

**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**London 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>
Mar 4, 2021	2021_609569_0005	024915-20, 025118- 20, 000776-21	Complaint

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**Licensee/Titulaire de permis**The Corporation of the County of Lambton  
789 Broadway Street Wyoming ON N0N 1T0**Long-Term Care Home/Foyer de soins de longue durée**Marshall Gowland Manor  
749 Devine Street Sarnia ON N7T 1X3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

DONNA TIERNEY (569), RHONDA KUKOLY (213)

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

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 17-19, and February 22-24, 2021.**

**The following complaint intakes were completed during this inspection:**

**Log #024915-20 and #025118-20 related to falls;**

**Log #000776-20 related to nutrition and hydration.**

**An Infection Prevention and Control (IPAC) inspection was also completed.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Falls Lead, Registered Staff, a Registered Dietitian, Personal Support Workers, Housekeepers, and residents.**

**The inspectors also observed resident rooms and common areas, observed meal and snack service, observed IPAC practices within the home, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed COVID-19 Directive #3 and Directive #5 for Long-Term Care Homes and reviewed relevant policies and procedures of the home.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Nutrition and Hydration**

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident's substitute decision-makers were given an opportunity to participate fully in the development and implementation of the resident's plan of care as they were not informed of a skin alteration that had developed after the resident had a fall.

A resident had a fall on specified date. A Comprehensive Post Fall Assessment was completed on the same day where it stated that there were no visible injuries present at the time of the assessment. A substitute decision-maker (SDM) of the resident was notified of the fall. A day after the fall, it was documented that a skin alteration of the resident was identified and for registered staff to monitor until it resolved.

In correspondence with the home Administrator, an SDM of the resident asked for information as to why they were not notified of the resident's skin alteration. The Administrator verified that the SDMs were not notified of the skin alteration and should have been. This was also verified by the Director of Care during an interview.

The home's Falls Prevention and Management Policy stated that Registered Nursing Staff notify the POA/SDM of the fall, interventions, and status of the resident. The Skin and Wound Care Policy stated that for residents with skin impairments, registered staff were to communicate with the resident, SDM and the team on the development and monitoring of plan of care, evaluation of progress, and reporting of the outcome.

As a result of not knowing of the skin alteration that developed for the resident after the fall, the SDMs were not able to participate fully in the development and implementation of the resident's plan of care.

Sources: Resident #001's clinical record; Falls Prevention and Management Policy 3-5-6-0 (dated February 5, 2020) and Skin and Wound Care Policy 3-5-19-6 (dated December 21, 2020); email correspondence between a SDM for the resident and the home Administrator; interviews with the complainant, the Falls Lead, and the Director of Care. [s. 6. (5)]

***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 any resident, the resident's substitute decision-maker, if any, and any other persons designated by any resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care, to be implemented voluntarily.***

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Issued on this 8th day of March, 2021

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

**Original report signed by the inspector.**