

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Oct 20, 2021	2021_828744_0017 (A1)	008097-21, 008098-21, 008099-21, 008100-21, 008101-21, 008102-21	Follow up

Licensee/Titulaire de permis

Valley East Long Term Care Centre Inc.
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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

Elizabeth Centre
2100 Main Street Val Caron ON P3N 1S7

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

Amended by STEVEN NACCARATO (744) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

**As requested by the licensee, the CDD for Order #2 has been extended to
November 12, 2021.**

Issued on this 20th day of October, 2021 (A1)

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

Original report signed by the inspector.

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Elizabeth Centre
2100 Main Street Val Caron ON P3N 1S7

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

Amended by STEVEN NACCARATO (744) - (A1)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 19-23, 26-30, 2021.

The following intakes were inspected upon during this Follow up Inspection:

- One intake was related to Compliance Order (CO) #001 issued during inspection #2021_615759_0009, related to s. 5. of the Long Term Care Homes Act (LTCHA), 2007, regarding safe and secure home;**
- One intake was related to CO #002 issued during inspection #2021_615759_0009 related to s. 6. (7) of the LTCHA, 2007, regarding plan of care;**
- One intake was related to CO #003 issued during inspection #2021_615759_0009 related to s. 33. (1) of Ontario Regulation 79/10, regarding bathing;**
- One intake was related to CO #001 issued during inspection #2021_615759_0008 related to s. 3. (1) of the LTCHA, 2007, regarding residents' bill of rights;**
- One intake was related to CO #002 issued during inspection #2021_615759_0008 related to s. 50. (2) of Ontario Regulation 79/10, regarding skin and wound care; and**
- One intake was related to CO #003 issued during inspection #2021_615759_0008 related to s. 229. (4) of Ontario Regulation 79/10, regarding the infection prevention and control program.**

Critical Incident System Inspection #2021_828744_0015 and Complaint Inspection #2021_828744_0016 were conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Staff

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Educators, Environmental Services Manager, Housekeeping Supervisor, Infection Prevention and Control (IPAC) Lead, Food Services Manager, Dietitian, Behavioural Supports Ontario (BSO) staff, Life Enrichment Coordinator, Restorative Care Coordinator, Restorative Care Aide, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping staff, Activity Aides, Dietary Aides, Companion workers and residents.

The Inspector(s) also conducted a daily tour of the home, observed infection prevention and control (IPAC) practices, reviewed relevant resident records, internal investigations, policies and procedures of the home and observed the delivery of resident care and services, including staff to resident interactions.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Personal Support Services
Safe and Secure Home
Skin and Wound Care**

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

**2 WN(s)
0 VPC(s)
2 CO(s)
1 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 229. (4)	CO #003	2021_615759_0008	744
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #001	2021_615759_0008	638
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2021_615759_0009	638
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #002	2021_615759_0009	744

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 O.Reg 79/10, s. 33. Bathing Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that 11 residents were bathed, at a minimum, twice a week by the method of their choice.

Compliance order (CO) #003 related to O. Reg. 79/10, s. 33.(1) from inspection #2021_615759_0009 (A1) with a compliance due date (CDD) of June 18, 2021 is

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being reissued.

Within a 35 day review period, 11 residents had one preferred tub or shower missed and were instead provided with a bed bath.

Only two clinical entries related to missed baths were identified. Documentation for one resident stated that resident's Substitute Decision Maker (SDM) became upset when they learned that the resident was not showered but provided a bed bath because the home was short staffed. Documentation for another resident stated that the resident was not provided with their preferred tub bath or shower because of time constraints. A bed and not a tub bath was provided to this resident.

Multiple staff indicated that bed baths were given when they were short-staffed.

Ten of the 11 residents who were provided a bed bath had been documented by staff as being provided their preferred bath or shower.

The SDMs of ten of the 11 residents had not been asked to alter the residents' method of bathing or notified that they were provided a bed bath in place of a tub bath or shower.

PSW staff verified that when a bed bath was provided to a resident, Point of Care (POC) charting would indicate that the bath was provided as per the resident's plan of care and not the actual care provided to the resident.

