Ontario

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

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

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Original Public Report

Report Issue Date: April 20, 2023
Inspection Number: 2023-1622-0002
Inspection Type: Critical Incident System
Licensee: The Corporation of the County of Middlesex
Long Term Care Home and City: Strathmere Lodge, Strathroy

Lead Inspector	**Inspector Digital Signature**
Rhonda Kukoly (213)	Rhonda Kukoly Digitally signed by Rhonda Kukoly Date: 2023.04.21 08:04:50 -04'00'

Additional Inspector(s)
Christina Legouffe (730)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 17, 18, 2023

The following intake was inspected:
- Intake #00020016, Critical Incident #M627-000006-23, related to a fall

The following intakes were also completed
- Intake #00011992, Critical Incident #M627-000012-22, related to a fall
- Intake #00018512, Critical Incident #M627-000003-23, related to a fall

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

The licensee has failed to ensure that the home's skin and wound policies were compliant with the Fixing Long-Term Care Act, related to requirements for skin assessments.

Rationale and Summary
O. Reg. 53. (1) 2 states: Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

O. Reg. 34. (1) 1 states: Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

O. Reg. 11. (1) (a) states: Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, is in compliance with and is implemented in accordance with all applicable requirements under the Act.

O. Reg. 55. (2) (a) states: Every licensee of a long-term care home shall ensure that, 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

The home's Care policy stated: All residents will have skin assessment completed within 72 hours of admission to facility, quarterly, upon readmission following hospitalization and extended LOA's (longer

than 72 hours).

A resident returned from a hospital leave and had a Skin Assessment completed two days later that identified new areas of impaired skin integrity. The Director of Care said that the expectation was that the skin assessment was to be completed within 24 hours of return from a hospital stay of over 24 hours. They said the current skin and wound policies were not compliant with the legislation and needed to be reviewed and revised.

There was risk that altered skin integrity may not have been identified and received appropriate, timely treatment when the skin and wound policies were not compliant with the Fixing Long-Term Care Act.

Sources: Strathmere Lodge Skin and Wound Care Manual, health records for a resident, and staff interviews. [213]

WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

The licensee has failed to ensure that when a resident exhibited altered skin integrity, they 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 assessment.

Rationale and Summary
A Critical Incident System (CIS) report was received by the Ministry of Long-Term Care related to a fall for a resident resulting in injury and hospitalization. On readmission to the home, the resident had multiple areas of impaired skin integrity. There were no documented assessments for some of the areas of impaired skin integrity in the home's Wound Tracker tool in Mede-care.

The Clinical Support Nurse/Wound Care Lead said that the expectation in the home was that each area of altered skin integrity was assessed using the Wound Tracker tool in the Mede-care system, but that assessments had not been documented using this tool for the specified areas of altered skin integrity.

There was risk that the resident's areas of altered skin integrity could have worsened in the absence of assessment.

Sources: Health Records for a resident and staff interviews. [730]

WRITTEN NOTIFICATION: Skin and wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee has failed to ensure that when a resident exhibited altered skin integrity, they were reassessed at least weekly by a member of the registered nursing staff.

Rationale and Summary
A Critical Incident System (CIS) report was received by the Ministry of Long-Term Care related to a fall for resident, resulting in an injury and hospitalization. On readmission to the home, the resident had multiple areas of impaired skin integrity. An initial assessment was completed in the Wound Tracker section of Mede-care for one of the areas. No further assessments were documented in the Wound Tracker for this area. The area was re-assessed by an external wound care specialist 26 days later after it had worsened.

A registered nursing staff member said that the expectation in the home was that each area of altered skin integrity was re-assessed at least weekly using the Wound Tracker tool in the Mede-care system, but that assessments had not been documented using this tool for the identified area.

There was risk that the area of impaired skin integrity could have worsened in the absence of weekly re-assessment.

Sources: Health Records for a resident and staff interviews. [730]