



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

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

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

**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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## **Public Copy/Copie du public**

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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>
Nov 16, 2017	2017_621547_0012	006078-17	Follow up

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### **Licensee/Titulaire de permis**

CVH (No.4) GP Inc. as general partner of CVH (No.4) LP  
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes Inc. CAMBRIDGE ON N3H  
5L8

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

MANOIR MAROCHÉL  
949 MONTREAL ROAD OTTAWA ON K1K 0S6

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

LISA KLUKE (547)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): September 19, 20, 21, 22, 25, 26, 27, October 03, 2017**

**This follow up inspection to Compliance Order (CO) #001 regarding the Licensee to ensure that a skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions, be developed and implemented in the home.**

**During the course of the inspection, the inspector(s) spoke with residents, family members, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the home's Resident Assessment Instrument (RAI) Coordinator, the Office Manager, a staffing clerk, Physiotherapy Assistant (PTA), the Nutritional Manager, the Dietitian, the Extendicare Assist LTC nursing consultant and the Administrator.**

**In addition, over the course of the inspection, the inspector reviewed residents' health care records, staff work routines, observed resident rooms, resident common areas, educational material and records related to skin and wound care program, minutes of meetings for the skin and wound care program, reviewed policies related to skin and wound care program. The inspector observed the delivery of resident care and services and staff to resident and resident to resident interactions.**

**The following Inspection Protocols were used during this inspection:  
Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**0 VPC(s)**

**1 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. 48. Required programs**



**Specifically failed to comply with the following:**

- s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**
- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
  - 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
  - 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
  - 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

**Findings/Faits saillants :**

The licensee has failed to ensure that the skin and wound care program that was developed by the home to promote skin integrity, prevents the development of wounds and pressure ulcers, and provide effective skin and wound care interventions, was implemented.

The Licensee was ordered CO #001 s.48. (1) 2. during the home's Resident Quality Inspection # 2017\_621547\_0002 to ensure that the Licensee's skin and wound care program was fully understood and implemented by all registered nursing staff.

The Licensee did ensure that registered nursing staff reviewed the Skin and Wound care program and demonstrated to Inspector #547 through interviews and documentation they had the knowledge and skill to:

- a. identify residents at risk for skin and wound complications/problems,
- b. ensure care staff conduct skin care assessments and ensure these assessments are communicated to registered nursing staff,
- c. maintain a written account of all the steps taken during each of the planning, implementation and evaluation phases of this order,
- d. ensure that the Skin Care program was reviewed and analyzed.

However over the course of this inspection, Inspector #547 was not able to validate the following areas of this order with regards to the implementation of the Licensee's skin



and wound care program:

1. to ensure care staff provide preventative measures to promote resident skin integrity based on the resident's individualized care needs,
2. to carry-out the prescribed treatment plan if and when skin and wound problems develop and devise effective strategies to resolve complex skin and wound problems,
3. to document the skin care assessments accurately including assessments, interventions, treatments, evaluations and re-evaluations and that this assessment is updated in the resident plan of care.

This inspection identified the following issues related to the Skin and Wound care program:

Resident #004 was identified by RN #100 on a specified date based on review of the Pressure Ulcer Risk Scale (PURS) list of residents at risk for skin integrity issues, that resident #004 had ongoing altered skin integrity requiring interventions and weekly skin assessments.

Resident #004 was admitted to the home with several medical diagnoses. On September 20, 2017 Inspector #547 reviewed the resident's health care records which identified in the physician's active orders:

- altered skin integrity issue to a specified body part that required a dressing change as specified and as required (PRN), and
- a second altered skin integrity issue to another specified body part for several specified number of months.

Resident #004's health care records further indicated in the current care plan for the resident to have a altered skin integrity to a specified body part, related to the resident's fragile skin with treatment as per the Treatment Administration Record (TAR) and weekly or PRN skin assessments by Registered Nursing staff. No information was documented regarding the resident's skin condition to second specified body part. The care plan further documented for impaired skin, that resident #004 is at risk in developing pressure sores related to the need for extensive assistance for mobility and incontinence that required to promptly report any skin issues and to moisturize skin every shift.

