

**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**Sudbury 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>
Sep 17, 2021	2021_901759_0007	013918-21	Other

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**Licensee/Titulaire de permis**The Corporation of the City of Timmins  
481 Melrose Blvd. Timmins ON P4N 5H3**Long-Term Care Home/Foyer de soins de longue durée**Golden Manor  
481 Melrose Boulevard Timmins ON P4N 5H3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KEARA CRONIN (759)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): September 13-15, 2021.**

**This inspection was a Sudbury Service Area Office initiated inspection.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant DOC, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), Environmental Services Manager, Housekeepers, Dietary Aides, residents, and families.**

**The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed infection prevention and control (IPAC) practices, reviewed cooling and air temperature requirements, reviewed relevant health care records, and reviewed licensee policies and procedures.**

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

**Dining Observation  
Falls Prevention  
Infection Prevention and Control  
Medication  
Reporting and Complaints  
Residents' Council  
Safe and Secure Home  
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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that two residents with areas of altered skin integrity were reassessed weekly by a member of the registered nursing staff.

Two residents had areas of altered skin integrity that required treatments. The residents did not receive an assessment of the areas of altered skin integrity for a period of time.

A Registered Nurse (RN) confirmed that these assessments were missed.

Although, both of the residents areas of altered skin integrity did not worsen, failure to conduct a weekly assessment of the areas of altered skin integrity presented a minimal risk to the residents.

Sources: Two resident's electronic health care records; the policy titled "Skin and Wound Care Program"; and interviews with an RN. [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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**Issued on this 20th day of September, 2021**

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

**Original report signed by the inspector.**