

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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130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 12, 2020	2020_563670_0032	020118-20	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare Southwood Lakes
1255 North Talbot Road WINDSOR ON N9G 3A4

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

DEBRA CHURCHER (670)

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): October 28, 29, 30, November 2 & 9, 2020. Offsite November 3 & 5, 2020.

The purpose of this inspection was to inspect complaint Log# 020118-20 IL-83337-LO related to a complaint alleging no Power of Attorney notification of wounds.

This Inspection was completed concurrently with inspection #2020_563670_0033

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Clinical Coordinator, one Physician, one Nurse Practitioner, one Registered Practical Nurse Wound Care Champion, one Registered Nurse, one Registered Practical Nurse, one Personal Support Worker and residents.

During the course of this inspection the Inspector observed the overall cleanliness and maintenance of the facility, observed the provision of care, observed staff to resident interactions, reviewed relevant clinical records and reviewed relevant internal documentation and policies and procedures.

The following Inspection Protocols were used during this inspection:
Skin and Wound Care

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

The licensee has failed to ensure that the home's Skin and Wound Program and Wound Care Management policy was implemented and complied with for resident's #001, #002 and #003.

O. Reg. 48 (1) 2. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcer, and provide effective skin and wound care interventions."

A) The home's policy titled Skin and Wound Program Wound Care Management stated 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, be reassessed at least weekly by a Nurse if clinically indicated and receive specified care as set out in the plan of care. Develop and implement an individualized interdisciplinary plan of care in collaboration with the resident/POA/SDM/family to address identified risk factors.

A progress note stated, Personal Support Worker (PSW) reported a specific skin condition noted for resident #001. The Inspector was unable to locate, and the licensee was unable to provide any assessments or follow-up.

A progress note showed two additional specific skin conditions were noted for resident #001 and a notation that a referral to the Wound Care Champion was made. The Inspector was unable to locate any wound care orders, treatment plan, POA notification or referral to the Wound Care Champion.

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A subsequent progress note showed an additional specific skin condition was noted for resident #001. The Inspector was unable to locate any wound care orders, treatment plan or POA notification.

Review of resident #001's Treatment Administration Records (TAR's) showed a long-standing skin condition to a specific location. No weekly wound assessments could be located for two specific dates.

Review of resident #001's clinical record showed the resident to be a high risk for altered skin integrity. Review of the plan of care with revision history showed no plan of care related to the residents high risk.

During an interview with the Director of Care (DOC) they acknowledged that they were unable to find any documentation of the POA being notified of the noted skin conditions and could not say if this had been done or not. The DOC also stated that there was no Wound Care Champion referral completed, no treatment plan for identified skin conditions and there was no plan of care in place related to resident #001's high risk.

During an interview with the Wound Care Champion they stated that skin tears should have a treatment initiated, be put on the TARs and have weekly wound assessments completed. Acknowledged that the home has not been including any bruises in weekly wound assessments and that they are hoping the Personal Support Workers (PSW's) would monitor any bruises when the resident's were bathed.

B) A progress note showed resident #002 had two specific skin conditions identified. The Inspector was unable to locate any plan of care related to the skin impairment, additional assessments or treatment record.

C) A progress note showed resident #003 had an identified skin condition. The inspector was unable to locate any plan of care related to the skin impairment, additional assessments or treatment record.

A subsequent progress note showed resident #003 had an additional skin condition identified. The inspector was unable to locate any plan of care related to the skin impairment or any additional assessments.

The homes failure to follow their Skin and Wound Care Program Wound Care

Management placed resident #001, #002 and #003 at risk of developing skin integrity issues or undetected wound deterioration.

Sources: Resident #001, #002 and #003 clinical records, the homes Skin and Wound Program Wound Care Management Program last updated August 2019 and interview with Director of Care and Wound Care Champion.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

Issued on this 13th day of November, 2020

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

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Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DEBRA CHURCHER (670)

Inspection No. /

No de l'inspection : 2020_563670_0032

Log No. /

No de registre : 020118-20

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Nov 12, 2020

Licensee /

Titulaire de permis : Extendicare (Canada) Inc.
3000 Steeles Avenue East, Suite 103, MARKHAM, ON,
L3R-4T9

LTC Home /

Foyer de SLD : Extendicare Southwood Lakes
1255 North Talbot Road, WINDSOR, ON, N9G-3A4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Susan Ethier

To Extendicare (Canada) Inc., you are hereby required to comply with the following
order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must be compliant with O.Reg. 79/10 s. 8. (1).(b).

