



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 24, 2017	2017_430644_0004	003421-17	Complaint

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

Midland Gardens Care Community
130 MIDLAND AVENUE SCARBOROUGH ON M1N 4B2

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

ANGIE KING (644)

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): April 3, 4, 5, 6, 7, and 10, 2017.

The following complaint was inspected: 003421-17

The following Resident Quality Inspection was inspected concurrently with this inspection: 2017_644507_0003.

PLEASE NOTE:

The following areas of non-compliance related to resident #051 were found and issued in the RQI report #2017_644507_0003:

- 1. LTCHA, 2007, s.6. (4) (a) related to staff collaboration.**

During the course of the inspection, the inspector(s) spoke with the Assistant Director of Nursing (ADOC), Physician, Skin and Wound Care Coordinator, Registered Practical Nurses (RPN), family members (FM) and Substitute Decision Maker (SDM).

During the course of the inspection, the inspector conducted observations in home and resident areas, including review of the home's policies and procedures, and residents' health records.

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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The Ministry of Health and Long-Term Care received a complaint on a specified date in February 2017, regarding a family's concern of the deterioration of resident #051's identified wounds.

In interviews, the family members (FM) stated they were aware of the identified wounds on a specified date in September, 2016. They further stated they were not aware the wounds had worsened.

Record Review of the initial Wound Assessment in September 2016, indicated the specified measurements of the pressure ulcer.

Record review of resident #051's Treatment Medication Record for the months of September 2016 to February 2017, indicated daily wound treatments were provided as ordered. Medication Administration Record for the months of September 2016 to February 2017, revealed pain control was provided as ordered. Weekly wound assessments completed from September 2016 to February 2017, failed to indicate the measurements of the wounds. Wound assessments completed on specified dates in October, November, December 2016, January, and February 2017, revealed further inconsistencies in the completion of the wound assessments for specified wound characteristics.

On a specified date in February 2017, the Physician completed an assessment of the wounds on the request of the family. The assessment revealed the identified wounds had worsened.

In interviews, staff #150 and staff #174 confirmed the measurements were not completed after the initial measurements.

In an interview, Assistant Director of Care (ADOC) #115 stated the homes expectations are when residents are exhibiting altered skin integrity staff are to complete a skin assessment which includes the wound measurements. [s. 50. (2) (b) (iv)]



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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 when residents are exhibiting altered skin integrity including skin breakdown, pressure ulcers, skin tears or wounds, have been reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

Issued on this 31st day of May, 2017

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

Original report signed by the inspector.