

**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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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Dec 13, 2021 | 2021_788721_0021 | 019457-21 | Other |

Licensee/Titulaire de permis

Oneida Nation of the Thames
2212 Elm Avenue R.R. #2 Southwold ON N0L 2G0

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

Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni)
2229 Elm Avenue, R.R. #2 Southwold ON N0L 2G0

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

MEAGAN MCGREGOR (721), SAMANTHA PERRY (740)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): December 7 and 8, 2021.

The purpose of this inspection was to conduct a Service Area Office Initiated Inspection related to Log #019457-21.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), the Manager of Quality Care and Health Information, the Maintenance Supervisor, a Registered Nurse (RN), Registered Practical Nurses (RPNs), a Personal Support Worker (PSW), a Housekeeper and residents.

An Infection Prevention and Control (IPAC) observational checklist was completed during this inspection.

The Inspectors also conducted a tour of the home; observed residents and the care provided to them by staff, medication administration and storage practices, meal service, and IPAC practices in place; and reviewed relevant clinical records, policies and procedures.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Infection Prevention and Control

Medication

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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. 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 failed to ensure that skin and wound assessments, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessments, were fully documented by registered nursing staff for residents #002, #003 and #005 when they exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds.

The home's Skin and Wound Care Program policy stated in part that areas of a specific type of altered skin integrity should be reassessed weekly, to document specific characteristics of the area including stage and size and to implement recommendations by the Enterostomal Therapist.

A) Resident #002's skin and wound assessments for an area of altered skin integrity documented photos and multiple measurements taken with the home's Point Click Care (PCC) skin and wound application. Out of the nine skin and wound assessments reviewed, one documented an increase in the measurements of the area of altered skin integrity of seventy-nine per cent and a second assessment documented an increase of five hundred and sixty per cent. When the Inspector cross referenced the photos and multiple measurements of the area of altered skin integrity taken by the application, it was identified that the measurements did not accurately reflect the resident's healing progression. Furthermore, resident #002's current measurements for this area of altered

skin integrity were not compared to the previous weeks measurements to identify any discrepancies with the home's skin and wound application.

B) Resident #003's skin and wound assessments for an area of altered skin integrity documented photos and multiple measurements taken with the home's PCC skin and wound application. Out of the ten skin and wound assessments reviewed, one documented a one hundred and twenty-three per cent increase in the measurements of the area of altered skin integrity, a second documented a seventy-six per cent increase and a third documented a thirty-one per cent increase. When the Inspector cross referenced the photos and multiple measurements of the area of altered skin integrity taken by the application, it was identified that the measurements did not accurately reflect the resident's healing progression. Furthermore, resident #003's current measurements for this area of altered skin integrity were not reviewed and compared to the previous weeks measurements to identify any discrepancies with the home's skin and wound application. A number of resident #003's skin and wound assessments were also reviewed and did not document specific characteristics of the area including stage and size as per the assessment requirements and the home's policy.

C) It was identified that resident #005 had an area of altered skin integrity and skin and wound assessments were documented related to this area on the date it was first identified and one week later. These skin and wound assessments included sections for staff to document specific characteristics of the area including size which were not documented.

Sources: Clinical records for resident's #002, #003 and #005 including progress notes, skin and wound application tool, skin and wound assessments and care plans; the home's skin and wound policy, and interviews with staff. [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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds 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, to be implemented voluntarily.

Issued on this 15th day of December, 2021

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

Original report signed by the inspector.