



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des Soins  
de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection prévue  
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**

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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>
Feb 22, 2019	2018_725522_0018	008933-18, 009008-18	Critical Incident System

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**Licensee/Titulaire de permis**

Caressant-Care Nursing and Retirement Homes Limited  
264 Norwich Avenue WOODSTOCK ON N4S 3V9

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

Caressant Care on Mary Bucke  
4 Mary Bucke Street ST. THOMAS ON N5R 5J6

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

JULIE LAMPMAN (522)

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

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sous *la Loi de 2007 sur les foyers  
de soins de longue durée***

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 21, 22, and 29, 2018, and February 13, and 14, 2019.**

**During this inspection, the following Critical Incidents (CIS) were inspected:  
CIS #2627-000008-18 related to resident to resident abuse;  
CIS #2627-000007-18 related to an incident that causes injury to a resident.**

**Inspector Samantha Perry #740 was present during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, a Registered Nurse, Registered Practical Nurses, Personal Support Workers, a Laundry Aide and a resident.**

**The inspector(s) also reviewed relevant policies and procedures, and clinical records for identified residents. Observations were made of staff to resident interactions.**

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

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**



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

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, 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,**
  - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
  - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
  - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care related to an identified resident who had an incident with injury.

Review of the identified resident's progress notes in Point Click Care (PCC) noted the resident had two areas of impaired skin integrity.

Review of the identified resident's assessments in PCC noted that the resident had a Caressant Care Head to Toe Assessment completed on a specific date but did not have a skin and wound assessment completed for the two areas of impaired skin integrity.

In an interview, the Registered Nurse (RN) stated that the identified resident should have had a skin and wound assessment for the areas of impaired skin integrity. The RN stated a head to toe assessment was completed but if there was something triggered related to skin then a skin and wound assessment would be completed with the iPod.



In an interview, the RPN stated the identified resident should have had a skin and wound assessment completed. The RPN stated it was possible the identified resident just had the head to toe assessment completed and the skin and wound assessment did not get done.

In an interview, the Director of Care stated the identified resident should have had a skin and wound assessment completed.

The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds had been assessed by a registered dietician who was a member of the staff of the home.

A) A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care related to an identified resident who had an incident with injury.

Review of the identified resident's progress notes in Point Click Care (PCC) noted the resident had two areas of impaired skin integrity.

Review of the identified resident's assessments in PCC noted a dietician referral was made for one of the areas of impaired skin integrity two months after the area of impaired skin integrity was identified.

Review of the home's "Wound Assessment" policy with a review date of May 2018, noted the following:

"A referral to the dietician shall be made on PCC for all residents with skin and wound issues."

In an interview, the Director of Care (DOC) acknowledged that a dietician referral and assessment was not completed for the identified resident. The DOC stated a dietician



referral and assessment should have been completed for the identified resident when the resident developed the area of impaired skin integrity.

B) A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care related to an incident of resident to resident abuse.

The CIS indicated that an identified resident had sustained several areas of altered skin integrity.

Review of the identified resident's electronic progress notes in Point Click Care (PCC) related to the incident noted the identified resident had sustained several areas of altered skin integrity.

Review of the identified resident's electronic clinical record noted no documented referral to a dietician or dietician assessment related to the areas of altered skin integrity.

In an interview, the Director of Care (DOC) acknowledged that the identified resident did not receive a dietician referral or assessment related to the areas of altered skin integrity. The DOC stated that the identified resident was already on a supplement which was probably why the staff did not involve the dietician.

C) On a specific date, an identified resident was observed walking in the common area of the home. Inspector noted that the identified resident had an area of altered skin integrity.

In an interview, the identified resident stated they had the area of altered skin integrity for about one week. The identified resident stated they had told staff and the staff member had provided treatment to the area of altered skin integrity.

Review of the identified resident's electronic progress notes in Point Click Care noted that registered staff had documented that the resident had an area of altered skin integrity.

Review of the identified resident's electronic clinical record noted no documented referral to a dietician or dietician assessment related to the area of altered skin integrity.

In an interview, the Director of Care acknowledged that a dietician referral and assessment was not completed for the identified resident.



