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

Ottawa Service Area Office
347 Preston Street, Suite 420
Ottawa ON K1S 3J4
Telephone: 1-877-779-5559
OttawaSAO.moh@ontario.ca

Amended Public Report (A1)

Report Issue Date July 12, 2022
Inspection Number 2022_1148_0002
Inspection Type
☐ Critical Incident System ☒ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Sherwood Park Manor

Long-Term Care Home and City
Sherwood Park Manor, Brockville

Inspector who Amended
Amber Lam #541

Inspector who Amended Digital Signature
Amber Lam Digitally signed by Amber Lam
Date: 2022.08.08 12:34:03 -04'00'

AMENDED INSPECTION REPORT SUMMARY

This licensee inspection report has been revised to modify the inspection number and report type. The complaint inspection, 2022_1148_0002 was completed on the dates as noted below.

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 2, 3, 5, 6, 11-13, 24, 26, 27, 31 and June 2, 6, 8, 9, 2022

The following intake(s) were inspected:

- 007590-22 – related to the nutrition program
- 007407-22 – related to resident rights, visiting, skin and wound assessments, resident payments and resident care

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

- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Reporting and Complaints

- Resident Charges and Trust Accounts
- Residents' Rights and Choices
- Skin and Wound Prevention and Management
- It is noted Inspection #2022_1148_0001 was conducted concurrently and the Infection Control IP was completed within that inspection.

INSPECTION RESULTS

WRITTEN NOTIFICATION DEALING WITH COMPLAINTS

NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 *s. 26(1)b*

The licensee has failed to ensure that written procedures for initiating complaints to the licensee and for how the licensee deals with complaints include information about how to make a complaint to the patient ombudsman under the Excellent Care for All Act, 2010 and to the Ministry.

Rationale and Summary

Three complaints sent to the licensee in April 2022 and their associated responses were reviewed. The responses did not include the Ministry's toll-free number or contact information for the patient ombudsman.

The licensee's policy "Reporting and Complaints" was last updated November 19, 2013. It does not include procedures about how to make a complaint to the patient ombudsman under the Excellent Care for All Act, 2010 and to the Ministry.

Sources: Emails from complainant, written responses from the licensee and Policy "Reporting and Complaints" dated November 19, 2013.

[#541]

WRITTEN NOTIFICATION RESIDENTS: RIGHTS, CARE AND SERVICES

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 s.12(2)e

The licensee has failed to ensure that a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so.

Rationale and Summary

A resident's family provided the resident with a specific type of chair for the resident to sit in to raise their legs due to skin issues. According to the family and a staff member, the resident spent most of the day sitting in this chair.

The resident was moved from their room to an isolation room during a COVID outbreak and during that time the resident's chair was not provided to them. According to a staff member who visited the resident regularly during this time, the resident spent the majority of their time in bed.

The DOC confirmed the resident's chair would not have been moved to their isolation room as the it was not medically required and only essential items were moved.

Sources: Email from family, interviews with a staff member and DOC.

WRITTEN NOTIFICATION GENERAL REQUIREMENTS FOR PROGRAMS

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 s.30(1)3

The licensee has failed to ensure that the skin and wound care program is evaluated and updated at least annually.

As per LTCA 2007 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:

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.

As per O. Reg 79/10 s.30(1)3 the program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Rationale and Summary
Inspector requested and received the licensee's skin and wound program policies from the DOC. Last reviewed dates of the four policies received are: June 13, 2006, March 12, 2010, September 14, 2011 and February 6, 2013.

The DOC confirmed the skin and wound care program was not evaluated and updated annually.

Sources: Review of policies included in the skin and wound care program and interview with the DOC.

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WRITTEN NOTIFICATION POLICY

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 *s. 48(1)2*

The licensee has failed to comply with written policies related to skin and wound assessment for a resident.

In accordance with O. Reg 79/10 s. 8(1)b the licensee is required to have policies as part of the skin and wound program and that they are complied with.

Specifically, the licensee did not comply with policies Wound Care and Nutrition #A-2-200, Complete Skin Assessment #R-1615 and Wound Assessment #R-1660 which are part of the skin and wound care program for resident #001.

