



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) /
Nom de l'inspecteur (No) : MARGOT BURNS-PROUTY (106)

Inspection No. /
No de l'inspection : 2013_211106_0005

Log No. /
Registre no: S-001363-12

Type of Inspection /
Genre d'inspection: Follow up

Report Date(s) /
Date(s) du Rapport : May 15, 2013

Licensee /
Titulaire de permis : REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /
Foyer de SLD : LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON,
P7E-1J2

Name of Administrator /
Nom de l'administratrice
ou de l'administrateur : *Jhnathon Riabou*
~~SHELEIGH MCMILLAN~~

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre existant: 2012_053122_0014, CO #905;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall 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,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :



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The licensee shall ensure that residents #001, #006 and #007, who exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds are reassessed at least weekly by a member of the registered nursing staff

Grounds / Motifs :

1. Three written notifications (WN) of non-compliance under O. Reg. 79/10, s. 50 (2) (b) (iv) have previously been issued, including a voluntary plan of correction (VPC) in March 2012 during inspection #2012_053122_009 and one compliance order (CO) issued in September 2011 during inspection #2011_051106_0019. (106)

2. Inspector noted that resident #007 had altered skin integrity. Inspector reviewed the resident's health care record including weekly skin assessments conducted by registered nursing staff. Inspector noted the documentation indicated the resident's wound #1 was identified by staff on January 28, 2013 and that it was healed on February 20, 2013. No documentation was found confirming a weekly wound assessment was completed by registered staff for this wound.

Inspector noted the documentation indicated that a second wound, wound #2 was identified by staff on January 1, 2013. From January 1 until February 20, 2013, registered staff only completed assessments for this wound the weeks of February 6 and February 18, 2013.

Inspector noted that the documentation indicated that the resident's wound #3 was noted by staff on January 1, 2013 and healed on February 6, 2013. No documentation was found confirming a weekly wound assessment was completed by registered staff for this wound.

Inspector noted that the documentation indicated that another wound, wound #4 was identified by staff on February 12, 2013. No documentation was found confirming a weekly wound assessment was completed by registered staff for this wound. The licensee failed to ensure that a resident who is exhibiting altered skin integrity receives an assessment by a member of the registered nursing staff at least weekly. (106)

3. Inspector noted that resident #006 had altered skin integrity. Inspector



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reviewed the resident's health care record including weekly skin assessments conducted by registered nursing staff. Inspector noted the documentation indicated the resident's wound was first noted on December 23, 2012. Inspector noted between December 23, 2012 and February 20, 2013 that a weekly skin assessment by a member of the registered nursing staff was only completed for five weeks of the eight week period. The licensee failed to ensure that a resident who is exhibiting altered skin integrity receives an assessment by a member of the registered nursing staff at least weekly. (106)

4. Inspector noted that resident #001 had altered skin integrity. Inspector reviewed the resident's health care record including weekly skin assessments conducted by registered nursing staff. Inspector noted between Dec 28, 2012 and February 19, 2013 that a weekly skin assessment by a member of the registered nursing staff was only completed for six weeks of the eight week period. The licensee failed to ensure that a resident who is exhibiting altered skin integrity receives an assessment by a member of the registered nursing staff at least weekly. (106)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 31, 2013



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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 to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 15th day of May, 2013

**Signature of Inspector /
Signature de l'inspecteur :**

Name of Inspector /

Nom de l'inspecteur : MARGOT BURNS-PROUTY

Service Area Office /

Bureau régional de services : Sudbury Service Area Office



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**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

**Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133**

**Bureau régional de services de
Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 15, 2013	2013_211106_0005	S-001363-12	Follow up

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2

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

MARGOT BURNS-PROUTY (106)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 20 and 21, 2013

The following previously issued Compliance Orders were reviewed as part of this follow-up inspection.

CO#904_2012_053122_0014, CO#905_2012_053122_0014, CO#909_2012_053122_0014

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents and Families

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités



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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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. Inspector noted that resident #001 had altered skin integrity. Inspector reviewed the resident's health care record including weekly skin assessments conducted by registered nursing staff. Inspector noted between Dec 28, 2012 and February 19, 2013 that a weekly skin assessment by a member of the registered nursing staff was only completed for six weeks of the eight week period. The licensee failed to ensure that a resident who is exhibiting altered skin integrity receives an assessment by a member of the registered nursing staff at least weekly. [s. 50. (2) (b) (iv)]

2. Inspector noted that resident #006 had altered skin integrity. Inspector reviewed the resident's health care record including weekly skin assessments conducted by registered nursing staff. Inspector noted the documentation indicated the resident's wound was first noted on December 23, 2012. Inspector noted between December 23, 2012 and February 20, 2013 that a weekly skin assessment by a member of the registered nursing staff was only completed for five weeks of the eight week period. The licensee failed to ensure that a resident who is exhibiting altered skin integrity receives an assessment by a member of the registered nursing staff at least weekly. [s. 50. (2) (b) (iv)]

3. Inspector noted that resident #007 had altered skin integrity. Inspector reviewed the resident's health care record including weekly skin assessments conducted by registered nursing staff. Inspector noted the documentation indicated the resident's wound #1 was identified by staff on January 28, 2013 and that it was healed on February 20, 2013. No documentation was found confirming a weekly wound assessment was completed by registered staff for this wound.

Inspector noted the documentation indicated that a second wound, wound #2 was identified by staff on January 1, 2013. From January 1 until February 20, 2013, registered staff only completed assessments for this wound the weeks of February 6 and February 18, 2013.

Inspector noted that the documentation indicated that the resident's wound #3 was noted by staff on January 1, 2013 and healed on February 6, 2013. No documentation was found confirming a weekly wound assessment was completed by registered staff for this wound.

Inspector noted that the documentation indicated that another wound, wound #4 was identified by staff on February 12, 2013. No documentation was found confirming a



weekly wound assessment was completed by registered staff for this wound. The licensee failed to ensure that a resident who is exhibiting altered skin integrity receives an assessment by a member of the registered nursing staff at least weekly. [s. 50. (2) (b) (iv)]

4. Three written notifications (WN) of non-compliance under O. Reg. 79/10, s. 50 (2) (b) (iv) have previously been issued, including a voluntary plan of correction (VPC) in March 2012 during inspection #2012_053122_009 and one compliance order (CO) issued in September 2011 during inspection #2011_051106_0019. [s. 50. (2) (b) (iv)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 31. (3)	CO #909	2012_053122_0014	106
O.Reg 79/10 s. 50. (2)	CO #904	2012_053122_0014	106



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**Ministère de la Santé et des
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**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 16th day of May, 2013

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

A handwritten signature in black ink, appearing to be "M. P.", written in a cursive style.