

**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>
Apr 15, 2021	2021_770178_0007	003464-21, 003780-21	Complaint

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**Licensee/Titulaire de permis**

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 Peterborough ON K9J 6X6

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

Forest Hill  
6501 Campeau Drive Kanata ON K2K 3E9

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

SUSAN LUI (178), MARK MCGILL (733)

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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): March 29-31, April 1, 7-9 and 12, 2021.**

**The following intakes were completed in this complaint inspection:  
Log # 004780-21 was related to nutrition and hydration, transferring and positioning, and therapy services;  
Log # 003780-21 was related to skin and wound care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Covid-19 Screener, Covid-19 Rapid Tester, Housekeeper, Maintenance/Environmental Services Manager, Resident Assessment Instrument (RAI) Coordinator, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.**

**During the course of the inspection, the inspectors observed residents, the care they received and their home environment, observed meal service, housekeeping services, infection prevention and control practices, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Nutrition and Hydration  
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. 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 :**

1. The licensee has failed to ensure that the Wound Assessment and Documentation policy and procedure included in the required Skin and Wound Care Program was complied with, for residents #001 and #006.

O. Reg. 70/10, s. 48 (1) 2 requires a skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

O. Reg. 79/10, s. 30(1)1 and s. 48(2) require that the skin and wound care program includes relevant policies, procedures and protocols.

Specifically, staff did not comply with the home's policy and procedure "Wound Assessment and Documentation", dated April 2018, which states that:  
-a wound acquired between quarterly assessment periods shall be documented on Wound Tracker software in the home's electronic record system;  
-weekly wound assessments shall be documented on Wound Tracker;  
-wound assessments shall include a weekly photo.

Staff did not comply with the Wound Assessment and Documentation policy and procedure for resident #001 in that:  
-weekly assessments of resident #001's wounds were not consistently documented in Wound Tracker;  
-assessments of new wounds acquired between 2019 and 2021, were not consistently documented on Wound Tracker software;  
-weekly photos were not taken as part of the assessment of resident #001's wounds.

Staff did not comply with the Wound Assessment and Documentation policy and procedure for resident #006 in that:

-weekly photos were not taken as part of the assessment of resident #006's wounds.

RPN #108 and RPN#113 indicated that for small wounds, such as a scratch or small cut, they sometimes do not document the assessment in Wound Tracker. RPNs and the DOC indicated that weekly photos were not being taken as part of weekly wound assessments. The DOC indicated that until recently the home did not have the equipment needed to confidentially take photos for upload to Wound Tracker.

Sources: Wound Assessment and Documentation Policy #OTP-HLHS-4.7; progress notes and Wound Tracker records for resident #001 and resident #006; interviews with RPN #108, RPN #113, the DOC, and other staff. [s. 8. (1) (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 the Wound Assessment and Documentation policy and procedure is complied with, to be implemented voluntarily.***

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Issued on this 15th day of April, 2021

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

**Original report signed by the inspector.**