Rationale and Summary

Review of skin and wound care policy titled Wound Care and Nutrition #A-2-200 last updated March 12, 2010 states the following:

- A resident with a wound will be evaluated by the nursing staff and the stage of the wound will be determined.
- The nursing staff will inform the dietitian by filling out a special diet requisition form and will list the stage of the wound and any other pertinent information.
- The dietitian, upon receiving the requisition, will follow the attached nutrition protocol and submit the plan of action to the support services manager.

A resident was admitted with open wounds on their legs.

A review of the resident's nutrition assessments completed by the RD from date of admission until date of inspection was completed. There is no assessment indicating the RD was aware of the resident's impaired skin integrity. In one nutrition assessment, the RD notes that they have not received any consultations regarding impaired skin integrity. A review of the resident's diet orders from date of admission to current date indicates resident has no nutritional interventions ordered to promote healing of altered skin integrity.

The licensee's policy titled Complete Skin Assessment #R-1615 states that each resident who exhibits skin breakdown shall be assessed each week or more frequently if needed. Policy #R-1660 titled Wound Assessment states the assessment is to include the size of the wound determined by using a tool provided.

Two RNs and the DOC stated skin assessments are documented under the assessment tab in PCC or the skin and wound notes in progress notes.

A review of all documentation related to the resident's skin and wounds was completed. The open areas on resident's legs were assessed eight times since admission.

An RN indicated being unaware skin and wound assessments had to be done weekly.
The skin assessments were not completed weekly nor did they contain a measurement of the wounds on the resident's legs until the assessment completed two months after admission.

Sources: Interview with two RNs, a resident's skin assessments, progress notes, nutrition assessments, diet orders and plan of care and policies as noted above.

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WRITTEN NOTIFICATION REQUIRED PROGRAMS

NC#05 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 *S.50(2)a(i)*

The licensee has failed to ensure that (a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission

Rationale and Summary
A resident was admitted with open wounds on both legs that were wrapped in dressings. As per the DOC the skin and wound assessments are documented in the electronic Treatment Administration Record (eTAR), progress notes or under the assessment tab in Point Click Care. The resident's eTAR, progress notes, and assessment tab were reviewed for the month of October. The resident did not have a skin and wound assessment completed until six days after their admission.

Sources: A resident's eTAR, progress notes and interview with DOC.
[541]

WRITTEN NOTIFICATION REQUIRED PROGRAMS

NC#06 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 s. 50(2)b(i) and O. Reg 246/22 s. 55(2)b(i)

The licensee has failed to ensure that 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

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s.50(2)b(i) of O. Reg. 79/10/LTCHA. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 55(2)b(i) of O. Reg. 246/22 under the FLTCA.

Rationale and Summary
The skin and wound assessments for a resident were requested from the DOC. Inspector was informed the assessments are completed in the eTAR (electronic treatment record). The eTAR as well as progress notes were reviewed for a resident from date of admission to date of inspection.

The resident's eTAR has documented notes regarding the status of the resident's altered skin integrity on six dates. There are documented notes regarding resident's altered skin integrity in the progress notes on two dates. None of the dated notes include an assessment using a clinically appropriate tool.

The DOC indicated that there is a skin assessment tool located in PCC under the assessment tab and the expectation would be for this to be used. All assessments reviewed for the resident from date of admission to date of inspection and there was one skin assessment completed. continued up to date of inspection.

Not using a clinically appropriate assessment instrument presents a risk to the resident as it may be difficult to identify improvement or decline in resident's impaired skin integrity.

Sources: A resident's eTAR, progress notes and interview with DOC.

WRITTEN NOTIFICATION DEALING WITH COMPLAINTS

NC#07 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 s. 101(3)a

The licensee has failed to ensure that, (a) the documented record is reviewed and analyzed for trends at least quarterly;

Rationale and Summary
An interview with the Administrator stated the licensee reviews current complaints each morning at the home's morning meeting. The ADOC stated being unaware of any quarterly review of the complaint log. The Administrator stated the complaint log is not reviewed and analyzed quarterly to look for trends.

Sources: Interviews with the Administrator and the ADOC.

WRITTEN NOTIFICATION REGISTERED DIETITIAN

NC#08 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s.80(1)

The licensee has failed to ensure that there is at least one registered dietitian for the home.

Rationale and Summary
During the inspection, inspector was informed by dietary staff the home does not have a Registered Dietitian (RD) as they had recently resigned. The SSM confirmed the RD resigned as of April 22, 2022. By the last date of inspection on June 8, 2022 the SSM indicated the home had just hired a new Registered Dietitian.

