



**Ministry of Health and Long-Term Care**

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

**Ministère de la Santé et des Soins de longue durée**

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

## Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Director:</b>	Lynne Haves
<b>Order Type:</b>	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
<b>Intake Log # of original inspection (if applicable):</b>	029149-17, 030098-18 (A1)
<b>Original Inspection #:</b>	2018_569508_0024 (A1)
<b>Licensee:</b>	859530 Ontario Inc. (operating as Jarlette Health Services) c/o Jarlette Health Services, 5 Beck Boulevard, PENETANGUISENE, ON, L9M 1C1
<b>LTC Home:</b>	Royal Rose Place 635 Prince Charles Drive North, WELLAND, ON, L3C 0C7
<b>Name of Administrator:</b>	Helen Jovicich

<b>Background:</b>	
<p>Ministry of Health and Long-Term Care (MOHLTC) conducted an inspection at Royal Rose Place (LTC home) on November 15, 16, 19, 20, 21, 22, 23, 26, 27, 28, 29, 30, December 3, 5, 6, 7, and 10, 2018. The inspection was a Resident Quality Inspection (RQI).</p> <p>During the inspection, the Inspector found that the Licensee, 859530 Ontario Inc. o/a Jarlette Health (the Licensee) failed to comply with s. 50(2)(b)(iv) of Ontario Regulation 79/10 (Regulation) under the <i>Long-Term Care and Homes Act, 2007 (LTCHA)</i>, and issued Compliance Order #001.</p> <p><b>Compliance Order #001 relates to s. 50(2)(b)(iv) of O. Reg. 79/10, and reads as follows:</b></p> <p>“The licensee must be compliant with s. 50(2)(b)(iv) of O. Reg. 79/10.</p> <p>Specifically, the licensee must:</p>	

- (a) Assess, reassess and document the assessments of resident #011 and all residents who exhibit alterations in skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds by a member of the registered nursing staff at least weekly;
- (b) Conduct monthly audits on all residents who exhibit alterations in skin integrity including skin breakdown, pressure ulcers, skin tears or wounds to ensure that registered nursing staff are conducting assessments and reassessments at least weekly on these areas;
- (c) Maintain records of these audits;
- (d) Communicate the results of these audits with registered staff monthly;
- (e) If weekly assessments are identified as being missed or incomplete, follow up with the staff responsible and provide re-education as required.

The order must be complied with by March 15, 2019.”

Following a review of Compliance Order #001 by the Director, Compliance Order #001 has been **altered** and **substituted** with the Director’s Order below.

**Order:**

CO #001

**Pursuant to:**

**Compliance Order #001 relates to s. 50(2)(b)(iv) of O. Reg. 79/10, and reads as follows:**

**Skin and wound care**

**50. (2)** Every licensee of a long-term care home shall ensure that,

- (a) 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;
- (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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order:**

The licensee must be compliant with s. 50 (2)(b)(iv) of O. Reg 79/10.

Specifically, the licensee must:

- A. Assess, reassess and document the assessments of Resident #011 and all residents who exhibit alterations in skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds by a member of the registered nursing staff at least weekly; if clinically indicated;
- B. Conduct monthly audits on all residents who exhibit alterations in skin integrity including skin breakdown, pressure ulcers, skin tears or wounds to ensure that registered nursing staff are conducting assessments and reassessments at least weekly on these areas; if clinically indicated;
- C. Maintain records of these audits;
- D. Communicate the results of these audits with registered staff monthly;
- E. If assessments and/or weekly re-assessments are identified as being missed or incomplete, follow up with the staff responsible and provide re-education, as required.

**Grounds:**

1. The licensee failed to ensure that a resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

**Resident #013**

During review of the resident's clinical records, it was identified that Resident #013 had multiple areas of altered skin integrity. The resident was admitted to the home on an identified date in 2016. The resident started developing wounds in 2017, and over a period of time continued to develop altered areas of skin

integrity and required wound care.

Wound care records were reviewed for a specific period. During review of the resident's clinical records it was identified that on an identified date in 2017, skin assessments using a clinically appropriate assessment instrument had been conducted on two specific areas.

Another assessment using a clinically appropriate assessment instrument was not completed for one specific area until eight days later, and no further assessments had been conducted using a clinically appropriate assessment instrument for the other area until 17 days later.

On an identified date in 2017, a Physician's note in the resident's clinical record indicated that the resident had a specific diagnosis related to altered skin integrity.

On an identified date in 2017, a weekly skin assessment was conducted of a specific area of the body. Another assessment had not been completed until two weeks later and then not again until two weeks after that. Although a review of the electronic Treatment Administration Records (e-TARs) for two identified months in 2017 indicated that treatments were being provided, weekly skin assessments were not consistently being conducted.

On an identified date in 2018, a new area of altered skin integrity was identified, and a treatment had been ordered. No further skin assessments using a clinically appropriate assessment instrument were conducted for several weeks.

For an identified period in 2018, the resident developed new areas of altered skin integrity. The resident's other wounds were still present as well. A review of the clinical records indicated that for four months in 2018, weekly skin assessments using a clinically appropriate instrument had not been conducted consistently on all areas of altered skin integrity.

It was confirmed through review of the clinical records and during interviews with the RAI Coordinator that the licensee failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds 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.

2. The licensee failed to ensure that the resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

### **Resident #011**

A review of the clinical records for Resident #011 indicated that on an identified date in 2018, Resident #011 had alteration in their skin integrity related to a specific diagnosis.

During a review of the resident's clinical records, including the wound notes, e-TARs and wound assessments, it was identified that wound assessments were not being conducted at least weekly by a member of the registered nursing staff.

A record review identified that for an identified period in 2018, the assessments were not consistently



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being conducted weekly.

It was confirmed during records reviews and during interview with Nurse Manager #204, that Resident #011 had altered skin integrity and had not been reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

**This order must be complied with by:** April 26, 2019

**REVIEW/APEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board**  
Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

and the

**Director**  
c/o Appeals Clerk  
Long-Term Care Inspections Branch  
347 Preston Street, 4<sup>th</sup> Floor, Suite 420  
Ottawa ON K1S 3J4  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this 25 day of March 2019.

Signature of Director:

Name of Director:

Lynne Haves



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Version date: July 27, 2016