The Staff Educator indicated that they audited POC and Point Click Care (PCC) for missing documentation to ensure that bathing was provided to residents as part of the home's compliance plan. The Staff Educator acknowledged that if the staff had not indicated on the daily bathing log that a bed bath was provided, they would not have known because the POC charting indicated that all care was provided as per the resident's plan of care.

The DOC verified that the 11 identified residents should have been provided with a bath by their preferred method, that their SDMs should have been made aware and PCC and POC should have the actual care provided to the residents documented.

The home's failure to ensure that residents were bathed, at a minimum, twice a

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week by the method of their choice; that documentation of the bathing care was accurate; that the home's bath auditing process could identify when residents were not provided with their preferred method of bathing; and the SDMs for residents were notified when the bathing in the residents' preferred method was not provided, did not respect the residents' right to be groomed and cared for in a manner consistent with their needs.

Sources: Complaint intake; The home's Daily Logs, POC and PCC clinical records for the 11 identified residents; Interviews with residents, a SDM for a resident, PSWs, a Staff Educator and the DOC; The home's policy titled "Resident Rights, Care and Services- Nursing and Personal Support Services- Bathing" effective September 16, 2013, the home's Bathing Guideline from the Ministry LTC Evidence Binder March 2021 Book two of two, and the home's compliance plan submitted May 28, 2021. [s. 33. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

WN #2: 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,
(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;
O. Reg. 79/10, s. 50 (2).

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 four residents, who were at risk of altered skin integrity, received a skin assessment by a member of the registered nursing staff upon return from hospital.

CO #002 related to O. Reg. 79/10, s. 50. (2) (a) (ii) from inspection #2021_615759_0008 with a CDD of June 18, 2021 is being re-issued as follows:

Within a 40 day review period, seven residents went to the hospital and returned to the home. Four of the residents were not provided with a head to toe skin assessment upon return from hospital. All four residents were at risk for poor skin integrity and a RN verified that residents should have a head to toe skin assessment completed when they come back from the hospital.

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The home's two Staff Educators described how since CO #002 was issued, they have been auditing to ensure skin assessments were completed but only on residents that were admitted to the hospital or absent from the home greater than 24 hours. They verified that the four identified residents did not receive a skin assessment because they were not admitted to the hospital or absent greater than 24-hours from the home. The DOC acknowledged that all residents returning from the hospital should have had a head to toe skin assessment completed and that this did not occur for the four residents who returned from hospital.

The home's failure to ensure that residents at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff upon any return from hospital presented minimal risk to the residents.

Sources: 24-hour PCC reports; PCC clinical records and skin assessments for the seven identified residents; the Nursing Re-Admission From Hospital Checklists & Audits, interviews with a RN, Staff Educators and the DOC. [s. 50. (2) (a) (ii)]

2. The licensee has failed to ensure that when a resident exhibited altered skin integrity, they were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A resident was assessed after a new wound was noted on the resident. The resident had a treatment put in place to manage their wound. There were no further assessments completed in relation to the wound at the time of review.

The Staff Educator/Skin and Wound lead identified that staff had not followed proper protocols.

Sources: A resident's progress notes and electronic medication administration record; "Resident Rights, Care and Services – Required Programs – Skin and Wound Care – Program" Version #6, dated January 2020; Interviews with the Staff Educator/Skin and Wound lead and other staff. [s. 50. (2) (b) (iv)]

3. The licensee has failed to ensure that when a resident exhibited altered skin integrity, they were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A resident was identified as having areas of altered skin integrity. The Wound Assessment & Treatment was completed five days later, and the areas of altered

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skin integrity were only documented on in a skin note four times over a seven week period.

The DOC identified that areas of altered skin integrity were to be tracked at least weekly and they had not been done for the resident.

