



**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  
le Loi de 2007 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**

Central West Service Area Office  
500 Weber Street North  
WATERLOO ON N2L 4E9  
Telephone: (888) 432-7901  
Facsimile: (519) 885-9454

Bureau régional de services du  
Centre-Ouest  
500 rue Weber Nord  
WATERLOO ON N2L 4E9  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-9454

## **Amended Public Copy/Copie modifiée du public de permis**

<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>
Jul 18, 2018;	2018_601532_0010 (A1)	023708-17	Complaint

### **Licensee/Titulaire de permis**

AXR Operating (National) LP, by its general partners  
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON  
L4W 0E4

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

Stirling Heights  
200 Stirling Macgregor Drive CAMBRIDGE ON N1S 5B7

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

Amended by NUZHAT UDDIN (532) - (A1)

## **Amended Inspection Summary/Résumé de l'inspection modifié**



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**Issued on this 18 day of July 2018 (A1)**

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

**Original report signed by the inspector.**



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

**This inspection was conducted on the following date(s): May 23-24, 2018.**

**Inspector #728 joined for the Complaint inspection and was on site on May 23-24, 2018.**

**During the course of the inspection, the inspector(s) spoke with The Executive Director, Director of Nursing and Personal Care, Physicians, Physiotherapist, Resident Assessment Instrument (RAI) Coordinator, Skin and Wound Champion, Staff Educator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Physiotherapy Assistant, Residents and Family members.**

**The inspector also toured the resident home areas, reviewed clinical records, observed the provision of care and interaction between staff and residents, reviewed relevant policies and procedures and reviewed medication records as well as hospital clinical records.**

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

**Falls Prevention**

**Skin and Wound Care**



During the course of the original 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>Legendé</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. 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 :**

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

a) Clinical record review of an identified resident's plan of care indicated that they had altered skin integrity. It further indicated to "assess wound at each dressing change and document on Treatment Observation Record (TOR) at a minimum weekly."

Review of the identified resident's initial skin assessment stated that the area had evidence of an infection.

Record review showed that there was no weekly assessment documented for an identified time and this was verified by the Skin and Wound Champion.

Further review of Medication Administration Record (MAR) note identified that the altered skin integrity had healed.

However, review of the Weekly Wound Assessment for the altered skin integrity



indicated that the area was open.

Policy called LTC-Skin and Wound Care Program, stated to “complete wound assessment and determine appropriate treatment:”

“Initiate Treatment Observation Record (TOR) –initial Wound Assessment”

“Setup Weekly Treatment Observation Record (TOR) – ongoing Weekly Wound Assessment”

The Director of Care (DOC) in an interview explained that the altered skin integrity for the identified resident would heal then it would become problematic again. The DOC stated that the identified resident had interventions that were tried.

The Physician in an interview indicated that the resident’s altered skin integrity was being treated for an infection.

In an interview the Skin and Wound Champion stated that the resident’s altered skin integrity was treated for an infection. The altered skin integrity closed and reopened. They shared that the assessments were not done on a weekly basis for the resident. The Skin and Wound Champion stated that the Treatment Administration Record (TAR) indicated that the treatment was done; however, weekly assessments were not done.

Clinical record review for an identified resident indicated that they had sustained an un-witnessed fall where they acquired altered skin integrity in two different areas.

Record review showed that there was an initial assessment completed called Initial Skin Tear Assessment Record (STAR).

However, further review of the clinical record showed that there was only one weekly assessment completed, and there were no further weekly assessments completed for either of the altered skin integrity.

In an interview the Skin and Wound Champion acknowledged that there was no weekly assessment completed for the altered skin integrity from the identified time.

b) A Complaint was received related to fall prevention and skin and wound and the sample size was increased related to skin and wound to include another identified resident.



Record review showed that the identified resident had an initial wound assessment, related to an altered skin integrity.

Review of the weekly skin assessments in the electronic medical record showed that there were no documented weekly skin assessments completed for the identified period of time.

Observation of the identified resident showed altered skin integrity.

The Skin and Wound Champion was not able to provide the weekly wound assessments for the identified dates.

The licensee has failed to ensure that the identified residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. [s. 50. (2) (b) (iv)]

***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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***





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