

**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**Ottawa Service Area Office  
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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>
Feb 3, 2022	2021_548756_0026	019728-21, 020132- 21, 020662-21	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

**Long-Term Care Home/Foyer de soins de longue durée**Garden Terrace  
100 Aird Place Kanata ON P4R 0A6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LISA CUMMINGS (756)

**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): Decmber 21, 22, 2021,  
January 5-7, 10-13, 17-19, 2022.**

**The following intakes were completed during this Complaint inspection:**

**- Log #019728-21, log #020132-21, and log #020662-21 regarding wound care, pain  
management and personal care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,  
the Director of Care (DOC), the Assistant Director of Care (ADOC), the Clinical Care  
Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal  
Support Workers (PSW), and residents.**

**Also during the course of the inspection, the inspector conducted observations of  
resident home areas, the provision of resident care and services, and resident and  
staff interactions. A record review was completed of the resident healthcare record  
including careplans, flowsheets, repositioning logs, progress notes, and wound  
assessments, and of policies: Wound Assessment and Documentation, Skin  
Assessment, Skin care and Pressure Ulcer Management, and Pressure Ulcer and  
Wound Management.**

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

**Hospitalization and Change in Condition**

**Pain**

**Personal Support Services**

**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. 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).**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident received a weekly reassessment of an open wound to a specific area using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

The ADOC indicated that the wound tracker in the electronic health record was the clinical assessment instrument used to assess wounds weekly by the registered staff. The wound tracker showed assessments for this area, however there were 7 weekly assessments not documented using the wound tracker during these months.

The DOC stated the staff did assess the wounds during this time as indicated on the medication administration record however they confirmed the wound tracker was the appropriate instrument that was to be used for the assessments.

Sources: Careplan, wound trackers, progress notes, and interviews with the DOC, ADOC and other staff. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident was repositioned every 2 hours.

The resident's care plan indicated that they required assistance to reposition every 2 hours when in bed. The documentation on the repositioning log for two dates indicated that the resident was being assisted to reposition every 4 hours.

Two PSWs confirmed that the resident had remained in bed on those dates and that staff were repositioning the resident every 4 hours.

Sources: Careplan, repositioning logs, interviews with two PSWs, and other staff. [s. 50. (2) (d)]

***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 wounds are assessed weekly using a clinically appropriate assessment instrument and that residents are repositioned every 2 hours when assistance is required, to be implemented voluntarily.***

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**Issued on this 8th day of February, 2022**

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

**Original report signed by the inspector.**