Resident #004's most recent head to toe skin assessment was completed on a specified date, which documented no impairment of skin.



Inspector #547 observed resident #004 to have no dressings applied to the second specified body part, however the resident's skin was dry and flaky with old bruises. A specific body part was observed that did not have any dressings or open skin noted but old bruising and dry flaky skin again was noted. Resident's first specified body part had a dressing with a specified date.

Inspector #547 interviewed RPN #110 on September 20, 2017 caring for resident #004, indicated that she had changed the dressing on this specified date and applied a protective dressing that she dated as required. RPN #110 indicated that she must have forgotten to complete the skin assessment for the resident on this specified date. RPN #110 further indicated that the resident required moisturizer cream to be applied to the skin to specified body parts due to her very dry skin as preventative measures.

On September 20, 2017 Inspector #547 reviewed the resident's TAR for a specified month to indicate the following skin related treatments:

-skin treatment to a specified body part every 21 days and PRN that was active since a specified date several months earlier and was documented as changed on specified date that was previously documented as changed 21 days earlier.

Inspector #547 was provided a copy of the current home's policy and procedure titled Skin and Wound Program: Wound Care Management #RC-23-01-02 last updated February 2017 from the Extencicare Assist Nursing Consultant on September 25, 2017. On Page 3 of 8 of this policy and procedure regarding assessment by nurse/wound care lead to monitor resident skin condition with each dressing change and to re-assess at minimum weekly. Re-evaluation and documentation of treatment should occur at minimum weekly. Interventions further indicated to generate individualized resident care plans to implement preventative measures, treat healable and non-healable wounds.

The evaluations were not documented weekly for resident #004 in this specified month.

Management of Skin Tears appendix 6 dated February 2017 of this program stated for documentation:

Nurses:

- document a complete assessment a minimum of every seven days until closed, including that dressing is intact and there are no signs of infection.



- documentation of treatment required on TAR.
- initial TAR daily demonstrating skin tear is being monitored for any signs or symptoms of infection and ensure dressing is intact.
- initiate/update resident's care plan to reflect skin tear as altered skin integrity focus, including current goals and interventions. Resolve care plan when skin tear closed.

Interview with RN #100 on September 21, 2017 who indicated after reviewing resident #004 plan of care related to skin care management, that the policies were reviewed during the training in May 2017 in the home, however they must have forgotten about the implementation of the daily and weekly requirements of assessment of each impaired skin area, the documentation requirements and ensuring that each skin issue is added to the resident's care plan and TAR accurately as required.

2. Resident #001 was admitted to the home with several medical diagnoses. Resident's health care records identified the resident as high risk for impaired skin integrity. Resident #001's plan of care identified resident had skin impairment to a specified body part on a specified date that required cleaning and dressing every 21 days as per the plan.

Resident had a skin assessments completed on:

- A specified date and the wound was cleaned and redressed for 21 days. The wound was identified to have a specified measurement.
- Six days from the original specified date, another skin assessment to the same specified body part indicated wound cleaned and dressed for another 21 days, that now had a larger measurement than the week previous. It was noted that the resident's wound dressing had been changed weekly vs every 21 days and the wound had become larger.
- 19 days from the original specified date, the resident's wound dressing was assessed and documented as no change.
- The next wound assessment was completed on a specified date 32 days from the original specified date, that identified improvement in the wound that it was cleaned and dressed and the treatment plan was reassessed to now be done every three days and as required (PRN).

Inspector #547 observed resident #001 had a wound dressing applied to this specified body part that had a written date from five days earlier versus two days earlier as required.



lead for the home, and that all wound dressings now required a date written on them to identify when the dressing was last changed. Upon assessment of resident #001's wound to this specified body part, he indicated that he assessed and changed the dressing on a specified date. RPN #105 then indicated he completed a wound care assessment in the home's electronic documentation system, which identified the treatment was changed to clean and change dressing every three days now. RPN #105 indicated that the resident's dressing should have been changed on a specified date. Upon review of the Treatment Administration Record (TAR) for resident #001, he noted that he forgot to change this treatment plan in the resident's TAR and in the resident's plan of care as required.

