

Ministry of Long-Term Care

Long-Term Care Operations Division Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105 Waterloo, ON, N2V 1K8 Telephone: (888) 432-7901

| | Original Public Report |
|---|-----------------------------|
| Report Issue Date: April 2, 2024 | |
| Inspection Number: 2024-1492-0002 | |
| Inspection Type: | |
| Critical Incident | |
| | |
| Licensee: IOOF Seniors Homes Inc. | |
| Long Term Care Home and City: IOOF Seniors Home, Barrie | |
| Lead Inspector | Inspector Digital Signature |
| Alicia Campbell (741126) | |
| | |
| Additional Inspector(s) | |
| Sasha Lee (000866) was present during the inspection. | |

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 19-22, 2024

The following intake(s) were inspected:

• Intake #00110795, CI # 2993-00009-24 - related to the fall of a resident which resulted in injury.

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

Skin and Wound Prevention and Management Infection Prevention and Control Falls Prevention and Management



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INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (1) 4.

Skin and wound care

- s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:
- 4. Treatments and interventions, including physiotherapy and nutritional care. O. Reg. 246/22, s. 55 (1).

The licensee has failed to ensure that a resident was provided treatments and interventions for an altered skin impairment.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the skin and wound program provides for treatments and interventions and must be complied with.

Specifically, staff did not comply with the policy "Skin and Wound Care Program", dated November 2023, which was included in the licensees Skin and Wound Care Program.

Rationale and Summary

Clinical documentation indicated a resident had a wound covered by a dressing, however, did not state what dressing was in place to treat the wound, or how often this dressing was to be monitored. Seven days later, it was identified the wound appeared infected.



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The homes skin and wound policy indicates that when a resident presents with an altered skin impairment, registered staff are to make necessary referrals to interdisciplinary team members and utilize the wound management treatment plan. It states that actions taken with respect to a resident under the skin and wound care program will be documented including interventions and residents' responses to interventions.

A Registered Practical Nurse (RPN) could not indicate when or how often this dressing was changed. They stated this was expected to be documented on the residents electronic treatment administration record (eTAR). The Assistant Director of Care (ADOC) indicated there was no documentation to support that the residents dressing was changed. They indicated the homes process would be to assess the wound, send a referral to the nurse practitioner to assess the wound and recommend a treatment, and treat the wound in the meantime with the corresponding wound care protocol. This process was not followed.

When the process for treating a residents wound was not followed, this may have contributed to the residents wound becoming infected.

Sources: resident's clinical documents; Skin and Wound Care Program Policy; Interviews with staff.

[741126]

WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care



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s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

The licensee has failed to ensure that a resident exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

Rationale and Summary

A resident had a wound that was scheduled to be reassessed every week with a weekly skin assessment. On a specified day, the residents weekly skin assessment for their wound was not completed in full. Incomplete sections of the assessment included description of wound bed, exudate, periwound, wound pain, treatment and progress. The following day the resident's wound appeared infected, and the resident was started on antibiotics.

The Assistant Director of Care (ADOC) stated that weekly skin assessments were expected to be completed in full and that this was not done on the specified day.

Failure of the home to fully complete a residents weekly wound assessment put the resident at risk of their wound not being monitored.

Sources: residents clinical documents; Interviews with staff.

[741126]