



**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>
May 6, 2019	2019_725522_0005	004317-19	Follow up

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

This inspection was conducted on the following date(s): May 2, 2019.

Follow-up to compliance order #001 from Critical Incident System Inspection #2018\_725522\_0018, related to weekly skin and wound assessments was completed during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care and Registered Practical Nurses.

The inspector(s) also reviewed relevant policies and procedures, and clinical records for identified residents.

The following Inspection Protocols were used during this inspection:  
Skin and Wound Care

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

- 1 WN(s)
- 1 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
O.Reg 79/10 s. 50. (2)	CO #001	2018_725522_0018		522



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

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

**WN #1: 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 this 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.

Ontario Regulation 79/10 s. 48. (1) 2 states, "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions."

Ontario Regulation 79/10 s. 30. (1) states, "Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required."

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

"All residents with skin and wound issues shall have these areas assessed by registered staff every 7 days."

"When a resident presents with a skin and wound issue, Registered staff shall assess the



area and appropriately document using the Point Click Care Skin and Wound care module. This assessment shall include at a minimum the following:

Location of skin/wound issue

Type of wound/skin issue (stage of wound, rash, skin tear etc.)

Wound/skin size: length, width and depth

Presence of drainage including amount, color, odor

Description of wound bed and surrounding tissue

Presence of undermining and/or tunneling

Pain expressed by resident"

A) Review of resident #001's clinical record in Point Click Care (PCC) noted resident #001 had an area of altered skin integrity.

A review of resident #001's electronic Treatment Administration Record in PCC noted an order to assess the area of altered skin integrity weekly.

Review of resident #001's electronic weekly skin and wound assessments in PCC for a specified time period, noted on the initial assessment the location and measurements of the impaired skin integrity were not documented. The five subsequent assessments did not include the location of the impaired skin integrity.

In an interview, Registered Practical Nurse (RPN) #103 acknowledged that they had not indicated the location of resident #001's impaired skin integrity on four assessments that they had completed. RPN #103 stated the location would autopopulate from the initial assessment and when they completed the skin and wound assessment for resident #001 on the Ipad they did not realize the location had not been put in and therefore did not enter it. RPN #103 reviewed resident #001's initial skin and wound assessment and stated the initial assessment should have included the location and measurements of the impaired skin integrity.

In an interview, RPN #102 acknowledged that they had not indicated the location of resident #001's impaired skin integrity when they completed the skin and wound assessment on a specified date. RPN #102 stated they were unsure if they could document in this field when completing a reassessment. RPN #102 stated the location should have been entered correctly on the initial assessment.

In an interview, Director of Care #101 stated that registered staff should have entered the location and wound measurements on the skin and wound assessments for resident



#001's impaired skin integrity.

B) Review of resident #002's clinical records in Point Click Care (PCC) noted resident #002 had an area of altered skin integrity.

A review of resident #002's doctor's orders noted an order to assess the area of altered skin integrity every week.

A review of resident #002's electronic weekly skin and wound assessments in PCC noted the following:

i) A reassessment of resident #002's impaired skin integrity on a specified date did not include any measurements, description of the area of altered skin integrity and pain expressed by the resident. The reassessment the following week, did not include documentation under pain expressed by resident.

ii) A skin and wound assessment on a specified date and the reassessment the following week, of another area of altered skin integrity did not include a description of the area of altered skin integrity - type, location, acquired and how long the area was present.

In an interview, Registered Practical Nurse #103 acknowledged that there was missing documentation on resident #001's skin and wound assessments on specified dates.

RPN #103 acknowledged that they had completed the skin and wound assessments for resident #002 on two specified dates. RPN #103 stated they had missed entering the information on resident #002's skin and wound assessments.

In an interview, Director of Care #101 stated that registered staff should have documented all the required fields on the skin and wound assessments for resident #002.

The licensee has failed to ensure that the home's "Wound Assessment" policy was complied with when registered staff documented weekly skin and wound assessments for resident #001 and resident #002. [s. 8. (1) (a),s. 8. (1) (b)]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the home's "Wound Assessment" policy is complied with, to be implemented voluntarily.***

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Issued on this 6th day of May, 2019

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

**Original report signed by the inspector.**