

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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report	
Report Issue Date: August 4, 2023	
Inspection Number: 2023-1362-0004	
Inspection Type: Complaint Follow up	
Licensee: St. Joseph's General Hospital Elliot Lake	
Long Term Care Home and City: St. Joseph's Manor, Elliot Lake	
Lead Inspector Lisa Moore (613)	Inspector Digital Signature
Additional Inspector(s) N/A	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 24-26, 2023.

The following intake(s) were inspected:

- Intake related to emergency plans.
- Intake related to the provision of skin and wound care.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order # from Inspection #2023-1362-0003 related to O. Reg. 246/22, s. 268 (4) 2. iii. inspected by Lisa Moore (613)

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

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Skin and Wound Prevention and Management
Safe and Secure Home
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: General Requirements for Programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

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

A review of the licensee's policy titled, "Skin and Wound Care Program" indicated that the policy was last reviewed and updated in May 2019.

The Administrative Assistant (AA) verified this was the home's most current policy. The Administrator (ADM) indicated the skin and wound program policy required updating.

Sources: Skin and Wound Care Program policy; and interviews with the ADM and AA. [613]

WRITTEN NOTIFICATION: Skin and Wound Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee has failed to ensure that a resident who exhibited altered skin

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integrity, was reassessed at least weekly by a member of the registered nursing staff.

Rationale and Summary: There was no documentation on the home's electronic documentation system to indicate that weekly skin assessments had been completed by registered staff during a specific time for a resident who exhibited altered skin integrity.

A RN verified that the skin assessments should have been completed weekly and that they had not been done for the particular resident over a period of weeks.

There was no impact to a resident and the risk was low when the registered staff failed to complete weekly skin assessments.

Sources: Resident's health care record including progress notes and skin and wound assessments; Skin and Wound Program policy; and an interview with a RN. [613]



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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