

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: April 30, 2024	
Inspection Number: 2024-1131-0001	
Inspection Type: Critical Incident	
Licensee: Craigwiel Gardens	
Long Term Care Home and City: Craigholme, Ailsa Craig	
Lead Inspector Christie Birch (740898)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 12, 15, 16, 2024

The following intake(s) were inspected:

- Intake: #00107502 - CI 2622-000004-24 - Improper care of resident.
- Intake: #00108861 - CI 2622-000005-24 - Fall of resident with injury.
- Intake: #00111059 - CI 2622-000010-24 - Outbreak.

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

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Falls Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,

The licensee failed to ensure that all doors that residents do not have access to were kept closed and locked.

Rationale and Summary

During an inspection, the doors to three of the home's soiled utility rooms were observed to be unlocked. Each door had signage posted on it stating, " Doors to remain locked at all times".

The Director of Care (DOC) confirmed that the soiled utility room doors should be locked at all times. They also stated they would ensure the doors were assessed by

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a maintenance staff member and would send a reminder to all staff to ensure the doors are locked at all times.

Subsequently, the doors were observed to be closed and locked.

There was risk related to residents having access to the soiled utility rooms.

Sources: Observations in the home; Interview with the DOC. [740898]

Date Remedy Implemented: April 12, 2024

WRITTEN NOTIFICATION: Plan of Care

NC #002 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 failed to ensure that there was a written plan of care that set out clear directions to staff related to interventions in place for a resident.

Rationale and Summary

A resident had interventions in place that were provided by staff. The resident's careplan did not provide any direction to staff on the interventions in place.

The Director of Care (DOC) stated that the interventions should have been included

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in the resident's careplan.

There was risk to the resident related to lack of direction to staff for the interventions in place.

Sources: Interviews with staff; Review of clinical records. [740898]

WRITTEN NOTIFICATION: Skin and Wound Care

NC #003 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 and wound assessment,

The licensee failed to ensure that a resident, who had altered skin integrity, 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 assessment.

Rationale and Summary

A resident attained a new alteration in skin integrity and no documentation of a skin assessment in Point Click Care (PCC) was noted at the time staff assessed the new skin alteration.

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The Director of Care (DOC) and registered staff both stated that a skin assessment was not done at the time the skin alteration was assessed and should have been.

There was risk to the resident related to the absence of a skin assessment.

Sources: Interviews with staff; Review of resident's clinical records. [740898]