On the original specified date, the resident's treatment orders indicated altered skin integrity to a specified body part that required a specified treatment every 21 days and PRN.

On a specified date 32 days later, the resident's progress notes for this skin assessment indicated a specified wound was healing in progress and the treatment had changed to be required every 3 days and PRN

On September 20, 2017 RN #100 indicated to Inspector #547 that the home's expectations after the skin and wound training was provided to registered nursing staff, was to follow the home's new policy and procedures. RN #100 indicated that all registered nursing staff were shown how to enter a TAR in the home's electronic documentation system, and indicated that signatures are expected as required by the treatment plan when dressings are changed. RN #100 showed Inspector #547 a copy of the home's policy and procedure # RC-23-01-02 titled "Skin and Wound Program: Wound Care Management" last revised February 2017. RN #100 indicated that within this policy and procedure, appendix #6 specified "Management of Skin Tears". In this procedure for documentation, the nurse is identified to:

- Complete assessment a minimum of every seven days until closed, including that dressing is intact and there are no signs of infection.
- Enter treatment on Treatment Administration Record(TAR)
- Initial (e)TAR daily demonstrating skin tear is being monitored for any signs or symptoms of infection and ensuring the dressing is intact.
- Initiate or update resident's plan of care to reflect skin tear as altered skin integrity focus, including current goals and interventions. Resolve care plan when skin tear closed.





RN #100 indicated to Inspector #547 that upon review of resident #001's plan of care, the resident's specified impaired skin issues was not updated to the resident's current plan and if the treatment to the skin changes, then nursing staff have to update the (e)TAR, and plan of care to reflect the new direction for staff. RN #100 indicated that she has not implemented the daily signing of the (e)TAR for wounds, as she must have forgotten about this part of the policy. RN #100 indicated that the registered nursing staff in the home have not been documenting the daily or weekly assessments of dressings in the (e)TAR at this time. RN #100 further indicated that if they were to follow the home's policy and procedure as indicated, to assess every wound dressing daily for all residents, then all registered nursing staff would be picking up on the issues of missed dressings, incompleting TAR's and Skin assessments that has been occurring in the home.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care was provided to resident #003 as specified in the plan related to preventative skin alteration measures.

Resident #003 was admitted to the home on a specified date with several medical diagnoses. According to the written plan of care, resident #003 requires extensive assistance from one staff for bathing and directs staff to clean and trim the resident finger nails on the first bath of the week. Resident #003's plan of care indicated the resident tends to scratch skin and requires moisturizing lotion and to keep the resident's fingernails short as part of these interventions.

Resident's skin assessment completed on a specified date identified the resident as



having compromised skin integrity to a specified body part with bruises and scratches. The resident had a second skin assessment completed 11 days later, which indicated the resident had impaired skin integrity and was prescribed topical cream and a specified treatment plan. The resident had a third skin assessment completed a month after the original skin assessment that identified that the resident continued to have impaired skin integrity to specified body parts, and the treatment plan was reassessed to continue with the application of the prescribed cream as ordered.

On a specified date 13 days after the last skin assessment for resident #003, Inspector #547 observed resident #003 heavily scratching specified body parts. The resident's finger nails to both hands were observed to be long and jagged, as several nails had broken sharp edges. The resident's fingernails were noted to be embedded with brown matter. The resident's skin to specified body parts was noted to be dry and scratched. Inspector #547 asked the resident if his/her skin to specified body parts was itchy and sore, and the resident said yes.

Inspector #547 interviewed PSW #108 at a specified time in the afternoon, who was caring for the resident on this specified date, who indicated that she had not noticed the resident's long finger nails that day. PSW #108 indicated that she had tried to clean and trim the resident's nails two days earlier as required, however the resident refused care.

Inspector #547 interviewed RPN #105 who was caring for the resident at a specified time in the afternoon on this specified date, who indicated that he had not noticed the resident's fingernails were soiled long and jagged and had not applied the prescribed cream that day to the resident, as he did not think it was necessary.