The DOC stated a dietician referral and assessment should have been completed related to area of altered skin integrity.

The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds had been assessed by a registered dietician who was a member of the staff of the home. [s. 50. (2) (b) (iii)]

3. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A) A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care related to an identified resident who had an incident with injury.

Review of the identified resident's progress notes in Point Click Care (PCC) noted the resident had two areas of impaired skin integrity.

A review of the identified resident's skin and wound assessments in PCC related to the resident's areas of impaired skin integrity noted the resident did not have skin and wound assessments completed consistently on a weekly basis.

In an interview, the Registered Practical Nurse (RPN) reviewed the identified resident's chart with Inspector #522 and confirmed that the identified resident did not have weekly skin assessments completed. The RPN stated that the identified resident should have had weekly skin and wound assessments completed for the areas of impaired skin integrity.

In an interview, the Director of Care reviewed the identified resident's skin and wound assessments with inspector and confirmed that the identified resident did not have weekly skin and wound assessments. The DOC acknowledged that the identified resident should have had weekly skin and wound assessments for both areas of impaired skin integrity.

B) A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care related to an incident of resident to resident abuse.

The CIS indicated that an identified resident had sustained several areas of altered skin



integrity.

Review of the identified resident's electronic record in PCC noted the resident had skin and wound assessments completed for the areas of altered skin integrity when the incident occurred. The identified resident did not receive another skin and wound assessment until four weeks later which indicated the areas of altered skin integrity had resolved.

In an interview, the Registered Practical Nurse (RPN) stated that a skin and wound assessment would be completed for a resident with impaired skin integrity quarterly with the Resident Assessment Instrument schedule, once a week for impaired skin and as needed. The RPN stated typically RPNs were responsible to complete the skin and wound assessment. The RPN stated skin and wound assessments were documented under the skin and wound tab in PCC, that a picture of the impaired skin and the corresponding assessment was under the assessment tab.

In an interview, the Registered Nurse stated that how often a skin and wound assessment would be completed for a resident with impaired skin integrity would depend upon the doctor's orders. Some residents may be monitored daily but the home's policy stated to reassess the skin weekly. The RN stated the home had a wound care nurse that completed the skin and wound assessments and if the wound care nurse was not available then any registered staff could complete the skin and wound assessment. The RN stated skin and wound assessments were documented under the skin and wound tab in PCC.

In an interview, the Director of Care reviewed the identified resident's skin and wound assessments with inspector and acknowledged that the resident did not have a weekly skin assessment completed for the areas of altered skin integrity. The DOC stated the identified resident should have had weekly skin assessments completed.

C) On a specific date, an identified resident was observed walking in the common area of the home. Inspector noted that the identified resident had an area of altered skin integrity.

In an interview, the identified resident stated they had the area of altered skin integrity for about one week. The identified resident stated they had told staff and the staff member had provided treatment to the area of altered skin integrity.





Review of the identified resident's electronic progress notes in Point Click Care noted that registered staff had documented that the resident had an area of altered skin integrity

Review of the identified resident's skin and wound assessment with a specific date, noted the assessment was "Still in progress." Several areas of the skin and wound assessment were left blank.

Review of the identified resident's skin and wound assessment dated a week later, noted the assessment was "Still in progress." Several areas of the skin and wound assessment were left blank.

In an interview, the Registered Practical Nurse (RPN) stated that a resident who had impaired skin integrity would have a skin and wound assessment completed weekly.

Reviewed the identified resident's skin and wound assessments with the RPN. The RPN acknowledged that the assessments stated "still in progress" and the documentation in the assessment was not complete. The RPN stated they only had so much time and focused on a specific area of the assessment. The RPN stated it would be redundant to include the treatment on the skin and wound assessment as the treatment was in the Treatment Administration Record.

In an interview, the Director of Care (DOC) acknowledged that the identified resident's skin and wound assessments were not complete. The DOC stated that the skin and wound assessments for the identified resident should have been documented completely.

The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. [s. 50. (2) (b) (iv)]



***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

This finding of noncompliance is further evidence to support compliance order #001 that was issued on May 31, 2018, during Resident Quality Inspection #2018\_363659\_0003 with a compliance due date of July 27, 2018.

