

**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>
Dec 3, 2021	2021_779641_0031	018113-21, 018177-21	Complaint

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**Licensee/Titulaire de permis**

Gibson Holdings (Ontario) Ltd.  
343 Amherst Drive Amherstview ON K7N 1X3

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

Helen Henderson Nursing Home  
343 Amherst Drive Amherstview ON K7N 1X3

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

CATHI KERR (641)

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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): November 19, 22, 23, 25, 26, 29, 2021 onsite and November 24, 2021 offsite.**

**This inspection was initiated from complaint intake logs #018113-21 and #018113-21 in reference to concerns related to resident care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Administrator, the Director of Care, the Assistant Director of Care, Physiotherapist, Physiotherapy Assistant, Activity Director, Activation Aide, Registered Nurses, Registered Practical Nurses, Personal Support Workers, families and residents.**

**During the inspection, the Inspector completed a tour of the home, observed residents' environments, the provision of care and services to residents, reviewed relevant resident health care records, and policies and procedures related to Infection Prevention and Control, Falls Prevention and Skin and Wound.**

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

**Falls Prevention**

**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 failed to ensure that a resident exhibiting altered skin integrity 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.

When a resident was admitted to the home, a GFHC Nursing Admission History assessment was completed but there was no evidence of an assessment having been completed of the resident's skin or of the licensee's GFHC wound observation tool having been completed.

It was noted in the resident's progress notes approximately a month after admission that the resident had an area of skin breakdown. There was no evidence of a skin assessment having been completed of this breakdown on that day using the licensee's GFHC wound observation tool. It was further noted on the resident's Treatment Administration Record (TAR) a month later, the skin breakdown had been identified as deteriorating to the next stage. There was no evidence of the wound having been re-assessed using the licensee's wound assessment tool.

During an interview with the Inspector, the Director of Care (DOC) indicated that the licensee used the GFHC Wound weekly observation tool to assess skin integrity, and it

was the expectation that this assessment tool would be used by the registered nursing staff to assess all residents for alterations of their skin integrity.

The Assistant Director of Care (ADOC) confirmed that there had not been any skin / wound assessments completed for the resident using the GFHC wound weekly observation tool. [s. 50. (2) (b) (i)]

2. The licensee failed to ensure that a resident exhibiting altered skin integrity, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A resident was noted to have an area of skin breakdown. During a specific month, there was documentation that the wound had been treated on three days during the month. There was no wound assessment completed weekly on the resident's wound.

During an interview with the Inspector, the ADOC indicated that the resident should have received at minimum, weekly assessments of their wound as it was clinically indicated.

This posed a risk to the resident as there was no evidence of weekly assessments of the resident's wound allowing for possible further deterioration of the wound.

Source: Resident health care records, interviews with staff, ADOC and DOC, policies and procedures related to the licensee's Skin and Wound program. [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 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, and that a resident exhibiting altered skin integrity is reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.***

**Issued on this 3rd day of December, 2021**

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

**Original report signed by the inspector.**