RPN #105 is the lead for the Skin and Wound care Program in the home and further indicated that the resident is high risk for impaired skin integrity related to scratching of specified body parts. RPN #105 indicated resident #003 required fingernails to be kept clean and trimmed short as part of the resident's treatment and interventions for altered skin integrity to reduce pain from scratches and promote healing of impaired skin. RPN #105 returned and applied the prescribed cream to the resident's specified scratched body parts. [s. 6. (7)]



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

**Issued on this 28th day of November, 2017**

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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

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

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** LISA KLUKE (547)

**Inspection No. /**

**No de l'inspection :** 2017\_621547\_0012

**Log No. /**

**No de registre :** 006078-17

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Nov 16, 2017

**Licensee /**

**Titulaire de permis :** CVH (No.4) GP Inc. as general partner of CVH (No.4)  
LP  
766 Hespeler Road, Suite 301, c/o Southbridge Care  
Homes Inc., CAMBRIDGE, ON, N3H-5L8

**LTC Home /**

**Foyer de SLD :** MANOIR MAROCHEL  
949 MONTREAL ROAD, OTTAWA, ON, K1K-0S6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Paul Beverley

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To CVH (No.4) GP Inc. as general partner of CVH (No.4) LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2017\_621547\_0002, CO #001;  
**existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain.

O. Reg. 79/10, s. 48 (1).

**Order / Ordre :**

The Licensee shall ensure that the Skin and Wound Care Program last updated February 2017 related to the previous order is fully understood and implemented by all registered nursing staff. Specifically the Licensee shall provide documentation to support the following:

1. demonstrate that the Licensee is taking steps to ascertain that registered nursing staff in the home implement the Skin and Wound Care Program in accordance with the updated policy, so that the required care is provided to all residents with impaired skin integrity,
2. clinical bedside assessments and where required individualized education sessions about Skin and Wound Care program policies and procedures are provided to meet the individualized learning needs of all registered nursing staff,
3. steps taken to ensure how registered nursing staff provide supervision and direction to non-regulated nursing staff providing preventative measures to promote skin integrity based on the resident's individualized care needs,
4. prescribed treatment plan provides clear and effective strategies for all registered nursing staff to implement and evaluate in accordance with the updated Skin and Wound Care program,
5. steps are taken to ensure that registered nursing staff complete and document skin and wound assessments or re-assessments and that this information is documented in the resident plan of care and communicated to all members of the health care team,
6. the Licensee shall maintain a detailed documented account of all steps taken in response to this order and carry out an analysis of the results achieved as part of the home's Quality Improvement program.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the skin and wound care program that was developed by the home to promote skin integrity, prevents the development of wounds and pressure ulcers, and provide effective skin and wound care interventions, was implemented.

The Licensee was ordered CO #001 s.48. (1) 2. during the home's Resident Quality Inspection # 2017\_621547\_0002 to ensure that the Licensee's skin and

wound care program was fully understood and implemented by all registered nursing staff.

The Licensee did ensure that registered nursing staff reviewed the Skin and Wound care program and demonstrated to Inspector #547 through interviews and documentation they had the knowledge and skill to:

- a. identify residents at risk for skin and wound complications/problems,
- b. ensure care staff conduct skin care assessments and ensure these assessments are communicated to registered nursing staff,
- c. maintain a written account of all the steps taken during each of the planning, implementation and evaluation phases of this order,
- d. ensure that the Skin Care program was reviewed and analyzed.

However over the course of this inspection, Inspector #547 was not able to validate the following areas of this order with regards to the implementation of the Licensee's skin and wound care program:

1. to ensure care staff provide preventative measures to promote resident skin integrity based on the resident's individualized care needs,
2. to carry-out the prescribed treatment plan if and when skin and wound problems develop and devise effective strategies to resolve complex skin and wound problems,
3. to document the skin care assessments accurately including assessments, interventions, treatments, evaluations and re-evaluations and that this assessment is updated in the resident plan of care.

This inspection identified the following issues related to the Skin and Wound care program:

Resident #004 was identified by RN #100 on a specified date based on review of the Pressure Ulcer Risk Scale (PURS) list of residents at risk for skin integrity issues, that resident #004 had ongoing altered skin integrity requiring interventions and weekly skin assessments.

