



**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 sous la
Loi de 2007 sur 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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 12, 2017	2017_615638_0018	012214-17	Complaint

Licensee/Titulaire de permis

WIKWEMIKONG NURSING HOME LIMITED
2281 Wikwemikong Way P.O. Box 114 Wikwemikong ON P0P 2J0

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

WIKWEMIKONG NURSING HOME
2281 Wikwemikong Way P.O. Box 114 Wikwemikong ON P0P 2J0

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

RYAN GOODMURPHY (638)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 5 - 8, and 13 - 14, 2017.

The following intake was inspected in this Complaint inspection;

-One log was a complaint submitted to the Director which was related to allegations of improper care, skin integrity concerns, privacy lacking and a lack of housekeeping services.

A Critical Incident System (CIS) inspection #2017_615638_0016, and a Follow Up inspection #2017_615638_0017, were conducted concurrently with this Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Maintenance Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, reviewed relevant internal investigation notes, licensee policies, procedures, programs and resident health care records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Dignity, Choice and Privacy

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. The licensee has failed to ensure that the resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessments.

A complaint was submitted to the Director which identified that resident #004 had developed new skin integrity issues after their admission to the home in early 2017.

Inspector #638 reviewed resident #004's health care records and noted that the resident had been identified in the progress notes as having multiple areas of altered skin integrity in March 2017. The resident's skin integrity issues continued to be identified within the progress notes over a five month period with the last two notations identifying new areas of altered skin integrity developing to a specific area of the resident on a specific date and a second entry indicating new areas of altered skin integrity to their body four days after the previous entry. The Inspector was unable to identify any assessment using a clinically appropriate assessment instrument designed specifically for skin and wound assessments completed on resident #004 regarding their newly developed areas of altered skin integrity.

In an interview with Inspector #638, PSW #103 indicated that resident #004 had ongoing



skin integrity issues and would develop areas of altered skin integrity to their body at times. The PSW stated that the resident had the “odd one” when asked if they had any areas of altered skin integrity at the time of inspection.

Inspector #638 interviewed RN #104 who stated that resident #004 previously had areas of altered skin integrity. Upon reviewing the resident’s assessments, the RN indicated that they were unable to identify any completed assessments on the resident related to their specific areas of altered skin integrity. The RN stated that an assessment should be completed whenever a new skin integrity issue was identified and weekly thereafter.

The home’s policy titled “Wound and Skin Care Program – 4.16.1” last revised October 2013, indicated that when a new skin integrity issue was identified an initial assessment of the identified wound would be completed and documented using the “Bates Jensen Weekly Wound Assessment Tool”.

In an interview with Inspector #638, the DOC stated that resident #004 was identified as having a specific diagnoses upon admission to the home and as a result, broke out with multiples areas of altered skin integrity. Upon reviewing the resident's assessments, the DOC indicated that the resident did not have any wound assessment completed after the areas of altered skin integrity were identified related to the specific skin integrity concerns and that staff should have completed a formal wound assessment. [s. 50. (2) (b) (i)]

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 the resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessments, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping



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Specifically failed to comply with the following:

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, that procedures were developed and implemented for addressing incidents of lingering offensive odours.

A complaint was submitted to the Director which identified that the facility frequently smelled of urine and that there was no one dealing with odours in the home.

During multiple observations, Inspector #638 noted that a specific home hallway, had a lingering offensive odour of urine present throughout each day between September 5 and 8, 2017.

During an interview with Inspector #638, resident #004 stated that they had been admitted to the home in early 2017, and noticed a strong urine odour present on the unit since their admission. The resident stated that the urine odour was especially bad on hot days.

In an interview with Inspector #638, Housekeeping Aide #105 indicated that they were aware of the urine odour on the specific unit hallway, which had been ongoing for as long as they could recall. The Housekeeping Aide stated that they used an odour spray to eliminate odours in the home, however, they were not aware of any existing policies or procedure for dealing with lingering offensive odours.

During an interview with Inspector #638, RN #106 indicated that there were a few resident's who would void in inappropriate locations in the home. The RN stated that offensive odour was an ongoing issue in the home.

Inspector #638 interviewed the Maintenance Manager who indicated that there was an ongoing issue with offensive odours in the home. They stated that a neutralizing spray was utilized by staff in order to diminish the odours and fans were installed to aid in the circulation of the air. The Maintenance Manager was unaware of any developed policy or procedure related to dealing with offensive odours. [s. 87. (2) (d)]



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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 as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, that procedures are developed and implemented for addressing incidents of lingering offensive odours, to be implemented voluntarily.

Issued on this 24th day of October, 2017

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

Original report signed by the inspector.