

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

**Ottawa District**  
347 Preston Street, Suite 420  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

<b>Report Issue Date:</b> May 31, 2023	
<b>Inspection Number:</b> 2023-1488-0003	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Centre d'Accueil Roger Seguin	
<b>Long Term Care Home and City:</b> Centre d'Accueil Roger Seguin, Clarence Creek	
<b>Lead Inspector</b> Julienne NgoNloga (502)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Kelly Boisclair-Buffam (000724) Maryse Lapensee (000727)	

## INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s):</p> <ul style="list-style-type: none"> <li>- Onsite May 15, 16, 17, 18, 19, 23, 2023.</li> <li>- Offsite May 12, 2023.</li> </ul> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>- Intake: #00016181 (CIS #2988-000034-22) related to a fall with injury</li> <li>- Intake: #00019528 (CIS #2988-000003-23), #00022621 (CIS #2988-000008-23), #00087309 (CIS #2988-000020-23), #00087966 (CIS #2988-000022-23) related to resident to resident alleged abuse.</li> <li>- Intake: #00084016 (CIS #2988-000010-23) related to injury with unknown origin.</li> <li>- Intake: #00086743 - 2988-000015-23 related to an unexplained altered skin integrity.</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Infection Prevention and Control

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Responsive Behaviours  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Skin and Wound

**NC #001 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 a resident exhibiting altered skin integrity, 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 resident had an altered skin integrity in April 2023.

The home uses “Plaie traqueur” as their clinical assessment instrument for skin and wound assessment. Review of assessment record “Plaie Tracqueur” had not showed a completed assessment on the onset of the altered skin integrity.

Three staff members stated that they were aware of the resident’s altered skin integrity but had not completed the skin assessment in “Plaie traqueur”.

Another staff member stated that they had not received an email with the resident’s altered skin integrity in April 2023 to upload in Med e-care as per home’s protocol.

A management staff member stated that the expectation was for registered nursing staff to document their assessment in “Plaie traqueur”. The staff member acknowledged that no assessment was documented in the “Plaie traqueur” for the resident.

By not using the “Plaie traqueur” staff were not aware of the severity of the resident’s altered skin integrity.

**Source:** Interview with staff members. The resident’s health records [000727]

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## WRITTEN NOTIFICATION: Skin and Wound

### NC #002 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, a resident exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff

#### Rationale and Summary

A resident had altered skin integrity in April 2023.

Reviewed of the resident's "Plaie traqueur" and progress notes from April 2023, to May 2023, indicated that no weekly skin assessments of the altered skin integrity were completed on a weekly basis.

A staff member stated that registered staff are expected to document weekly assessments of a wound in the "Plaie traqueur". The staff member confirmed that no assessment was documented for the resident.

As such, the resident was placed at risk of worsened altered skin integrity by not completing weekly assessments.

**Source:** Review of the resident's health records. Interview with a staff member.  
[000727]

## WRITTEN NOTIFICATION: Responsive Behaviour

### NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.

The licensee has failed to comply with the written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours that were developed to meet the needs of residents with responsive behaviours

#### Rationale and Summary

A resident displayed specified responsive behaviours towards six co-residents between January and May

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2023, in different care areas of the home.

The resident was identified with the specified responsive behaviours. The Behaviour Support Ontario (BSO) and psychogeriatrics' recommendation showed multiples strategies to address the resident behaviours, which include a one-on-one (1:1) close monitoring, an adapted type of clothing, and directed staff not to let the resident with other cognitively impaired residents without supervision among other strategies outlined in the resident's plan of care.

On a specified day in May 2023, the resident was observed to be not wearing the adapted type of clothing. Staff directed the resident to the dining room where they were seated at a dining room table with other cognitively impaired residents. No staff were present in the dining room for approximately 20 minutes.

A staff members indicated that the resident's adapted type of clothing was not available for them to wear, soiling all their adapted type of clothing.

A second staff member indicated that the resident had a one-on-one staff monitoring two out of three shifts when their behaviours occurred. They acknowledged that the 1:1 staff was not available during the shifts when the last six incidents occurred.

A third staff member indicated that when one-on-one staff is not available, staff should monitor the resident closely and not let them with other residents.

By not constantly implementing the strategies developed to address the resident's specified responsive behaviours, five residents were affected by the resident's behaviours.

**Sources:** Resident's observation. Review of the resident health records. Interview with staff members. [502]

**WRITTEN NOTIFICATION: Medicament Management System****NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 123 (2)

The licensee has failed to comply with the Medication Management System to ensure accurate administration of a resident's medications.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the home complied with their policy #SOP #P-002 "Bilan comparative des medicaments" dated April, 2021 and

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policy #SOP #P-001 “Enregistrement d’administration des médicaments” dated March, 2018.

Specifically, staff had not complied with the Form 1 “Audit de bilan comparatif des médicaments” and Form 2 “Réconciliation des médicaments à l'admission”, when a resident's medication were reconciled.

**Rationale and Summary**

The attending physician discontinued a residents’ specific medication in January 2023. The medication reconciliation record from February to May 2023, showed the discontinuation of the medication since January 2023.

The home changed their pharmacy provider of in February 2023 and the discontinued medication remained on the resident’s profile to be administered. As a result, the resident continued to receive the discontinued medication until April 2023.

Policy # P-002, stated that the doctors’ orders are to be communicated to the other party and each medication on the reconciliation form needs to correspond to the actual resident’s medication profile.

Policy #P-001, stated that a registered staff member is required to ensure the exact transcription of all physician orders by signature. The reconciliation of the previous and current Medication Administration Record (MAR) should be completed at the beginning of the month.

Interviews with two staff members indicated that some medications may not have been transferred over properly during the change in pharmacy provider in February 2023. Both staff stated the home’s safety protocol, to ensure an accurate verification process for medication safety, was not followed before and after the change to the new pharmacy provider. Both staff confirmed that the specific medication continued to be administered despite the discontinuation order in January 2003.

As a result of not following their policies "Audit de bilan comparatif des médicaments” and “Réconciliation des médicaments à l'admission", the resident continued to be administered a discontinued medication for an additional three months which increased the resident's risk of altered skin integrity.

**Sources:** Medication management policies, the resident’s health records , interviews with staff members.

[000724]

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## WRITTEN NOTIFICATION: Medication Administration

### NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (1)

The licensee had failed to ensure that no drug was used by or administered to a resident unless the drug had been prescribed.

#### Rationale and Summary

Progress notes for a resident indicated that an altered skin integrity was identified in January 2023, and the attending physician ordered a specified medication to be put on hold. Review of the physicians' orders indicated a discontinuation of the medication the next day.

In April 2023, the resident had an altered skin integrity.

Review of the resident's medication administration records showed that a specified medication was administered daily from February to April 2023.

A staff member stated that they were not made aware that the specified medication had been discontinued in January 2023 until the incident in April 2023.

Other two staff members acknowledged that the medication was administered to the resident despite having a discontinuation order in January 2023.

By administering this non-prescribed medication, the resident developed altered skin integrity which resulted in injury.

**Sources:** CIS, progress notes, physician orders, medication administration system. Interviews with staff members.

[000724]