

Original Public Report

Report Issue Date September 23, 2022

Inspection Number 2022_1070_0001

Inspection Type

- Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

Carlingview Manor Operating Inc.

Long-Term Care Home and City

Carlingview Manor, Ottawa

Lead Inspector

Pamela Finnikin (720492)

Inspector Digital Signature

Additional Inspector(s)

Severn Brown (740785) and Marko Punzalan (742406) were also present during the inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 2-5, 9-11, 15, 17-19, 2022

The following intakes were completed in this Critical Incident System (CIS) inspection:

- Log # 006157-22 (CIS: 2420-000006-22) was related to medication management;
- Log # 000889-22 (CIS: 2420-000001-22) was related to alleged staff to resident verbal abuse;
- Log # 021090-21 (CIS: 2420-000039-21) was related to responsive behaviours;
- Log # 009901-22 (CIS: 2420-000026-22), 010397-22 (CIS: 2420-000027-22), 011049-22 (CIS: 2420-000028-22), 011445-22 (CIS: 2420-000033-22), and 012364-22 (CIS: 2420-000036-22) was related to fall prevention and skin and wound.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Skin and Wound Prevention and Management

INSPECTION RESULTS**WRITTEN NOTIFICATION SKIN AND WOUND****NC#001 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 was performed immediately on resident's #001 and #002 upon their return from the hospital.

Rationale and Summary

Upon record review, no skin and wound assessment found in Point Click Care (PCC) for resident #002.

The Director of Care (DOC) confirmed that upon return from hospital, every resident should have a skin assessment completed immediately, on same shift or within 24 hours.

A new wound was found during the post-hospitalization skin assessment for resident #001.

Per Policy LTC-Skin and Wound Care Program, a "Skin Assessment [is] to be completed by Nurse for all resident's *[sic]* under the following criteria: Upon return from Hospital."

Had a skin assessment been performed on resident #001 immediately upon their return from the hospital, the wound would have been found sooner and treatment would have been commenced sooner. This resulted in a moderate risk to the resident's health.

Sources:

Resident chart review, Policy CARE12-O10.08, and interview with DOC.

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NC#002 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 a registered dietitian completed an assessment for resident #001 and #002 with altered skin integrity upon their return from hospital.

Rationale and Summary

Upon record review, no registered dietitian (RD) referral or RD assessment was found for resident #002 upon their return from hospital with a new wound.

A new wound was found during the post-hospitalization skin assessment for resident #001. Upon chart review and staff interview, no RD referral or RD assessment was found for resident #001 upon discovery of their new skin wound.

The DOC confirmed that upon return from hospital, every resident who has a new wound is required to have an RD referral and RD assessment completed.

Per Policy LTC-Skin and Wound Care Program: New Skin Impairment/New Wound, a registered dietitian referral is to be made upon discovery of new wound/altered skin integrity.

Had a registered dietitian been consulted and an assessment completed on resident #001 and #002's wounds, it may have improved their healing process. This resulted in a moderate risk to the resident's health.

Sources:

Resident chart review, Policy CARE12-O10.02, and interview with DOC.

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