



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 prévue
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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 22, 2018	2018_722630_0022	006749-18, 025526-18	Follow up

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8

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

Secord Trails Care Community
263 Wonham Street South INGERSOLL ON N5C 3P6

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

AMIE GIBBS-WARD (630), ALI NASSER (523)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 7, 8, 9, 13, 14, 15 and 16, 2018.

The following Follow-up intakes were completed within this inspection:

Follow-up Log #025526-18 for Compliance Order (CO) #001 from Inspection #2018_607523_0022 related to the prevention of abuse and neglect.

Follow-up Log #006749-18 for Compliance Order (CO) #001 from Inspection #2018_605213_0004 related to the prevention of abuse and neglect.

Please note: A Written Notification and Compliance Order related to O. Reg. 79/10, s 50 (2)(b)iv from this Follow-up inspection has been issued in Critical Incident inspection report #2018_722630_0023 dated November 22, 2018, which was conducted concurrently with this inspection.

Inspectors Christy Legouffe (730) and Meagan McGregor (721) were also present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Resident Assessment Instrument (RAI) Coordinator, the Scheduler, the Wound Care Lead Registered Practical Nurse (RPN), Registered Nurses (RN), RPNs, Personal Support Workers (PSWs), family members and residents.

The inspectors also observed residents and the care provided to them, observed medication storage areas, observed medication administration, reviewed health care records and plans of care for identified residents, reviewed relevant policies and procedures of the home, reviewed the written staffing plan of the home, reviewed training records and reviewed written records of relevant program evaluations.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care**



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

1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2018_607523_0022		523
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2018_605213_0004		630



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.



Findings/Faits saillants :

1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licensee that the licensee shall comply with every order made under this Act.

On March 26, 2018, the following compliance order (CO) #001 from inspection number 2018_605213_0004 made under s. 19(1) of the LTCHA was issued:

The licensee must be compliant with s.19(1) of the LTCHA.

Specifically, the licensee shall ensure the following:

1. An identified resident and all other residents, when exhibiting altered skin integrity, if clinically indicated, are reassessed at least weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments, and the assessment is documented.
2. The plan of care related to altered skin integrity for an identified resident and all other residents with impaired skin integrity, will provide clear direction to staff regarding the specific treatment, the specific area and location, and the dates and times that the treatment is to be provided.
3. Treatments and care related to altered skin integrity for an identified resident and all other residents exhibiting altered skin integrity, are completed as planned.
4. Documentation of treatments provided as planned and care provided as specified in the plan, related to altered skin integrity, is accurately completed for an identified resident and all other residents exhibiting altered skin integrity.

The compliance date was April 6, 2018.

The licensee failed to complete steps 1 and 4.

The clinical record for an identified resident was reviewed by Inspector #630 and the record showed that there were areas of altered skin integrity which were not assessed weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument. It was also identified that the documentation of the treatments provided to this resident related to altered skin integrity was not completed.

During an interview an identified staff member told Inspector #630 that residents with altered skin integrity were to have a weekly reassessment completed and documented in the assessment section in PointClickCare (PCC). The staff member said that these



assessments were based on a schedule. The staff member said that this identified resident had specific areas of altered skin integrity. The staff member reviewed the weekly assessments completed for the resident in PCC and identified that there were weekly skin assessments that were scheduled to be completed that were overdue and acknowledged that the reassessments were not completed weekly.

During an interview another identified staff member said it was the expectation in the home that the weekly skin and wound assessments would be documented in the weekly skin assessment form in PCC. The staff member and Inspector #630 reviewed the clinical record for this identified resident and the staff member said that this resident had specific areas of altered skin integrity. The staff member acknowledged that the documented weekly assessments for these areas were incomplete.

During an interview the Executive Director (ED) said that they were familiar with CO #001 from inspection number 2018_605213_0004. The ED said that it was the expectation in the home that the treatments for wounds would be provided as per the plan of care and that the registered staff would document the treatments. The ED and Inspector #630 reviewed the clinical record for this resident and the ED acknowledged that the treatments were not being documented as outlined in the compliance order and as per the home's processes.

Based on these interviews and record review the licensee failed to complete steps 1 and 4 of CO #001 to reassess this resident's altered skin integrity weekly using a clinically appropriate assessment instrument and to ensure complete documentation of the treatments provided for the altered skin integrity. [s. 101. (3)]



**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 prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée***

Issued on this 22nd day of November, 2018

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

Original report signed by the inspector.