

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 17, 2021	2021_872218_0027	015865-21	Complaint

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 Mississauga ON L4W
0E4

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

Columbia Forest
650 Mountain Maple Avenue Waterloo ON N2V 2P7

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

APRIL RACPAN (218)

Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): November 24-25,
December 2-3 and 6-8, 2021.**

The following intake was completed in this inspection:

-Log #015865-21 related to skin and wound concerns and other care issues.

**This inspection was completed concurrently with Critical Incident System (CIS)
Inspection #2021_872218_0026.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
the Acting Director of Care (DOC), the Infection Prevention and Control (IPAC)
Lead, Receptionist(s), designated surveillance screeners, Registered Nurses (RNs),
Registered Practical Nurses (RPNs), and Personal Support Workers (PSWs).**

**During the course of the inspection, the inspector(s) conducted a tour of the
resident home areas (RHAs), observed IPAC measures, resident care provision,
resident/staff interactions, and completed resident/staff interviews. The inspector
(s) also reviewed clinical health records, posting of required information, relevant
home policies and procedures, and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
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)

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. 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 when resident #002 exhibited altered skin concerns, that they received 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 assessments.

The home's skin and wound care policy required that for any new skin impairment identified, an assessment was to be completed using the home's Skin and Wound Care assessment tool on Point Click Care (PCC). The Acting DOC #101 clarified that the requirement of completing assessments for residents with altered skin integrity included but were not limited to rashes, bruising, and dry skin to any specific part of the body.

However, the following skin care concerns were not assessed as required:

-In April 2021, resident #002 developed a rash on a specific part of their body that required skin treatment interventions. Orders were processed and treatment interventions were initiated, although a skin assessment was not completed when the skin concern was identified.

-In August 2021, resident #002 sustained a bruise and laceration following a falls incident. Skin assessments, treatment interventions, and notification to the resident's family were not completed as required.

-In December 2021, multiple staff shared that resident #002 had very dry skin to a specific part of their body. A cream was being applied to the area although a skin assessment was not completed when the skin care concern was identified.

Failure to complete skin assessments for resident #002's previous and existing skin concerns placed them at potential risk for experiencing deteriorating skin concerns.

Sources: Skin and Wound Care Policy (CARE12-O10.02) last reviewed March 31, 2021, resident #002's medical orders, Progress notes, interviews with the Acting DOC and other staff. [s. 50. (2) (b) (i)]

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 all residents with altered skin integrity receive 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 assessments, to be implemented voluntarily.

Issued on this 17th day of December, 2021

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

Original report signed by the inspector.