Sources: A resident's progress notes and electronic medication administration record; Wound Assessment & Treatment; "Resident Rights, Care and Services – Required Programs – Skin and Wound Care – Program" Version #6, dated January 2020; Interviews with the DOC, Staff Educator/Skin and Wound lead and other staff. [s. 50. (2) (b) (iv)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

**(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002**

Issued on this 20th day of October, 2021 (A1)

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

Long-Term Care Operations Division
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Inspection de soins de longue durée

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by STEVEN NACCARATO (744) - (A1)

**Inspection No. /
No de l'inspection :** 2021_828744_0017 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 008097-21, 008098-21, 008099-21, 008100-21,
008101-21, 008102-21 (A1)

**Type of Inspection /
Genre d'inspection :** Follow up

**Report Date(s) /
Date(s) du Rapport :** Oct 20, 2021(A1)

**Licensee /
Titulaire de permis :** Valley East Long Term Care Centre Inc.
c/o Jarlette Health Services, 711 Yonge Street,
Midland, ON, L4R-2E1

**LTC Home /
Foyer de SLD :** Elizabeth Centre
2100 Main Street, Val Caron, ON, P3N-1S7

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Katie Ede

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

To Valley East Long Term Care Centre Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre: 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /

2021_615759_0009, CO #003;

Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.
O. Reg. 79/10, s. 33 (1).

Order / Ordre :

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with s. 33 (1) of the Ontario Regulation 79/10.

The licensee shall prepare, submit and implement a plan to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The plan must include, but is not limited to, the following:

- a) Developing a process for documenting when a resident's preferred bathing option cannot be provided;
- b) Developing and implementing a process to make up the missed tub bath or shower; and,
- c) Ensuring that if a bed bath is provided in place of a tub bath or shower, that the resident and/or SDM are in agreement with the substitution and this is documented.

Please submit the written plan, quoting Inspection #2021_828744_0017 and Inspector Steven Naccarato, by email to SudburySAO.moh@ontario.ca by September 29, 2021.

Please ensure that the submitted written plan does not contain any personal information or personal health information.

Grounds / Motifs :

1. The licensee has failed to ensure that 11 residents were bathed, at a minimum, twice a week by the method of their choice.

Compliance order (CO) #003 related to O. Reg. 79/10, s. 33.(1) from inspection #2021_615759_0009 (A1) with a compliance due date (CDD) of June 18, 2021 is being reissued.

Within a 35 day review period, 11 residents had one preferred tub or shower missed and were instead provided with a bed bath.

Only two clinical entries related to missed baths were identified. Documentation for one resident stated that resident's Substitute Decision Maker (SDM) became upset

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

when they learned that the resident was not showered but provided a bed bath because the home was short staffed. Documentation for another resident stated that the resident was not provided with their preferred tub bath or shower because of time constraints. A bed and not a tub bath was provided to this resident.

Multiple staff indicated that bed baths were given when they were short-staffed.

Ten of the 11 residents who were provided a bed bath had been documented by staff as being provided their preferred bath or shower.

The SDMs of ten of the 11 residents had not been asked to alter the residents' method of bathing or notified that they were provided a bed bath in place of a tub bath or shower.

PSW staff verified that when a bed bath was provided to a resident, Point of Care (POC) charting would indicate that the bath was provided as per the resident's plan of care and not the actual care provided to the resident.

The Staff Educator indicated that they audited POC and Point Click Care (PCC) for missing documentation to ensure that bathing was provided to residents as part of the home's compliance plan. The Staff Educator acknowledged that if the staff had not indicated on the daily bathing log that a bed bath was provided, they would not have known because the POC charting indicated that all care was provided as per the resident's plan of care.

The DOC verified that the 11 identified residents should have been provided with a bath by their preferred method, that their SDMs should have been made aware and PCC and POC should have the actual care provided to the residents documented.

The home's failure to ensure that residents were bathed, at a minimum, twice a week by the method of their choice; that documentation of the bathing care was accurate; that the home's bath auditing process could identify when residents were not provided with their preferred method of bathing; and the SDMs for residents were notified when the bathing in the residents' preferred method was not provided, did not respect the residents' right to be groomed and cared for in a manner consistent with their needs.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Sources: Complaint intake; The home's Daily Logs, POC and PCC clinical records for the 11 identified residents; Interviews with residents, a SDM for a resident, PSWs, a Staff Educator and the DOC; The home's policy titled "Resident Rights, Care and Services- Nursing and Personal Support Services- Bathing" effective September 16, 2013, the home's Bathing Guideline from the Ministry LTC Evidence Binder March 2021 Book two of two, and the home's compliance plan submitted May 28, 2021. [s. 33. (1)]
(609)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Oct 22, 2021

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre: 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /

Lien vers ordre existant:

2021_615759_0008, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 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 / Ordre :

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must comply with s. 50 (2) of the Ontario Regulation 79/10.

