

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Amended Public Report(A1)

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| Report Issue Date: March 3, 2023 | |
| Inspection Number: 2023-1242-0002 | |
| Inspection Type: Complaint Critical Incident System | |
| Licensee: Caessant-Care Nursing and Retirement Homes Limited | |
| Long Term Care Home and City: Caessant Care Arthur Nursing Home, Arthur | |
| Inspector who Amended Janis Shkilnyk (706119) | Inspector who amended Digital Signature |

AMENDED INSPECTION REPORT SUMMARY

This licensee inspection report has been revised to reflect a date correction in WN #002. The complaint inspection, # 2023_1242_0002 was completed on February 6, 2023.

INSPECTION SUMMARY

The inspection occurred on the following date(s): February 6-8, 2023.

The following intake(s) were inspected:

- Intake: #00014300 - Fall of resident with injury.
- Intake: #00018507 - complaint related to resident care.

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO DIRECTOR

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

The licensee has failed to ensure that a person who had reasonable grounds to suspect that any of the following has occurred or may occur, immediately report the suspicion and the information upon which it was based to the Director: abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

Rationale and Summary

The home received an allegation of neglect towards a resident related to care.

The allegation of neglect towards a resident was not immediately reported to the Director. The Director of Care (DOC) stated that a critical incident related to this allegation had not been submitted to the Director and should have been.

The home's failure to report to the Director immediately after becoming aware of allegations of abuse/neglect towards a resident, may have delayed the Director's ability to respond to the incident in a timely manner.

Sources:

record review of a resident, interview with DOC

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WRITTEN NOTIFICATION: INVOLVEMENT OF RESIDENT, ETC.

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

Non-compliance with: FLTCA, 2021, s. 6 (5)

The licensee has failed to ensure that the resident's substitute decision-maker (SDM) was given the opportunity to participate fully in the development and implementation of the resident's plan of care when they were not notified of a resident's change of condition.

Rationale and Summary

A complaint was submitted to the Ministry of Long-Term Care (MLTC), related to care concerns towards a resident. The SDM had not been informed of a change of condition for the resident.

The Director of Care (DOC) stated that when a resident's health status was worsening the substitute decision maker should have been updated.

When the home did not notify a resident's SDM of the resident's change of condition it may have delayed the SDM's participation in the development of the plan of care.

Sources:

review of a resident's clinical records, skin and wound program policy, LTC-NURS-S4-10.0, effective July 2022, interview with DOC.

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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) (a) (ii)

The licensee has failed to ensure that a skin assessment by a member of the registered nursing staff was completed when a resident returned from a hospital admission.

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Rationale and Summary

A skin assessment was not completed for a resident upon return from a hospital admission.

The home's policy Skin and Wound Program-Skin Assessment (Head to Toe), LTC-NURS-S4-70.0, effective July, 2022 stated a skin assessment (previously head to toe assessment) would be completed by the Nurse for all Residents at risk of altered skin integrity under the following circumstances: upon any return of the resident from hospital.

The Clinical Practice Lead (CPL) confirmed that a resident did not have a skin assessment completed upon return from their hospital admission.

The home's failure to complete a skin and wound assessment for a resident upon return from hospital could have impacted treatment and thus the healing of their wound.

Sources: a resident's clinical records, interview with CPL.

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WRITTEN NOTIFICATION: SKIN AND WOUND CARE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

The licensee has failed to ensure a resident received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required, when their wound worsened.

Rationale and Summary

The home's skin and wound program policy, LTC-NURS-S4-10.0, effective July 2022, stated that the Registered Nurse (RN), Registered Practical Nurse (RPN) duties and responsibilities included developing and updating resident's care plans as required, informing the wound care champion, physician/nurse practitioner (NP) of any new and/or worsening skin breakdown and as needed.

The home's worsening wound checklist policy, LTC-NURSS4-120.0, effective date July 26, 2022, described reclassifying of the wound if it was worsening or showing no improvement within three weeks

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and included reassessing the current wound treatment.

A resident was at high risk for altered skin integrity. The resident was identified with a wound which was described as worsening.

The Physician said that they were not made aware of a resident's wound. Once the Physician became aware treatment was initiated. The Physician stated that inaction related to treatment did jeopardize the resident's health status.

The Director of Care (DOC) confirmed a resident's wound was worsening and stated with worsening skin integrity the physician should be updated and treatment changed as needed.

Failure to inform the physician that a wound for a resident was identified, and worsening contributed to delayed treatment and caused the resident harm.

Sources: skin and wound program policy, LTC-NURS-S4-10.0, effective July 2022, worsening wound checklist policy, LTC-NURSS4-120.0, effective date July 26, 2022, review of resident clinical record, interviews with Physician and DOC.

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WRITTEN NOTIFICATION: SKIN AND WOUND CARE

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

The licensee has failed to ensure that when a resident developed a wound, the resident was assessed by a registered dietitian.

Rationale and Summary

The home's skin and wound program policy, LTC-NURS-S4-10.0, effective July 2022, stated that the Registered Dietician (RD) was to review referrals and conduct a nutritional assessment for all residents with skin breakdown and make recommendations for a nutritional treatment plan for the resident when necessary.

A resident was determined to have a wound and no dietary referral or assessment was found in the

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clinical record related to their wound.

Clinical Practice Lead (CPL) confirmed no RD referral or assessment was completed for a resident related to their wound.

When a resident was not assessed by a Registered Dietician related to their wound, it may have resulted in the resident not receiving recommended nutritional interventions for wound healing.

Sources: record review of a resident progress notes, assessments and care plan and interview with CPL.

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WRITTEN NOTIFICATION: SKIN AND WOUND CARE

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

The weekly skin and wound assessments were incomplete for a resident.

As a result a resident did not receive treatment and interventions as required for their worsening wound.

Rationale and Summary

The home's skin and wound program policy, LTC-NURS-S4-10.0, effective July 2022, stated that the Registered Nurse (RN), Registered Practical Nurse (RPN) were to complete weekly skin and wound assessments and document and adhere to skin and wound management protocols detailed in 3M resource guide.

The 3M Resource Guide documented stage 2 pressure injury as partial-thickness loss of skin with exposed dermis. Stage 3 pressure injury was described as full-thickness loss of skin, in which adipose (fat) is visible. Stage 4 pressure injury may have eschar visible.

The home's skin and wound program-skin assessment (head to toe), LTC-NURSS4-70.0, effective date July 26, 2022, stated the procedure for using the skin and wound app-skin assessment was to select each descriptor one by one and complete as appropriate (tugor, skin colour, temperature, moisture, condition) and select the appropriate option that describes the resident's skin.

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A resident's weekly wound assessments for their wound were incomplete and inaccurate.

The alteration in wound evaluations for a resident over approximately one month's time documented the area was improving when dimensions and photographs taken of the area showed a worsening wound. Interventions were documented as being in place and were not. Information was missing from specific assessments of the alteration in skin integrity evaluations.

The Director of Care (DOC) stated that wound assessments were to be complete and accurate and 3M Protocols for treatment were to be followed. The Clinical Practice Lead (CPL) confirmed that documenting the wound was improving when measurements of the wound were increasing would be inaccurate documentation.

Failure to reassess weekly and accurately a residents wound contributed to delayed treatment and intervention causing further harm.

Sources: worsening wound checklist policy, LTC-NURSS4-120.0, effective date July 26, 2022, skin and wound program-skin assessment (head to toe), LTC-NURSS4-70.0, effective date July 26, 2022, 3M Resource Guide, a resident clinical record review, interviews with DOC and CPL.

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

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