

**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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<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>
Aug 19, 2020	2020_791739_0027	015932-20	Complaint

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**Licensee/Titulaire de permis**

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

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

Extendicare Tecumseh  
2475 St. Alphonse Street TECUMSEH ON N8N 2X2

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

JULIE DALESSANDRO (739)

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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): August 11, 12, and 13, 2020.**

**During the course of this inspection the following intake was inspected:  
Log #015932-20 related to change in condition**

**During the course of the inspection, the inspector(s) spoke with Personal Support Worker(s), Registered Practical Nurse(s), the home's Director of Nursing, Administrator, and one of the home's Attending Physician's.**

**During the course of this inspection the inspector(s) also conducted record review relevant to the inspection.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition  
Skin and Wound Care  
Sufficient Staffing**

**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
  - (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #001 was reassessed and the plan of care was reviewed and revised when the resident's care needs changed.

A complaint was lodged with the Ministry of Long-Term Care on a specific date with concerns about the overall communication from the staff at the home when there was a change in condition for resident #001. During record review of resident #001's clinical chart it was noted that there was an alteration in skin integrity which had not been monitored by the home.

Record review of a progress note in Point Click Care (PCC) for a specific date stated that resident #001 had altered skin integrity to a specific area and noted that it was undetermined if it was a new or old issue. The progress note stated that a topical dressing was applied to the area and that this area would have continued to be monitored.

Record review of the home's policy RC-23-01-01 defined altered skin integrity as, "potential or actual disruption of the dermal tissue, including skin breakdown, pressure injuries, skin tears, or wounds, etc." This policy also stated in part that, for residents with altered skin integrity a plan of care was to be initiated and updated to ensure that topical dressings and required interventions were implemented.

Record review of resident #001's care plan in PCC last reviewed on a specific date, after the altered skin integrity had been identified, stated that the resident was at moderate risk for impaired skin integrity and included interventions. Inspector #739 noted that there was no mention of the altered skin integrity or the use of a topical dressing.

During an interview with DOC #101 they stated that the altered skin integrity for resident #001, which required the application of a topical dressing, should have been addressed on the resident's care plan and confirmed that it was not.

DOC #101 acknowledged that resident #001 was assessed as having altered skin integrity and the care plan was not revised when the resident's care needs changed. [s. 6. (10) (b)]

***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 resident's are reassessed and the care plan is reviewed and revised when the resident's care needs changed., 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 has failed to ensure that resident #001, exhibiting altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff.

Record review of a progress note in Point Click Care (PCC) for a specific date stated that resident #001 had altered skin integrity and noted that it was unsure if it was a new or old skin issue. The progress note stated that a topical dressing was applied to the area and that this area would have continued to be monitored. Inspector #739 noted that there was no further documentation in the progress notes in PCC to support that ongoing monitoring had occurred.

Record review of the 'Skin - Weekly Impaired Skin Integrity Assessment - V 4' in PCC, under the assessments tab, noted a skin assessment completed on a specific date which stated in part that resident #001 had altered skin integrity, a topical dressing was applied, and the area should continue to be monitored. Inspector #739 noted that there were no further weekly assessments of this altered skin integrity.

During an interview with Director of Nursing (DOC) #101, they stated that the altered skin integrity should have been assessed weekly by the registered staff at the home. DOC #101 stated that this documentation would have been in the progress notes or in the weekly impaired skin integrity assessment tool under the assessment tab in PCC and they did not see any documentation related to resident #001's altered skin integrity after the initial assessment.

DOC #101 acknowledged that the licensee had failed to ensure that resident #001, who was exhibiting altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff. [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 resident's exhibiting altered skin integrity are reassessed at least weekly by a member of the registered nursing staff., to be implemented voluntarily.***

**Issued on this 19th day of August, 2020**

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

**Original report signed by the inspector.**