

**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
Sep 9, 2021	2021_906687_0003	007614-21, 009908-21	Complaint

Licensee/Titulaire de permis

The Board of Management for the District of Nipissing East
400 Olive Street North Bay ON P1B 6J4

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

Cassellholme
400 Olive Street North Bay ON P1B 6J4

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

LOVIRIZA CALUZA (687), TIFFANY BOUCHER (543)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 9-13 and 17-20, 2021.

The following intakes were inspected on during this inspection:

-Two complaints were submitted to the Director regarding medication errors and skin integrity concerns of a resident.

A Follow-up Inspection #2021_906687_0004 and a Critical Incident System (CIS) Inspection #2021_906687_0002 were conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Operations, Director of Care (DOC), Manager of Clinical Services, Infection Prevention and Control (IPAC) Manager, Manager of Support Services, Dietary Coordinator, Registered Dietitian, Maintenance Coordinator, Registered Practical Nurse (RPN) Lead, Skin & Wound Lead, Unit Manager, Physician, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Resident Care Navigator, Food Service Workers (FSWs), Personal Support Workers (PSWs), Housekeepers, Staff Schedulers, COVID 19 Screeners, residents and family members.

The Inspector(s) also conducted a daily walk through of resident care areas, observed the provision of care towards residents, observed staff to resident interactions, reviewed resident's health records, staffing schedules, internal investigations and the home's policies and procedures.

The following Inspection Protocols were used during this inspection:

Medication

Minimizing of Restraining

Personal Support Services

Skin and Wound Care

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

**4 WN(s)
4 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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1.The licensee has failed to ensure that a resident's plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

The resident's care plan indicated that they were at risk of impaired skin integrity. A review of the resident's health care record further indicated that they had an altered skin integrity that had progressively worsened.

In an interview with the DOC, they verified that the resident's care plan was not updated to reflect the change in the resident's skin integrity.

Sources: A complaint submitted to the Director, review of resident's health care records, interview with the DOC. [s. 6. (10) (b)]

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 resident #001's plan of care is reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) 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, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

In accordance with O. Reg 79/10, s. 48 (1) 2 and in reference to O. Reg s 50 (1) 4, the licensee was required to have a skin and wound care program that provided treatments and interventions, including nutrition care.

Specifically, staff did not comply with the licensee's policy titled "Skin-Altered Skin Integrity", which indicated that Registered staff would complete and send a referral to the Registered Dietitian for specific skin integrity concerns.

The Inspector reviewed a resident's health care record and was unable to identify a referral sent by the registered staff to the Registered Dietitian related to the resident's skin integrity concern.

During an interview with the DOC, they verified that the resident was not referred to the Registered Dietitian. Therefore, posing further risk to the resident's altered skin integrity.

Sources: A complaint was submitted to the Director, review of the home's policy titled "Skin-Altered Skin Integrity", review of resident's health care records, staff interviews including the Registered Dietitian and the DOC. [s. 8. (1)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #3: 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 a resident who exhibited altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

During a review of a resident health care records, it was identified that the resident had altered skin integrity and a weekly skin assessment was ordered by the physician.

The Inspector and the DOC reviewed the resident's altered skin integrity assessments and identified two assessments with no dates and two missed assessments.

In an interview with the Skin and Wound Lead and the DOC, they verified that the resident's skin integrity reassessments were not consistently assessed on a weekly basis which may have led to a risk of their altered skin integrity to deteriorate.

Sources: A complaint submitted to the Director, review of the licensee policy titled "Skin-Altered Skin Integrity", resident's health care records, staff interviews including Skin and Wound Lead and the DOC. [s. 50. (2) (b) (iv)]

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 resident #001, who exhibit an altered skin integrity is reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 82. Attending physician or RN (EC)

Specifically failed to comply with the following:

- s. 82. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,**
- (a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination; O. Reg. 79/10, s. 82 (1).**
 - (b) attends regularly at the home to provide services, including assessments; and O. Reg. 79/10, s. 82 (1).**
 - (c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the physician conducted a physical examination of each resident upon admission and annually thereafter, and that there were written reports of the findings of the examination.

The Inspector reviewed the physical charts of three residents and identified that the residents had no admission or annual physical assessments completed in their chart.

During an interview with the DOC, they stated that physicians were to complete the annual or admission physical assessments of their residents and document them in the resident's chart.

Sources: A complaint submitted to the Director, review of residents charts, interview with the physician, the DOC and other staff members. [s. 82. (1) (a)]

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 physician is to conduct a physical examination of each resident upon admission and annually thereafter, and that there are written reports of the findings of the examination, to be implemented voluntarily.

Issued on this 16th day of September, 2021

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

Original report signed by the inspector.