

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: September 18, 2024	
Inspection Number: 2024-1293-0002	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
Long Term Care Home and City: Warkworth Place, Warkworth	
Lead Inspector The Inspector	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 20 - 22, 26 - 30, 2024 and September 3, 2024

The following intake(s) were inspected:

- An intake regarding improper care of two residents.
- An intake regarding alleged resident to resident physical abuse.
- Follow-up #: 1 - O. Reg. 246/22 - s. 39 (1), CO #001 Nursing and Personal Support Services, CDD March 18, 2024.
- Complaint regarding neglect, skin and wound care and plan of care.
- An intake regarding an outbreak declared.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1293-0001 related to O. Reg. 246/22, s. 39 (1)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

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,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that there was a written plan of care for a resident

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that sets out clear directions to staff regarding the management of their medical device.

Rationale and Summary

A complaint was received by the Director with allegations that a resident's medical device was not managed properly.

A Resident had impaired skin integrity and a medical device was used for management of the resident's skin condition. The Nurse Practitioner (NP) directed for weekly monitoring of the resident's skin to determine the need for the medical device. The device was first prescribed for a week, then two weeks, but remained in place for two months prior to the directions being provided to change the medical device monthly and when required. The NP documented that the resident's medical device required maintenance weeks after being put it place.

There was no documentation to support the resident's medical device had been changed monthly, nor that regular care of the medical device was being provided.

The interim DOC indicated that the medical device should be changed every four weeks based on best practice. The Lippincott Manual of Nursing Practice Eighth Edition, used by the home for best practice guidelines at the time, specified that medical device changes should be based on the patient's needs. The resident's care plan indicated that the medical device be changed as per physician orders or the home's policies.

Failure to ensure there was clear direction for registered staff to monitor and when to change or flush the resident's medical device placed the resident at risk for medical complications.

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Sources: Lippincott Manual of Nursing Practice Eighth Edition, resident's Medication Administration Record, Prescriber's Orders, progress notes, and interview with the interim DOC.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations.

Rationale and Summary

A complaint was received by the Director involving concerns around care for a resident. An email was sent to the home's former Executive Director (ED) with concerns about a resident's care. The home's former ED responded to the complaint via email to the original sender. A copy of this email thread was provided to the Ministry of Long-Term Care (MLTC) by the complainant.

A review of Critical Incident (CI) report records on the MLTC Long-Term Care Homes

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Portal revealed that a CI report for this complaint was not submitted to the MLTC, and therefore the Director was not informed of this complaint.

The home's interim DOC confirmed that the complaint received by the home regarding the resident should have been reported immediately to the Director.

Failure to immediately report complaints of care concerns of residents puts residents at increased risk of harm of further incidents.

Sources: Correspondence between a complainant and the home's former ED, the MLTC Long-Term Care Homes Portal, interview with the interim DOC.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) abuse of a resident by anyone,

The licensee failed to immediately investigate an alleged incident of abuse involving a resident.

Rationale and Summary

A CI report was received by the Director indicating alleged abuse toward a resident. The resident's progress notes indicated that the resident was assaulted by another resident the previous evening. Investigation notes for the CI were not

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available upon inspector request. The home's interim DOC confirmed the allegation of abuse toward the resident should have been investigated immediately.

Failure to immediately investigate alleged incidents of abuse of residents puts residents at increased risk of harm of further incidents.

Sources: CI report, the home's CI binder, resident progress notes, and interview with the interim DOC.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (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:

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.

The licensee failed to report an alleged incident of abuse involving a resident to the Director immediately.

Rationale and Summary

A CI report was received by the Director indicating alleged abuse toward a resident. The resident's progress notes indicated that the resident was assaulted by another resident the previous evening. The home's interim DOC confirmed the allegation of abuse toward the resident should have been reported immediately to

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the Director.

Failure to immediately report alleged incidents of abuse of residents puts residents at increased risk of harm of further incidents.

Sources: CI report, resident progress notes, and interview with the interim DOC.

WRITTEN NOTIFICATION: Safe and Secure Home

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee failed to ensure staff used wound care supplies ordered for a resident in the home in accordance with manufacturers' instructions.