Resident #004 was admitted to the home with several medical diagnoses. On September 20, 2017 Inspector #547 reviewed the resident's health care records which identified in the physician's active orders:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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- altered skin integrity issue to a specified body part that required a dressing change as specified and as required (PRN), and
- a second altered skin integrity issue to another specified body part for several specified number of months.

Resident #004's health care records further indicated in the current care plan for the resident to have a altered skin integrity to a specified body part, related to the resident's fragile skin with treatment as per the Treatment Administration Record (TAR) and weekly or PRN skin assessments by Registered Nursing staff. No information was documented regarding the resident's skin condition to second specified body part. The care plan further documented for impaired skin, that resident #004 is at risk in developing pressure sores related to the need for extensive assistance for mobility and incontinence that required to promptly report any skin issues and to moisturize skin every shift.

Resident #004's most recent head to toe skin assessment was completed on a specified date, which documented no impairment of skin.

Inspector #547 observed resident #004 to have no dressings applied to the second specified body part, however the resident's skin was dry and flaky with old bruises. A specific body part was observed that did not have any dressings or open skin noted but old bruising and dry flaky skin again was noted. Resident's first specified body part had a dressing with a specified date.

Inspector #547 interviewed RPN #110 on September 20, 2017 caring for resident #004, indicated that she had changed the dressing on this specified date and applied a protective dressing that she dated as required. RPN #110 indicated that she must have forgotten to complete the skin assessment for the resident on this specified date. RPN #110 further indicated that the resident required moisturizer cream to be applied to the skin to specified body parts due to her very dry skin as preventative measures.

On September 20, 2017 Inspector #547 reviewed the resident's TAR for a specified month to indicate the following skin related treatments:

- skin treatment to a specified body part every 21 days and PRN that was active since a specified date several months earlier and was documented as changed on specified date that was previously documented as changed 21 days earlier.



Inspector #547 was provided a copy of the current home's policy and procedure titled Skin and Wound Program: Wound Care Management #RC-23-01-02 last updated February 2017 from the Extendicare Assist Nursing Consultant on September 25, 2017. On Page 3 of 8 of this policy and procedure regarding assessment by nurse/wound care lead to monitor resident skin condition with each dressing change and to re-assess at minimum weekly. Re-evaluation and documentation of treatment should occur at minimum weekly. Interventions further indicated to generate individualized resident care plans to implement preventative measures, treat healable and non-healable wounds.

The evaluations were not documented weekly for resident #004 in this specified month.

Management of Skin Tears appendix 6 dated February 2017 of this program stated for documentation:

**Nurses:**

- document a complete assessment a minimum of every seven days until closed, including that dressing is intact and there are no signs of infection.
- documentation of treatment required on TAR.
- initial TAR daily demonstrating skin tear is being monitored for any signs or symptoms of infection and ensure dressing is intact.
- initiate/update resident's care plan to reflect skin tear as altered skin integrity focus, including current goals and interventions. Resolve care plan when skin tear closed.

Interview with RN #100 on September 21, 2017 who indicated after reviewing resident #004 plan of care related to skin care management, that the policies were reviewed during the training in May 2017 in the home, however they must have forgotten about the implementation of the daily and weekly requirements of assessment of each impaired skin area, the documentation requirements and ensuring that each skin issue is added to the resident's care plan and TAR accurately as required. (547)

2. Resident #001 was admitted to the home with several medical diagnoses. Resident's health care records identified the resident as high risk for impaired skin integrity. Resident #001's plan of care identified resident had skin impairment to a specified body part on a specified date that required cleaning and dressing every 21 days as per the plan.

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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Resident had a skin assessments completed on:

- A specified date and the wound was cleaned and redressed for 21 days. The wound was identified to have a specified measurement.
- Six days from the original specified date, another skin assessment to the same specified body part indicated wound cleaned and dressed for another 21 days, that now had a larger measurement than the week previous. It was noted that the resident's wound dressing had been changed weekly vs every 21 days and the wound had become larger.
- 19 days from the original specified date, the resident's wound dressing was assessed and documented as no change.
- The next wound assessment was completed on a specified date 32 days from the original specified date, that identified improvement in the wound that it was cleaned and dressed and the treatment plan was reassessed to now be done every three days and as required (PRN).