Sources: Interviews with staff and the SSM.

COMPLIANCE ORDER [CO# 001] PLAN OF CARE

NC#09 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: FLTCA, 2021 s. 6(1)c

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with **FLTCA, 2021** ***s.6(1)c***

The licensee shall:

- Review all residents' nutritional plans of care related to diet texture to ensure clear direction is provided to staff and others who serve food and fluids to residents. The nutritional plans of care include but are not limited to the diet type reports, care plans and physician orders.
- Keep a record of the date(s) this review occurred and who was involved.
- Ensure all staff who serve food and fluids to residents have, at point of service, access to the correct diet orders for residents.

Grounds

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The licensee has failed to ensure that the plan of care related to nutrition provided clear direction to staff and others who provide direct care for 17 identified residents.

Rationale and Summary

Seventeen residents' nutritional plans of care were reviewed. The review included the diet type reports, the nutritional care plans and physicians diet orders.

The diet type report lists each resident's diet type, texture and any special instructions. This report is printed by the Support Services Manager (SSM) and used to inform dietary staff of each residents' diet orders at point of service and in the kitchen. The SSM stated they print this report every one to two weeks.

The nutritional care plans include all of the residents' nutritional interventions including but not limited to, diet type, diet order and any special diet instructions. According to the SSM, the nutritional care plan is to be updated by the Registered Dietitian (RD).

The physician's orders include each residents' diet type, diet texture and any special diet instructions. According to the SSM, the physicians' orders are updated in Point Click Care by the registered staff after the RD makes a diet change.

Upon review of the diet type report, inspector noted there were 17 residents with their diet texture scratched out with a different texture handwritten. Of those residents with incorrect diet textures, 14 of the resident diet textures were downgraded from what was on the report.

The nutritional care plans for the 17 residents were reviewed and none of the diet textures in the care plan were consistent with the corrected diet textures on the diet type report.

The diet type report was reviewed on May 27, 2022 and the report was dated May 24, 2022. When asked why there were 17 residents with incorrect diet textures, the SSM stated this is due to the registered staff not entering the diet orders. It was also noted at the time of inspection the home did not have an RD and therefore diet texture changes were being completed by registered nursing staff.

Dietary staff stated that when they receive an updated diet type report, they review it as it often has information that does not match the diet requisitions received from registered staff. They further stated they then correct the diet textures by hand if the texture typed differs from what was on the diet requisition.

Another dietary staff member stated that if they were unaware or unclear of a resident's diet at point of service they would have to ask somebody as the diet requisitions are in the kitchen and stated that the process is confusing.

The licensee has failed to ensure that the nutritional plans of care for seventeen identified residents provides clear direction related to diet textures. This puts the residents at risk of receiving the incorrect diet texture which can lead to significant harm such as choking.

Sources: Diet type reports from each resident unit, physician orders for 17 residents, interviews with dietary staff members and the Support Services Manager, policies titled Diet Requisitions Dining Seating Plans and Table Rotation" dated January 202 and "Changing Dietary Textures" dated October 2017.

This order must be complied with by July 26, 2022

COMPLIANCE ORDER [CO #002] REGISTERED DIETITIAN

NC#10 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 79/10 *s.80(2)*

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg 79/10 s. 80(2)

The licensee shall:

- Ensure there is a Registered Dietitian on site at the home for a minimum of 30 minutes per resident per month.
- Keep a record of the times and dates the RD is onsite at the home

Grounds

Non-compliance with: O. Reg. 79/10 s. 80(2)

The licensee has failed to ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

Rationale and Summary

During the inspection, interviews with two staff members indicated the RD who was employed by the home had not been working onsite for over a year. The SSM indicated that in the past year the RD had worked onsite approximately three to four times.

O. Reg 146/20: Limiting work to a single long-term care home under the Reopening of Ontario Act, 2020 was in place effective April 2020. On April 23, 2021 it was updated to state that this no longer applied with respect to an employee who is fully immunized against COVID-19. The order was revoked altogether March 28, 2022.

Sources: O. Reg 146/20: Limiting work to a single long-term care home under the Reopening of Ontario Act, 2020, interview with SSM.

This order must be complied with by August 16, 2022

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

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 or AMP was served on the licensee.

The written request for review must include,

(a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West,9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.