Specifically;

A) The home will complete education with all registered staff members related to the homes policies and procedures included in the skin and wound care program.

B) Keep documentation of the staff name and the date the staff member that received the education.

C) Complete and document weekly audits of a minimum of three (if available) random residents exhibiting impaired skin integrity, one of which should include a new or worsening skin condition. Audits will include monitoring to determine if weekly skin and wound assessments are being completed, monitoring if the impaired skin integrity have been added to the Treatment Administration Records with appropriate treatments ordered and monitoring if POA/SDM have been notified of any new skin issues or deterioration in a skin condition. Audits shall be completed for 6 months or until compliance is achieved.

D) Keep documentation of corrective actions taken for any deficiencies found on the weekly audits.

E) Implement a plan to ensure that all skin conditions, including bruises, are assessed at least weekly.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's Skin and Wound Program

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and Wound Care Management policy was implemented and complied with for resident's #001, #002 and #003.

O. Reg. 48 (1) 2. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcer, and provide effective skin and wound care interventions."

A) The home's policy titled Skin and Wound Program Wound Care Management stated 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, be reassessed at least weekly by a Nurse if clinically indicated and receive specified care as set out in the plan of care. Develop and implement an individualized interdisciplinary plan of care in collaboration with the resident/POA/SDM/family to address identified risk factors.

A progress note stated, Personal Support Worker (PSW) reported a specific skin condition noted for resident #001. The Inspector was unable to locate, and the licensee was unable to provide any assessments or follow-up.

A progress note showed two additional specific skin conditions were noted for resident #001 and a notation that a referral to the Wound Care Champion was made. The Inspector was unable to locate any wound care orders, treatment plan, POA notification or referral to the Wound Care Champion.

A subsequent progress note showed an additional specific skin condition was noted for resident #001. The Inspector was unable to locate any wound care orders, treatment plan or POA notification.

Review of resident #001's Treatment Administration Records (TAR's) showed a long-standing skin condition to a specific location. No weekly wound assessments could be located for two specific dates.

Review of resident #001's clinical record showed the resident to be a high risk

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2007, chap. 8

for altered skin integrity. Review of the plan of care with revision history showed no plan of care related to the residents high risk.

During an interview with the Director of Care (DOC) they acknowledged that they were unable to find any documentation of the POA being notified of the noted skin conditions and could not say if this had been done or not. The DOC also stated that there was no Wound Care Champion referral completed, no treatment plan for identified skin conditions and there was no plan of care in place related to resident #001's high risk.

During an interview with the Wound Care Champion they stated that skin tears should have a treatment initiated, be put on the TARs and have weekly wound assessments completed. Acknowledged that the home has not been including any bruises in weekly wound assessments and that they are hoping the Personal Support Workers (PSW's) would monitor any bruises when the resident's were bathed.

B) A progress note showed resident #002 had two specific skin conditions identified. The Inspector was unable to locate any plan of care related to the skin impairment, additional assessments or treatment record.

C) A progress note showed resident #003 had an identified skin condition. The inspector was unable to locate any plan of care related to the skin impairment, additional assessments or treatment record.

A subsequent progress note showed resident #003 had an additional skin condition identified. The inspector was unable to locate any plan of care related to the skin impairment or any additional assessments.

The homes failure to follow their Skin and Wound Care Program Wound Care Management placed resident #001, #002 and #003 at risk of developing skin integrity issues or undetected wound deterioration.

Sources: Resident #001, #002 and #003 clinical records, the homes Skin and Wound Program Wound Care Management Program last updated August 2019 and interview with Director of Care and Wound Care Champion.

Order(s) of the Inspector

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2007, chap. 8

On order was made taking the following factors into account:

Severity: The home did not follow their policy related to skin and wound care resulting in minimal harm and minimal risk to resident #001, #002 and #003.

Scope: This issue was widespread as the home did not follow their policy related to skin and wound care for resident #001, #002 and #003.

Compliance History: 18 Written Notifications, 13 Voluntary Plans of Correction and one Compliance Order, which has been complied, were issued to the home related to different sub-sections of the legislation have been issued to the home in the last 36 months.

(670)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 09, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
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2007, c. 8

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2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 12th day of November, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Debra Churcher

Service Area Office /

Bureau régional de services : London Service Area Office