

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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**Public Copy/Copie du public**

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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>
Jul 26, 2019	2019_685648_0014	001898-18, 007242-19	Complaint

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**Licensee/Titulaire de permis**

The Royale Development GP Corporation as general partner of The Royale  
Development LP  
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Cedarvale Lodge Retirement and Care Community  
121 Morton Avenue Keswick ON L4P 2M5

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

JOVAIRIA AWAN (648)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): July 18, 19, 22, and 23, 2019**

**The following complaints intakes were inspected:**

**Log #(s)**

**001898-18 related to plan of care**

**007242-19 related to plan of care, and skin and wound management**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurse (RN), and Personal Support Workers (PSW)**

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

**Accommodation Services - Laundry**

**Personal Support Services**

**Skin and Wound Care**

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

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure the plan of care set out clear directions to staff and others who provide direct care to the resident.

Resident #001 was identified in a written complaint submitted to the home on identified dates, indicating concerns regarding skin and wound care management of the resident.

Review of resident #001's health records identified they were known to present with high risk of skin impurity and had multiple areas of impaired skin integrity requiring individual treatments which were identified in the TAR with each skin impurity site identified individually, during this inspection.

Review of resident #001's TAR identified a treatment order directing staff to provide individualized treatment to the resident for a skin impairment.

Resident #001's areas of impaired skin integrity were reviewed with RN #102. RN #102 reported the treatment order identified by the inspector, did not specify a site for treatment or identify where the residents skin impairment was located, and therefore did not provide clear direction to registered staff.

Review of resident #001's health records did not identify a skin impairment clarifying the location of the skin tear related to the treatment as identified.

Interviews with RN #102 and DOC indicated registered staff providing treatment would not have clear direction to registered staff on how to apply the treatment as noted in the TAR as the skin tear site had not been specified in the order. [s. 6. (1) (c)]

***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 that the written plan of care for each resident sets out clear directions to staff and others who provide care to the resident, to be implemented voluntarily.***

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**WN #2: 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 failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #001 was identified in a written complaint submitted to the home on identified dates, indicating concerns regarding skin and wound care management of the resident.

Review of resident #001's progress notes identified they had sustained areas of impaired skin integrity.

An initial skin and wound care assessment was identified for the residents areas of impaired skin integrity on an identified date.

Review of resident #001's Treatment Administration Record (TAR) initiated when the areas of impaired skin integrity were identified, specified a period of treatment for areas of impaired skin integrity until they healed. Weekly skin and wound assessments were not identified for the period during which resident #001 received treatment for the areas of impaired skin integrity, until they healed.

Progress notes on an identified date, indicated resident #001's identified area of impaired skin integrity presented with overall deterioration some time after it had been identified. A weekly skin and wound assessment was not identified for the period of treatment encompassing the initial identification of the skin impairment, until it healed.

Interviews with the RN #102 and DOC identified that registered staff were responsible for completing weekly skin and wound assessments for active open areas requiring treatment once they are identified. Registered staff were to use a skin and wound assessment instrument available to them in the home. RN #102 and the DOC reviewed resident #001's identified areas of skin impairment as noted, acknowledged resident #001 was at high risk of skin imparity, and confirmed the resident did not receive a weekly assessments by a member of registered nursing staff as indicated above. [s. 50. (2) (b) (iv)]

***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 that residents exhibiting altered skin integrity, including skin breakdown, skin tears, or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**Issued on this 14th day of August, 2019**

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

**Original report signed by the inspector.**