A) A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care related to an identified resident who had an incident with injury.

Review of the home's policy "Pain Assessment/Management Program" with a review date of April 2018, noted the following:

"Each resident will be monitored for the presence of pain:

A) On admission, monthly, quarterly and annually by the RAI Coordinator.

B) With a new analgesic order, discontinuation of the analgesic or a change in dose.

C) At time of significant resident condition change.



- D) When a resident exhibits behaviours that may herald the onset of pain.
- E) A resident complains of pain 4 or greater.
- F) A resident exhibits distress related behaviours or facial grimacing.
- G) A resident, family, staff or volunteer report pain is present.”

“Monitoring will be completed utilizing the Numerical Pain Scale (cognitive, verbal residents) or the PAIN AD tool (non-verbal, cognitively impaired residents) located under the weights and vitals tab in PCC. Triggered assessments are completed using the Caressant Care Assessment Tool located under the Assessment tab in PCC.”

“The monitoring periods are:

- A) On admission – Every shift for 7 days.
- B) On readmission from hospital – Every shift for 3 days.
- C) Significant Change in status – Every shift for 3 days or more as warranted by the resident’s condition.
- D) Initiation, Discontinuation or Dosage Change – Every shift for 7 days (see Physician notification criteria page 3).
- E) PRN.
- F) On day 8 of the admission determine the resident’s baseline and record it in PCC.”

In an interview, the Registered Practical Nurse stated that a resident would have a pain assessment completed on admission, readmission, with a significant change, a new pain medication, changes in their pain, or if the resident had a fall.

Review of the identified resident’s Minimum Data Set for a specific date noted that the resident had a significant change in status.

Review of the identified resident’s weights and vitals tab in PCC noted the resident was not monitored for pain during the time frame required by the home's pain policy.

In an interview, the Director of Care (DOC) reviewed the identified resident’s clinical record and acknowledged the resident was not monitored for pain as per the home's “Pain Assessment/Management Program” policy.

- B) An identified resident was readmitted to the home on a specific date.

Review of the identified resident’s weights and vitals tab in PCC noted the resident was not monitored for pain during the time frame required by the home's pain policy.



In an interview, the Director of Care acknowledged that the identified resident was not monitored for pain as per the home's "Pain Assessment/Management Program" policy.

The licensee has failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with. [s. 8. (1) (a),s. 8. (1) (b)]

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**

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

**s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. 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. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that a person who had reasonable grounds to suspect that any of the following had occurred or may occur, immediately reported 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 risk of harm.

A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care related to an incident of resident to resident abuse. The CIS report was submitted one day after the incident of resident to resident abuse occurred.

In an interview, the Administrator stated the CIS should have been reported immediately, but staff had not notified management until the next day.

The licensee has failed to ensure that a person who had reasonable grounds to suspect that any of the following had occurred or may occur, immediately reported 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 risk of harm. [s. 24. (1)]

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**Issued on this 22nd day of February, 2019**

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

**Original report signed by the inspector.**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JULIE LAMPMAN (522)

**Inspection No. /**

**No de l'inspection :** 2018\_725522\_0018

**Log No. /**

**No de registre :** 008933-18, 009008-18

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Feb 22, 2019

**Licensee /**

**Titulaire de permis :** Caressant-Care Nursing and Retirement Homes Limited  
264 Norwich Avenue, WOODSTOCK, ON, N4S-3V9

**LTC Home /**

**Foyer de SLD :** Caressant Care on Mary Bucke  
4 Mary Bucke Street, ST. THOMAS, ON, N5R-5J6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Kori Amon

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To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

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

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

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

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

The licensee must be compliant with r. 50. (2) (b) (iv) of Ontario Regulation 79/10.

Specifically, the licensee must ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

**Grounds / Motifs :**

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A) A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care, related to an identified resident who had an incident with injury.

Review of the identified resident's progress notes in Point Click Care (PCC) noted the resident had two areas of impaired skin integrity.

A review of the identified resident's skin and wound assessments in PCC related to the resident's areas of impaired skin integrity noted the resident did not have skin and wound assessments completed consistently on a weekly basis.

