

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

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

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b>   | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|-------------------------------------|--|
| Aug 10, 2020                                   | 2020_605213_0015                              | 003023-20, 005653-<br>20, 009769-20 | Critical Incident<br>System                        |

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**Licensee/Titulaire de permis**

The Women's Christian Association of London  
2022 Kains Road LONDON ON N6A 0A8

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

McCormick Home  
2022 Kains Road LONDON ON N6K 0A8

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

RHONDA KUKOLY (213)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): August 4, 5, 6, 2020**

**This inspection was completed onsite and was related to:**

**Log #003023-20, critical incident #2965-000005-20, related to a fall,**

**Log #005653-20, critical incident #2965-000008-20, related to an altercation between residents,**

**Log #09769-20, critical incident #2965-000011-20, related to an altercation between residents.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents.**

**The inspector also completed observations as well as a record review including relevant health records, policies and procedures, meeting minutes and other relevant documentation.**

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

**Falls Prevention**

**Prevention of Abuse, Neglect and Retaliation**

**Responsive Behaviours**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>WAO – Ordres : travaux et activités</p>  |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (1) 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 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. 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. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

#### **Findings/Faits saillants :**

1. The licensee has failed to ensure that the following was complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 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.

Ontario Regulation 79/10 s. 48(1) 1 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 ulcers, and provide effective skin and wound care interventions.

Ontario Regulation 79/10 s. 50(3) states: “altered skin integrity means potential or actual disruption of epidermal or dermal tissue”.

Ontario Regulation 79/10 s. 50(2)(b) states: “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 dietician 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.

The home reported a critical incident report related to an altercation between two residents, whereby a resident suffered a laceration.

The resident's Treatment Administration Records (TARs) for a two month period of time, showed skin/wound related directions for four different areas of altered skin integrity including the laceration. There were no directions in the TARs related to weekly wound assessments at all for three of the areas. The direction related to a weekly wound assessment for one area was initiated over a month after the treatment was initiated.

In a review of the resident’s assessments and progress notes in Point Click Care, there were progress notes related to the laceration suffered as a result of the altercation, but there were no assessments found, either initial or weekly, using a clinically appropriate assessment instrument. There was also no referral to the Registered Dietitian (RD) or assessment completed by the RD, related to the laceration.

The McCormick Home policy “Skin Care Assessment”, #NPV-1900-09 was reviewed and stated: An initial wound assessment is completed by the skin care coordinator or delegate with each new wound. Referral is made to appropriate interdisciplinary team members e.g. physician, nurse practitioner, dietician, physiotherapist and occupational therapist. There was no reference to, or direction related to weekly re-assessments of wounds in the policy.

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The McCormick Home Policy “Pressure Ulcers”, #NPC-1600-26 was reviewed and stated: Wound assessment is completed every seven days – pressure ulcer seven day assessment (template in Point Click Care). The home did not have a policy related to assessment of altered skin integrity other than pressure ulcers.

The Terms of Reference for the Skin Care and Wound Management Committee were reviewed. They stated one of the functions of the committee was to evaluate the statistics of pressure ulcers and implement strategies for improvement. The Terms of Reference did not have any reference to impaired skin integrity other than pressure ulcers.

During interviews with three registered staff, they were all unsure of the process for wound assessments for impaired skin integrity involving a laceration or alteration other than pressure ulcers. They were also unaware of the need for a dietitian assessment for any impaired skin integrity.

The Director of Care (DOC) said that there were no initial or weekly skin/wound assessments using a clinically appropriate assessment tool completed for the resident related to the laceration suffered as a result of the altercation. The DOC also agreed that the home’s policies related to skin and wound care and assessment did not contain any reference or direction related to impaired skin integrity other than for pressure ulcers.

Record review for a second resident showed progress notes including two notes related to rashes, creams provided and a TAR initiated. There were no initial or weekly skin/wound assessments using a clinically appropriate assessment instrument specifically designed for skin and wound assessment in the progress notes or assessments. There were no referrals to the dietitian or assessments completed by the dietitian related to skin/wound for rashes and no directions in the TAR regarding weekly skin/wound assessments.

Record review for a third resident showed three different progress notes including a dressing removed with an area being healed, a new reddened area and a rash. There were no initial or weekly skin/wound assessments using a clinically appropriate assessment instrument specifically designed for skin and wound assessment in the progress notes or assessments. There were no referrals to the dietitian or assessments completed by the dietitian related to skin/wound for any of the three areas of altered skin integrity, no directions in the TAR regarding weekly skin/wound assessments.

In a phone interview with the Administrator, the Administrator agreed that the home’s

policies related to skin and wound did not include direction regarding the completion of initial or weekly skin/wound assessments using a clinically appropriate assessment instrument specifically designed for skin and wound assessment for impaired skin integrity other than pressure ulcers. The Administrator shared that the home was in the process of purchasing new policies, including skin and wound policies.

The home's skin and wound program did not comply with Ontario Regulation 79/10 s. 50. The home's skin and wound policies did not include direction related to completing initial or weekly skin/wound assessments using a clinically appropriate assessment instrument specifically designed for skin and wound assessment, for altered skin integrity other than pressure ulcers. Three residents did not have initial or weekly assessments using a clinically appropriate assessment instrument or dietitian assessments completed, for areas of altered skin integrity. [s. 30. (1) 2.]

***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 following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 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., to be implemented voluntarily.***

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**Issued on this 10th day of August, 2020**

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

**Original report signed by the inspector.**