

**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**

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**Public Copy/Copie du rapport 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 1, 2021	2021_822613_0022	013924-21	Other

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**Licensee/Titulaire de permis**

St. Joseph's General Hospital Elliot Lake  
70 Spine Road Elliot Lake ON P5A 1X2

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

St. Joseph's Manor  
70 Spine Road Elliot Lake ON P5A 1X2

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

LISA MOORE (613)

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

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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): October 12 - 14, 2021.**

**This inspection was a SSAO Service Area Office initiated inspection.**

**During the course of the inspection, the inspector(s) spoke with the Registered Nurses (RN Charge Nurses), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Administrative Assistant (AA), Residents' Council Assistant (RCA), Dietary Aide (DA), Housekeeping and Screening staff and residents.**

**The Inspector(s) also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed infection prevention and control (IPAC) practices, observed staff to resident interactions, reviewed health care records, and reviewed various licensee's policies, procedures and programs.**

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

**Dining Observation**

**Falls Prevention**

**Infection Prevention and Control**

**Medication**

**Reporting and Complaints**

**Residents' Council**

**Skin and Wound Care**

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

**4 WN(s)**

**3 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 O.Reg 79/10, s. 49. Falls prevention and management**

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

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when a resident had fallen, they were assessed, and a post fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

A resident was identified as high risk for falls and had six falls in three months; however, only two post fall risk assessments had been completed. Registered staff failed to complete a post fall risk assessment after each fall as indicated in the home's Fall Prevention and Management Program policy.

The failure of registered staff not completing fall risk assessments after each fall put the resident at potential risk for further falls and fall-related injuries.

Sources: Post fall risk assessments on PCC; Falls Prevention and Management Program policy; RN Charge Nurse and other staff. [s. 49. (2)]

***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 when a resident has fallen, they are assessed, and a post fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.***

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**WN #2: 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 :**

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1. The licensee has failed to ensure that a resident, who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A resident was identified as having altered skin integrity. The registered staff were not using a clinically appropriate assessment instrument for a resident's skin and wound assessments.

Various registered staff indicated they did not use a clinically appropriate assessment instrument for resident's skin and wound assessments. Registered staff indicated they completed a visual assessment on all resident's wounds and then documented in Point Click Care (PCC) progress notes, as the skin and wound assessment on PCC had not been developed or fully implemented.

The failure of registered staff not using a clinically appropriate assessment instrument to assess residents altered skin integrity put the resident's at risk of ineffective wound healing, ineffective pain management and control, and an increase risk of wound infection.

Sources: Resident's skin and wound assessments; Skin and Wound Care Program policy; and Interviews with RN Charge Nurse and other registered staff. [s. 50. (2) (b) (i)]

***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 residents who exhibits altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, 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, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
  - i. persons who may dispense, prescribe or administer drugs in the home, and**
  - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that access to the security of the drug supply was restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

The medication carts containing controlled substances were stored in the nursing stations on the first and second floors. During the inspection, Personal Support Workers (PSWs) and Housekeeping staff were observed inside both the nursing stations where the drug supply was kept.

A Housekeeper had access to the key to open a nursing station door and entered the area to clean where the drug supply was stored. There was no registered staff in the area.

A RN Charge Nurse stated that PSWs and Housekeeping staff have access to the key of the locked nursing station but, should only enter when a registered staff was present.

Sources: Observations October 12-14, 2021; and Interview with RN Charge Nurse. [s. 130. 2.]

***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 access to the security of the drug supply was restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. 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. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the skin and wound care program and falls prevention and management program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

The licensee policies titled, "Skin and Wound Program" was last updated May 2019 and the "Fall Prevention and Management Program" was last updated October 2018.

A RN Charge Nurse verified that both program policies were the most current and that they had not been evaluated or updated annually.

Sources: The Skin and Wound Program and The Fall Prevention Program policies; and Interviews with RN Charge Nurse and AA. [s. 30. (1) 3.]

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**Issued on this 2nd day of November, 2021**

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

**Original report signed by the inspector.**