In an interview, the Registered Practical Nurse (RPN) reviewed the identified resident's chart with Inspector #522 and confirmed that the identified resident did not have weekly skin assessments completed. The RPN stated that the identified resident should have had weekly skin and wound assessments completed for the areas of impaired skin integrity.

In an interview, the Director of Care reviewed the identified resident's skin and wound assessments with inspector and confirmed that the identified resident did not have weekly skin and wound assessments. The DOC acknowledged that the identified resident should have had weekly skin and wound assessments for both areas of impaired skin integrity.





B) A Critical Incident Systems (CIS) report was submitted by the home to the Ministry of Health and Long-Term Care related to an incident of resident to resident abuse.

The CIS indicated that an identified resident had sustained several areas of altered skin integrity.

Review of the identified resident's electronic record in PCC noted the resident had skin and wound assessments completed for the areas of altered skin integrity when the incident occurred. The identified resident did not receive another skin and wound assessment until four weeks later which indicated the areas of altered skin integrity had resolved.

In an interview, the Registered Practical Nurse (RPN) stated that a skin and wound assessment would be completed for a resident with impaired skin integrity quarterly with the Resident Assessment Instrument schedule, once a week for impaired skin and as needed. The RPN stated typically RPNs were responsible to complete the skin and wound assessment. The RPN stated skin and wound assessments were documented under the skin and wound tab in PCC, that a picture of the impaired skin and the corresponding assessment was under the assessment tab.

In an interview, the Registered Nurse stated that how often a skin and wound assessment would be completed for a resident with impaired skin integrity would depend upon the doctor's orders. Some residents may be monitored daily but the home's policy stated to reassess the skin weekly. The RN stated the home had a wound care nurse that completed the skin and wound assessments and if the wound care nurse was not available then any registered staff could complete the skin and wound assessment. The RN stated skin and wound assessments were documented under the skin and wound tab in PCC.

In an interview, the Director of Care reviewed the identified resident's skin and wound assessments with inspector and acknowledged that the resident did not have a weekly skin assessment completed for the areas of altered skin integrity. The DOC stated the identified resident should have had weekly skin assessments completed.



C) On a specific date, an identified resident was observed walking in the common area of the home. Inspector noted that the identified resident had an area of altered skin integrity.

In an interview, the identified resident stated they had the area of altered skin integrity for about one week. The identified resident stated they had told staff and the staff member had provided treatment to the area of altered skin integrity.

Review of the identified resident's electronic progress notes in Point Click Care noted that registered staff had documented that the resident had an area of altered skin integrity

Review of the identified resident's skin and wound assessment with a specific date, noted the assessment was "Still in progress." Several areas of the skin and wound assessment were left blank.

Review of the identified resident's skin and wound assessment dated a week later, noted the assessment was "Still in progress." Several areas of the skin and wound assessment were left blank.

In an interview, the Registered Practical Nurse (RPN) stated that a resident who had impaired skin integrity would have a skin and wound assessment completed weekly.

Reviewed the identified resident's skin and wound assessments with the RPN. The RPN acknowledged that the assessments stated "still in progress" and the documentation in the assessment was not complete. The RPN stated they only had so much time and focused on a specific area of the assessment. The RPN stated it would be redundant to include the treatment on the skin and wound assessment as the treatment was in the Treatment Administration Record.

In an interview, the Director of Care (DOC) acknowledged that the identified resident's skin and wound assessments were not complete. The DOC stated that the skin and wound assessments for the identified resident should have been documented completely.



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Order(s) of the Inspector**

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Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm to the resident. The scope of the issue was a level 3 as it was widespread, involving three out of three residents. The home had a level 4 history of noncompliance with this section of Ontario Regulation 79/10, which included a Voluntary Plan of Correction (VPC) issued April 9, 2018 (2018\_363659\_0003), a VPC issued June 9, 2017 (2017\_606563\_0009), and a VPC issued April 13, 2016 (2016\_326569\_0005).  
(522)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Mar 29, 2019



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:



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O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 22nd day of February, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Julie Lampman

**Service Area Office /**

**Bureau régional de services :** London Service Area Office