

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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
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Telephone: (866) 311-8002
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Modified Public Report (M)	
Report Issue Date: October 24, 2022	
Inspection Number: 2022-1512-0002	
Inspection Type: Complaint Critical Incident System	
Licensee: Better Living at Thompson House	
Long Term Care Home and City: Better Living at Thompson House, North York	
Lead Inspector Adelfa Robles (723)	Inspector Digital Signature
Additional Inspector(s)	

MODIFIED PUBLIC INSPECTION REPORT SUMMARY
This public inspection report has been revised to reflect the dates of inspection. The Complaint and Critical Incident System inspection 2022_1512_0002 was completed on October 6-7, 11-12, 2022.

INSPECTION SUMMARY
The Inspection occurred on the following date(s): October 6, 7, 11 and 12, 2022
The following intake(s) were inspected: <ul style="list-style-type: none"> • Log #00005242-22 (CIS #3017-000003-21) related to fall with injury • Log #00006633-22 (Complaint) related to resident to resident physical abuse

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

- Infection Prevention and Control (IPAC)
- Falls Prevention and Management
- Prevention of Abuse and Neglect
- Responsive Behaviors
- Skin and Wound Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #01 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 102 (2) (b)

The licensee failed to ensure that additional precautions were followed in the IPAC program.

The licensee failed to implement measures in accordance with the “IPAC Standard for Long Term Care Homes April 2022” (IPAC Standard). Specifically, the IPAC lead failed to place Point of Care signage indicating that enhanced IPAC control measures were in place as required by Additional Requirement 9.1 under the Standard.

Rationale and Summary

There were Personal Protective Equipment (PPE) caddies outside of resident’s bedroom doors without point of care signage indicating enhanced IPAC control measures.

Staff and IPAC Lead stated that additional IPAC precaution signage was required at point of care in those rooms.

Contact Precaution signage was immediately posted in residents’ bedroom door on October 6, 2022.

Sources: Observations in resident home areas, residents’ clinical records, IPAC Standard for Long Term Care Homes, April 2022, interviews with staff.

Date Remedy Implemented: October 6, 2022

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WRITTEN NOTIFICATION: SKIN AND WOUND CARE

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

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

The licensee has failed to ensure that resident with altered skin integrity, was assessed by the registered nursing staff, using a clinically appropriate instrument specifically designed for skin and wound assessment.

Rationale and Summary

The Ministry of Long-Term Care (MLTC) received a complaint when a resident sustained skin injuries from an incident.

Progress Notes indicated that the resident was observed with skin injuries and the resident was not assessed using the home's specific tool designed for skin and wound.

Staff stated that the specific skin and wound assessment tool was not used when the resident sustained skin injuries. Director of Nursing (DON) stated that registered staff were expected to use the home's specific tool designed for skin and wound assessment when assessing a resident's skin injuries.

Failure of the home to utilize clinically appropriate assessment tool designed for skin and wound increased the risk for delayed wound healing and treatment for the resident.

Sources: Resident's clinical records, completed Skin and Wound Assessments and staff interviews.

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

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WRITTEN NOTIFICATION: SKIN AND WOUND

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

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

The licensee has failed to ensure that a with altered skin integrity, was assessed by a registered dietitian of the home.

Rationale and Summary

A resident sustained skin injuries from an incident.

The resident was not referred to the home's Registered Dietitian (RD) after sustaining the injury. Staff stated that RD referral was not completed for the resident. DON stated that registered staff were expected to complete an RD referral when a resident sustained a skin injury.

Resident was not assessed by the home's RD to mitigate the risk of nutrition and hydration deficiencies to support stages of wound healing.

Sources: Resident's clinical records and staff interviews.

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