The licensee shall prepare, submit and implement a plan.

The plan must include, but is not limited to, the following:

- a) How the home plans to ensure that when a resident returns to the home from hospital, they receive a skin assessment by a member of the registered nursing staff upon return; and
- b) How the home plans to ensure residents are reassessed at least weekly by a member of the registered nursing staff when they exhibit altered skin integrity, if clinically indicated.

Please submit the written plan, quoting Inspection #2021_828744_0017 and Inspector Steven Naccarato, by email to SudburySAO.moh@ontario.ca by September 29, 2021.

Please ensure that the submitted written plan does not contain any personal information or personal health information.

Grounds / Motifs :

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

1. The licensee has failed to ensure that four residents, who were at risk of altered skin integrity, received a skin assessment by a member of the registered nursing staff upon return from hospital.

CO #002 related to O. Reg. 79/10, s. 50. (2) (a) (ii) from inspection #2021_615759_0008 with a CDD of June 18, 2021 is being re-issued as follows:

Within a 40 day review period, seven residents went to the hospital and returned to the home. Four of the residents were not provided with a head to toe skin assessment upon return from hospital. All four residents were at risk for poor skin integrity and a RN verified that residents should have a head to toe skin assessment completed when they come back from the hospital.

The home's two Staff Educators described how since CO #002 was issued, they have been auditing to ensure skin assessments were completed but only on residents that were admitted to the hospital or absent from the home greater than 24 hours. They verified that the four identified residents did not receive a skin assessment because they were not admitted to the hospital or absent greater than 24-hours from the home. The DOC acknowledged that all residents returning from the hospital should have had a head to toe skin assessment completed and that this did not occur for the four residents who returned from hospital.

The home's failure to ensure that residents at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff upon any return from hospital presented minimal risk to the residents.

Sources: 24-hour PCC reports; PCC clinical records and skin assessments for the seven identified residents; the Nursing Re-Admission From Hospital Checklists & Audits, interviews with a RN, Staff Educators and the DOC. [s. 50. (2) (a) (ii)] (609)

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

2. The licensee has failed to ensure that when a resident exhibited altered skin integrity, they were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A resident was assessed after a new wound was noted on the resident. The resident had a treatment put in place to manage their wound. There were no further assessments completed in relation to the wound at the time of review.

The Staff Educator/Skin and Wound lead identified that staff had not followed proper protocols.

Sources: A resident's progress notes and electronic medication administration record; "Resident Rights, Care and Services – Required Programs – Skin and Wound Care – Program" Version #6, dated January 2020; Interviews with the Staff Educator/Skin and Wound lead and other staff. [s. 50. (2) (b) (iv)]
(744)

3. The licensee has failed to ensure that when a resident exhibited altered skin integrity, they were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A resident was identified as having areas of altered skin integrity. The Wound Assessment & Treatment was completed five days later, and the areas of altered skin integrity were only documented on in a skin note four times over a seven week period.

The DOC identified that areas of altered skin integrity were to be tracked at least weekly and they had not been done for the resident.

Sources: A resident's progress notes and electronic medication administration record; Wound Assessment & Treatment; "Resident Rights, Care and Services – Required Programs – Skin and Wound Care – Program" Version #6, dated January 2020; Interviews with the DOC, Staff Educator/Skin and Wound lead and other staff. [s. 50. (2) (b) (iv)]
(744)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Nov 12, 2021(A1)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

Ordre(s) de l'inspecteur

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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector

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section 154 of the *Long-Term
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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 20th day of October, 2021 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by STEVEN NACCARATO (744) - (A1)

Order(s) of the Inspector

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2007, chap. 8

**Service Area Office /
Bureau régional de services :**

Sudbury Service Area Office