Rationale and Summary

A complaint was received by the Director indicating that staff did not apply a resident's wound care supplies as ordered. The physician prescribed to apply a specific type of wound dressing to an area of a resident's body. Additional orders were prescribed by the physician with instructions on management of the wounds and application of the wound dressing.

There was no evidence that education had been provided to registered staff on how to apply the wound dressing. Further, staff interviews identified that formal

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education on the application of the identified wound dressing had not been provided. The manufacturer instructions were reviewed and verified that registered staff had not been applying the wound dressing according to the manufacturer's directions.

Progress notes indicated that the dressings were applied improperly on multiple occasions. The gaps identified in the notes included that the dressings were applied too tightly, applied upside down causing swelling, and on another occasion the dressing was digging into the resident's skin causing impairment to the skin. The home's interim DOC confirmed that formal training on the application of the wound dressing was not provided to staff.

The resident was at risk for a negative outcome such as worsening of their condition when the wound dressing was not applied according to the manufacturers instructions.

Sources: Manufacturer Instructions for the specified wound dressing, interviews with staff and the home's interim DOC, resident's progress notes.

WRITTEN NOTIFICATION: Required Programs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

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

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and wound assessment,

The licensee has failed to ensure that a resident received skin assessments by a member of the registered staff using a clinically appropriate instrument that is specifically designed for skin and wound assessment.

Rationale and Summary

A complaint was received by the Director with allegations that a resident's wounds were not managed properly.

The home's policy titled Skin and Wound Program: Wound Care Management, indicates a resident exhibiting any form of altered skin integrity, which may include but is not limited to skin breakdown, unexplained bruises, pressure injuries, skin tears and wounds, will receive a skin assessment by a Nurse using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. The clinically appropriate assessment tools used is Wound Assessment, Appendix 1 for pressure injuries/venous stasis or ulcers of any type; use Impaired Skin Integrity Assessment, Appendix 2 for all other skin impairments.

The resident had a history of skin wounds related to a medical condition. A Head to Toe Skin Assessment indicated the resident had compromised skin integrity on a specific area of their body. A Weekly Impaired Skin Integrity Assessment indicated multiple skin alterations. There was no evidence of weekly assessments using the home's clinically appropriate tool for wound assessments. Progress notes indicated presence of infection, and that the resident's wound was worsening. The resident's skin integrity was described to be impaired in various locations on their body. The resident's medication administration record (MAR) identified the PSWs were applying three different treatment creams to several areas on the body.

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A review of the resident's skin assessments showed that staff did not complete the appropriate Weekly Impaired Skin Integrity Assessments for the wounds.

Registered Practical Nurse (RPN) #106 agreed that a resident with an impaired skin integrity should receive an assessment by the registered staff using the home's clinically appropriate tool designed for wound and then assess on a weekly basis.

The interim DOC agreed the assessments were not consistently completed as required for resident's wounds.

When the resident's skin wounds were not assessed using the clinically appropriate tool, there would not be a wound assessments for the registered staff to reference, to assess if the wound was worsening or healing.

Sources: Skin and Wound Program: Wound Care Management, resident's progress notes, MARS, interviews with staff, and the interim DOC.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

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Long-Term Care Inspections Branch

Central East District

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The licensee has failed to ensure that symptoms indicating the presence of infection for the resident were monitored on every shift, in accordance with any standard or protocol issued by the Director.

The additional requirement under 3.1 (b) of the Standard was to ensure that surveillance was performed on every shift to identify cases of healthcare acquired infections.

Rationale and Summary

The home's NP indicated the resident's had several locations with altered skin integrity that had ongoing infections. The resident was prescribed antibiotics on several occasions to manage the skin infections.

Review of the resident's progress notes while the resident was taking the antibiotics identified staff did not record if the resident was symptomatic of infection on every shift nor if the antibiotic treatment was effective. The interim DOC confirmed that registered staff should assess the resident on every shift and document on their progress if the resident had any signs of infection and while the resident was taking the antibiotic.

The resident was at risk for discomfort when the resident's symptoms of infection were not monitored on every shift and the effectiveness of the medication was not being evaluated.

