed when the skin issue was first reported.

At the time of inspection, Inspector 740739 reviewed the records with the first staff member, and they indicated that a skin assessment should have been completed when the new skin issue was reported.

Sources: resident's clinical records, interview with staff members.

[740739]