Inspector #547 observed resident #001 had a wound dressing applied to this specified body part that had a written date from five days earlier versus two days earlier as required.

RPN #105 indicated to Inspector #547 on September 20, 2017 that he was the skin care lead for the home, and that all wound dressings now required a date written on them to identify when the dressing was last changed. Upon assessment of resident #001's wound to this specified body part, he indicated that he assessed and changed the dressing on a specified date. RPN #105 then indicated he completed a wound care assessment in the home's electronic documentation system, which identified the treatment was changed to clean and change dressing every three days now. RPN #105 indicated that the resident's dressing should have been changed on a specified date. Upon review of the Treatment Administration Record (TAR) for resident #001, he noted that he forgot to change this treatment plan in the resident's TAR and in the resident's plan of care as required.

On the original specified date, the resident's treatment orders indicated altered skin integrity to a specified body part that required a specified treatment every 21 days and PRN.

On a specified date 32 days later, the resident's progress notes for this skin assessment indicated a specified wound was healing in progress and the

treatment had changed to be required every 3 days and PRN

On September 20, 2017 RN #100 indicated to Inspector #547 that the home's expectations after the skin and wound training was provided to registered nursing staff, was to follow the home's new policy and procedures. RN #100 indicated that all registered nursing staff were shown how to enter a TAR in the home's electronic documentation system, and indicated that signatures are expected as required by the treatment plan when dressings are changed. RN #100 showed Inspector #547 a copy of the home's policy and procedure # RC-23-01-02 titled "Skin and Wound Program: Wound Care Management" last revised February 2017. RN #100 indicated that within this policy and procedure, appendix #6 specified "Management of Skin Tears". In this procedure for documentation, the nurse is identified to:

- Complete assessment a minimum of every seven days until closed, including that dressing is intact and there are no signs of infection.
- Enter treatment on Treatment Administration Record(TAR)
- Initial (e)TAR daily demonstrating skin tear is being monitored for any signs or symptoms of infection and ensuring the dressing is intact.
- Initiate or update resident's plan of care to reflect skin tear as altered skin integrity focus, including current goals and interventions. Resolve care plan when skin tear closed.

RN #100 indicated to Inspector #547 that upon review of resident #001's plan of care, the resident's specified impaired skin issues was not updated to the resident's current plan and if the treatment to the skin changes, then nursing staff have to update the (e)TAR, and plan of care to reflect the new direction for staff. RN #100 indicated that she has not implemented the daily signing of the (e)TAR for wounds, as she must have forgotten about this part of the policy. RN #100 indicated that the registered nursing staff in the home have not been documenting the daily or weekly assessments of dressings in the (e)TAR at this time. RN #100 further indicated that if they were to follow the home's policy and procedure as indicated, to assess every wound dressing daily for all residents, then all registered nursing staff would be picking up on the issues of missed dressings, incompleting TAR's and Skin assessments that has been occurring in the home.

The grounds identified two out of three resident's reviewed with skin integrity issues during this inspection. Both resident's had areas of non-compliance



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**Ministère de la Santé et  
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related to how nursing staff did not comply with the Skin and Wound care Program policy and procedures. Preventative interventions for skin integrity concerns identified in a resident's plan of care were not followed as identified in WN #2 of this report. The ongoing non-compliance of implementing this program warrants the re-issue of this compliance order. (547)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Feb 02, 2018**



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## **REVIEW/APPEAL INFORMATION**

### **TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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des Soins de longue durée**

**Ordre(s) de l'inspecteur**

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## **RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 16th day of November, 2017**

**Signature of Inspector /  
Signature de l'inspecteur :**





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**Name of Inspector /**

Lisa Kluke

**Nom de l'inspecteur :**

**Service Area Office /**

**Bureau régional de services : Ottawa Service Area Office**