

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report	
Report Issue Date: June 23, 2023	
Inspection Number: 2023-1195-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: Schlegel Villages Inc.	
Long Term Care Home and City: Coleman Care Centre, Barrie	
Lead Inspector Kim Byberg (729)	Inspector Digital Signature
Additional Inspector(s) Blake Webster (000689)	

INSPECTION SUMMARY
<p>The inspection occurred on the following date(s): May 23 – 26, 2023.</p> <p>The following intake(s) were completed in this Critical Incident (CI) inspection:</p> <ul style="list-style-type: none"> Intake: #00087322-22 and Intake #00003534 - related to fall prevention and management <p>The following intake(s) were completed in this complaint inspection:</p> <ul style="list-style-type: none"> Intake: #00085517 - related to care and services concerns.

The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (11) (b)

The licensee has failed to ensure that when a resident's condition changed and their plan of care had not been effective, different approaches and interventions were considered in the revision of their plan of care.

Rationale and Summary

A resident had a change in their health condition that resulted in a hospital admission.

The residents' progress notes and the home's shift report documented that the resident was experiencing a significant change in their overall health condition over a period of five days. The Physician was not notified until the fifth day and new orders to treat their condition were received.

The resident's condition continued to deteriorate despite an additional five days of medical intervention, the family intervened and requested the resident be sent to the hospital for assessment.

A registered nurse (RN) stated when a resident had a change in health condition, the RN should be consulted to complete an assessment, and communicate with the Physician. The RN stated they were not aware of the resident's deteriorating condition.

The resident's condition deteriorated that required a change in their plan of care and there was no communication with the physician or other approaches, or interventions put in place to prevent further deterioration of the residents' health condition until five days later. The lack of reassessment, new approaches, and interventions may have caused a delay in additional treatment for the resident.

Sources: Review of a resident's progress notes, food and fluid documentation, responsive behaviour documentation, Physician progress notes and orders, shift to shift communication. Interview with RN's.
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WRITTEN NOTIFICATION: Skin and Wound Care

NC #002 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 when a resident had an area of impaired skin integrity, they received a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument.

Rationale and Summary

A resident had a fall that resulted in impaired skin integrity.

A registered practical nurse (RPN) identified an area of impaired skin on the resident and did not complete a skin assessment.

An RN stated that when impaired skin integrity was identified, the skin and wound assessment tool should be done immediately.

The resident did not have a skin and wound assessment completed when an area of skin impairment was identified. The lack of assessment may have put them at risk for deterioration of the impairment and delay of treatment and interventions.

Sources: A resident's post fall assessment, skin and wound assessment, interview with an RPN and a RN, skin and wound program revised May 2022.

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