Sources: Resident's progress notes, Prescriber's Orders, MAR, and interviews with the NP, and the interim DOC.

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COMPLIANCE ORDER CO #001 Duty to Protect

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1) Ensure the designated skin and wound care lead and registered nursing staff including agency registered nursing staff providing wound care have the skill set to assess the resident's wounds and have completed advanced wound care courses. The course is to be provided by a person(s) that are qualified in advanced wound care. The education should include direction on how to identify, describe, and document the location, type, progress, goal of care, measurement of the wounds, length, width, depth, undermining, tunneling, wound bed, exudate, peri wound, pain, treatment, orders, and progress of the resident's wounds. Ensure a documented record is kept including the qualifications of the skin and wound specialist, certificates of advanced skin and wound care education provided to registered nursing staff, the content of education received related to advanced wound care, including the individual who provided the education, their credentials, and the date of the education. Provide the records to the Inspector immediately upon request.

2) Educate all registered nursing staff, including agency registered nursing staff providing wound care in the home regarding the directions on how to apply wound dressings as per manufacturer's instructions. The education should include direction on how to appropriately apply various types of wound dressings available in the home including the Coban 2 (lite) Compression System and must be an in-person

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training. Educated staff must demonstrate competency of proper technique of the application of wound dressing based on the manufacture's instruction. Keep a documented record of the education content provided to staff, including the individual who provided the education, those who attended, and the date of the training. Provide the records to the Inspector immediately upon request.

3) The designated Infection Prevention and Control (IPAC) Lead will develop a process to ensure registered nursing staff including agency staff are performing symptom monitoring and daily surveillance when infections in residents are identified. Provide education to all registered nursing staff including agency staff on the home's Infection Surveillance policy, including when to document signs and symptoms of infection and monitor the effectiveness of antibiotics. Keep a documented record of the education content provided to staff, including the individual who provided the education, those who attended, and the date of the training. Provide the records to the Inspector immediately upon request.

4) Educate all registered nursing staff, including agency registered nursing staff on best practices for urinary catheter care, including the home's policy on urinary catheter care and on the following topics:

- Catheter Changes: How and when to change catheters, including signs that indicate a change is needed.
- Monitoring and Infection Identification: Procedures for monitoring catheter function and identifying symptoms of infection.
- Proper Cleaning: Techniques for cleaning and maintaining the catheter site to prevent infections.
- Blockage Management: Steps to identify, manage and resolve catheter blockages.

Test staff knowledge on these topics and retrain those who do not pass the test. Keep a documented record of the education, including the trainer's details, staff

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who attended, training dates, and test results. Provide these records to the Inspector immediately upon request.

Grounds

The licensee failed to ensure that a resident was not neglected.

Rationale and Summary

A complaint was received by the Director with allegations that a resident's medical device, and wounds were not managed properly.

The following non-compliance were identified within this report specific to the management of the resident's medical device, wound care and infection monitoring:

-WN - O. Reg 246/22, s. 102 (9) (a). The licensee has failed to ensure that symptoms indicating the presence of infection for the resident were monitored on every shift, in accordance with any standard or protocol issued by the Director.

-WN - O. Reg 246/22, s. 26. The licensee failed to ensure staff used wound care supplies ordered for the resident in the home in accordance with manufacturers' instructions.

-WN - FLTCA 2021, s. 6 (1) (c). The licensee has failed to ensure that there was a written plan of care for the resident that sets out clear directions to staff regarding the management of their indwelling urinary catheter.

-WN - O. Reg 246/22, s. 55 (2) (b) (i). The licensee has failed to ensure that the resident received skin assessments by a member of the registered staff a using a clinically appropriate instrument that is specifically designed for skin and wound

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assessment.

A series of oversights and missed opportunities led to inadequate care for the resident during the final months of their time at the home. Multiple staff members did not follow the licensee's skin and wound care policies and comply with the legislation. Additionally, the inadequate monitoring and enforcement of policies and the legislation by management was neglectful and negatively impacted the resident.

Sources: Resident's clinical health records, and interviews with staff as detailed in the separate findings of this report.

This order must be complied with by November 29, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.