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

Ministère des Soins de longue durée
Division des foyers de soins de longue duree
Inspection de soins de longue durée

Order(s) of the Director

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

	☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**
Name of Director:	Wendy Lewis
Order Type:	□ Amend or Impose Conditions on Licence Order, section 104 □ Renovation of Municipal Home Order, section 135 x Compliance Order, section 153 □ Work and Activity Order, section 154 □ Return of Funding Order, section 155 □ Mandatory Management Order, section 156 □ Revocation of Licence Order, section 157 □ Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	
Original Inspection #:	2019_647610_0022
Licensee:	Chartwell Master Care LP 100 Milverton Drive, Suite 700, Mississauga, ON L5R 4H1
LTC Home:	Chartwell Parkhill Long Term Care Residence 250 Tain Street, P.O. Box 129 Parkhill, Ontario, N0M 2K0
Name of Administrator:	Dawn Genovy

Background:
Ministry of Long-Term Care (MLTC) Inspector #610 conducted an inspection at Chartwell Parkhill Long Term Care Residence (LTC Home) on the following dates: June 26 and 27, 2019 (Inspection #2019_674610_0022). The inspection was a complaint inspection at which time one intake log was inspected. During the inspection, Inspector #610 found that Chartwell Master Care LP (the Licensee) failed to comply with certain provisions (as identified below) of the *Long-Term Care Homes Act, 2007* (*LTCHA*) and Ontario Regulation 79/10 (*Regulation)* under the LTCHA and issued Compliance Order #002.

Based on the non-compliance, the Inspector issued Compliance Order #002. Specifically, pursuant to s. 153(1)(b) of the *LTCHA,* Inspector #610 issued the following Compliance Order:

The licensee must be compliant with s. 50.

Specifically, the licensee shall ensure that:

1. Resident #002, #003 and #004 and all residents exhibiting altered skin integrity are assessed initially using a clinically appropriate assessment tool and at least weekly after that by a member of the registered nursing staff. There must be a documented record of the initial and weekly assessments.
2. A tracking and weekly auditing system is developed and implemented for all residents exhibiting altered skin integrity to ensure they are receiving the required assessments and treatments in accordance with the home's policies and procedures.
3. Training is provided for all registered staff including:
   a. The home's protocol for initiating and completing assessments and communicating treatments and plans of care for residents with altered skin integrity.
   b. A written record is kept of the training including staff names, dates and training content, to ensure that all registered staff received the training.

This order must be complied by: October 28, 2019

Following a review by the Director of this Order, Inspector #610's Compliance Order has been altered and substituted with the Director's Order below. The Director's Order will be issued pursuant to section 153 (1)(a) of the *LTCHA.*

Order: #001	#001 – Chartwell Master Care LP

To: Chartwell Master Care LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to:

The Director is issuing Director's Order #001 after finding that the Licensee failed to comply with subsection 50 (2)(b) of the *Long-Term Care Homes Act, 2007*:

Every licensee of a long-term care home shall ensure that,

s. 50 (2) (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.

Order

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

Specifically, the licensee shall ensure that:

1. Resident #001, #002 and #003 and all residents exhibiting altered skin integrity are assessed initially using a clinically appropriate assessment tool and at least weekly after that by a member of the registered nursing staff. There must be a documented record of the initial and weekly assessments.

2. Develop and implement a tracking and weekly auditing system for all residents exhibiting altered skin integrity to ensure they are receiving the required assessments and treatments in accordance with the *LTCHA* and Regulation.

3. Provide training for all registered staff including:
a. The home's protocol for initiating and completing assessments and communicating treatments and plans of care for residents with altered skin integrity.
b. Keep a written record of the training including staff names, dates and training content.

Grounds

The licensee has failed to ensure that any 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 assessment.

The inspection was completed related to complaint that was received by the Ministry of Long-Term Care. The complaint alleged that resident #001, #002 and #003 had exhibited skin integrity alterations that were not being assessed and monitored.

Record Reviews

Resident #001

On June 10, 2019 the Inspector reviewed the health care records for Resident #001 which indicated that they had altered skin integrity on their body, consistent with a known virus.

The resident indicated that their skin was red and painful. There was no documented evidence that a skin assessment using a clinically appropriate assessment was completed for Resident #001's altered skin integrity.

Resident #002

On June 19, 2019 the Inspector reviewed the health care records for Resident #002 which stated they had redness on a part of their body. The physician was notified, and a medicated cream was ordered to be applied twice daily for three weeks.

The physician's orders stated to complete a weekly skin assessment, one time every Wednesday for excoriation to the resident's body part. There was no documented evidence that a skin assessment, using a clinically appropriate assessment was completed for the excoriation for Resident #002.

Resident #003

On June 22, 2019 the Inspector reviewed the health care records for Resident #003 which indicated they had altered skin integrity extended from one part of their body to another.

The physician was notified and ordered a medication to treat the skin issue. There was no documented evidence that a skin assessment, using a clinically appropriate assessment was completed for Resident #003's altered skin integrity.

Interviews

On June 27, 2019 RN #103 (Wound Care Lead) told the Inspector that they would have expected that Residents #001 and #003 would have had a skin assessment completed at the time that they

became aware of the altered skin integrity.

On June 27, 2019 RPN # 107 (additional Wound Care Lead) told the Inspector that skin assessments were completed initially in Point Click Care (PCC) software followed by weekly assessments with documentation on the eTAR.

On June 27, 2019 ADOC #100 told the Inspector that if Residents #001, #002 and #003 had altered skin integrity, they would expect that they 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 would assessment.

The severity of this issue is determined to be a level 1 as there was minimum risk of harm to the residents. The scope of the issue was a level 3 as it related to three of three residents reviewed. The home had a level 3 history because of ongoing non-compliance in the past 36 months with this section of the LTCHA that included: Voluntary Plan of Care (VPC) issued, January 30, 2018 (2017_536537_0046).

This order must be complied with by:	November 30, 2019

REVIEW/APPEAL 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, 4th 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.

Issued on the 23rd day of September 2019	
Signature of Director:	
Name of Director:	**Wendy Lewis**