

Original Public Report

Report Issue Date May 17, 2022
Inspection Number 2022_1168_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
AXR Operating (National) LP, by its general partners

Long-Term Care Home and City
Elmwood Place
London Ontario

Lead Inspector
Debra Churcher #670

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 5, 6, 7, 8 and 9, 2022.

The following intake(s) were inspected:

- Log #002983-22 IL-98419-LO Complaint related to skin and wound care management.
- Log #007230-22 CIS#3054-000008-22 related to a fall with injury.
- Log #008419-22 CIS#3054-000010-22 related to a fall with injury.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Skin and Wound Prevention and Management

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were findings of non-compliance.

WRITTEN NOTIFICATION: SKIN AND WOUND CARE WEEKLY WOUND ASSESSMENTS

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

Non-compliance with: Ontario Regulation (O.Reg.) 79/10 s.50(2)(b)(iv) under the LTCHA, 2007, and O.Reg. 246/22 s.55(2)(b)(iv) under the FLTCA, 2021.

The licensee has failed to ensure that resident #001, who was exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. s.50(2)(b)(iv) of O. Reg. 79/10. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s.55(2)(b)(iv) of O. Reg. 246/22 under the FLTCA.

The non-compliance identified occurred during a time frame which included the Long-term Care Homes Act (LTCHA), 2007, and the Fixing Long-term Care Act (FLTCA), 2021, which came into effect April 11, 2022.

Non-compliance with s. 50(2)(b)(iv) of O. Reg. 79/10 under the LTCHA, 2007.

Review of resident #001's clinical record showed that resident #001 had a wound to a specific area. This inspector was unable to locate weekly wound assessments for five required dates where an assessment would have been required.

Review of resident #001's clinical record showed that resident #001 had a wound to a specific area. This inspector was unable to locate weekly wound assessments for two required dates where an assessment would have been required.

Review of resident #001's clinical record showed that resident #001 had a wound to a specific area. This inspector was unable to locate weekly wound assessments for three required dates where an assessment would have been required.

Non-compliance with s. 55(2)(b)(iv) of O. Reg. 246/22 under the FLTCA, 2021.

Review of resident #001's clinical record showed that resident #001 had a wound to a specific area. This inspector was unable to locate weekly wound assessment for one required date where an assessment would have been required.

During an interview on May 12, 2022, with Assistant Director of Care (ADOC) #113 and Registered Nurse (RN) #104 they shared that they were also unable to locate the required weekly wound assessments identified by Inspector #670 and that it was the expectation of the home that all wounds should be assessed weekly.

Sources: Resident #001's clinical record and interview with ADOC #113 and RN #104.

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WRITTEN NOTIFICATION: PLAN OF CARE

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

Non-compliance with: FLTCA 2021 s.6.(1)(c)

The licensee has failed to ensure that there was a written plan of care for resident #003 that set out, clear directions to staff and others who provide direct care to the resident.

Review of resident #003's plan of care showed a specific intervention dated for a specific date.

Observation of resident #003's room on May 13, 2022, showed the intervention was not in place.

Assistant Director of Care (ADOC) #113 acknowledged that the intervention was not in place and that resident #003 did not require this intervention.

Sources: Resident #003 clinical record, interview with ADOC #113, observation of resident #003's room.

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WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: Ontario Regulation (O.Reg.) 79/10 s.229(7) under the LTCHA, 2007, and O.Reg. 246/22 s.102(2)(a) under the FLTCA, 2021.

The licensee has failed to ensure they implemented any surveillance protocols given by the Director for a particular communicable disease and that they implement any surveillance protocols issued by the Director for a particular communicable disease or disease of public health significance.

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s.

s.229(7) of O. Reg. 79/10. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s.102(2)(a) of O. Reg. 246/22 under the FLTCA.

The non-compliance identified occurred during a time frame which included the Long-term Care Homes Act (LTCHA), 2007, and the Fixing Long-term Care Act (FLTCA), 2021, which came into effect April 11, 2022.

Non-compliance with s. 229(7) of O. Reg. 79/10 under the LTCHA, 2007.

Directive #3 effective February 3, 2022, states that homes are to be “Conducting regular IPAC self-audits, at minimum every two weeks when the home is not in an outbreak and at minimum once a week when the home is in an outbreak.” Directive #3 was updated May 3, 2022 with no changes to the IPAC-audit requirements.

Critical Incident Report #3054-000007-22 stated that the home was declared in a COVID outbreak on March 24, 2022, and the outbreak was resolved on April 6, 2022.

Review of the homes IPAC self-audits showed that audits were completed on March 11 and 23, 2022, April 28, 2022, and May 5, 2022.

This Inspector was unable locate any IPAC self-audits for March 30, 2022, and April 6, 2022.

Non-compliance with s. s.102(2)(a) of O. Reg. 246/22 under the FLTCA, 2021.

This Inspector was unable to locate any IPAC self-audits for April 20, 2022.

During an interview with the IPAC Manager #101 the stated that they were aware that some IPAC self-audits had been missed.

Sources: Review of IPAC audits, Directive #3 and interview with IPAC Lead #101.

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