



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de 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  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 14, 2017	2017_463616_0010	029694-16, 029697-16, 004143-17, 004147-17	Follow up

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**Licensee/Titulaire de permis**

EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE FALCONBRIDGE  
281 FALCONBRIDGE ROAD SUDBURY ON P3A 5K4

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

JENNIFER KOSS (616)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): June 26-30, 2017**

**This follow up inspection was related to:**

**-Compliance Order (CO) #001 from Inspection #2016\_264609\_0029, related to O. Reg. 79/10, s. 50 (2) that initial and weekly wound assessments are completed for those residents exhibiting altered skin integrity;**

**-CO #002 from Inspection #2016\_264609\_0029, related to O. Reg 79/10, s. 53 (4) that strategies and interventions are developed and implemented for resident #030's responsive behaviours and that the procedures and interventions are clearly documented and accessible by staff;**

**-CO #001 from Inspection #2016\_282543\_0021 related to LTCHA, 2007, c. 8, s. 6 (4) that staff and others collaborate with different aspects of resident care so that the plan of care is integrated, consistent with and complement each other;**

**-CO #002 from Inspection #2016\_282543\_0021 related to O. Reg 79/10, s. 8 (1) that any plan, policy, protocol, procedure, strategy or system that the licensee is required to have is implemented and complied with.**

**In addition, a Complaint and Critical Incident Inspection were conducted concurrently. Please refer to:**

**-Complaint Inspection # 2017\_463616\_0009; and**

**-Critical Incident System Inspection #2017\_509617\_0015.**

**During the course of the inspection, the inspector(s) spoke with Director of Care, Assistant Director of Care (ADOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), residents and family members.**

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

**Medication**

**Responsive Behaviours**

**Skin and Wound Care**

**Training and Orientation**



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

1 WN(s)  
0 VPC(s)  
1 CO(s)  
0 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 53. (4)	CO #002	2016_264609_0029		616
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #001	2016_282543_0021		616
O.Reg 79/10 s. 8. (1)	CO #002	2016_282543_0021		616



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: 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 exhibiting altered skin integrity received 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.

During Inspection #2016\_264609\_0029, Compliance Order (CO) #001 related to O. Reg. 79/10, s. 50 (2) was issued on February 24, 2017. The licensee was ordered to:

- a) Ensure that any resident exhibiting altered skin integrity receives 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.
- b) Ensure that any resident exhibiting altered skin integrity is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The compliance due date was March 23, 2017.

Regarding part a) of the order, two complaints were received by the Director on September 16, and December 12, 2016, regarding the lack of personal care of resident #002.



During a telephone call with the complainant in June 2017, they specified to Inspector #616 that one of their concerns was related to the infrequency of skin and wound assessments for resident #002. Most recently, the complainant reported that resident #002 had acquired an area of altered skin integrity to a specific site. The complainant stated their concern was the timeliness of registered staff becoming aware of this altered skin integrity.

Resident #002 was not available for interview or observations at the time of this inspection.

Inspector #616 conducted a record review related to the altered skin integrity to this specified site. RN #101 documented in a progress note where altered skin integrity was noted in this location. The RN further documented their treatment of the site and their intervention to reduce further skin impairment and discomfort.

The Inspector reviewed completed assessments and did not locate a completed assessment for this new skin issue.

The Inspector reviewed the home's policy titled "Skin and Wound Program: Wound Care Management, #RC-06-12-02", last updated July 2016, which indicated that a resident who exhibited any form of altered skin integrity received a skin assessment by a nurse using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment; and was to be re-assessed at least weekly by a nurse, if clinically indicated.

The Inspector interviewed RN #100 and RN #101. Both RNs stated that registered staff completed and documented an initial assessment of a new skin issue in the resident's health record. They explained the difference in skin integrity assessment tools and which was used for specific issues.

ADOC #110 confirmed that when resident #002's altered skin integrity was observed, the registered staff should have, but did not complete an initial skin assessment using the appropriate assessment tool. [s. 50. (2) (b) (i)]

2. 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, if clinically indicated.



Resident #011 was previously identified in CO #001 from Inspection #2016\_264609\_0029 as having had a new area of altered skin integrity for which assessments had not been completed. In part b) of the order, the licensee was to: ensure that any resident who exhibits altered skin integrity is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Inspector #616 conducted a record review related to skin and wound issues for resident #011 since the compliance due date of March 23, 2017. The Inspector found that a new skin issue had been identified with completion of the corresponding skin assessment by staff on the same day. The Inspector found no further assessments related to this new skin issue.

The Inspector reviewed the home's policy titled "Skin and Wound Program: Wound Care Management, #RC-06-12-02", last updated July 2016, which indicated that a resident who exhibited any form of altered skin integrity received a skin assessment by a nurse using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment; and was to be re-assessed at least weekly by a nurse, if clinically indicated.

The Inspector interviewed RN #100 and RN #101. RN #101 stated that registered staff completed and documented an initial assessment of a new skin issue in the resident's health record. RN #101 explained that following the initial assessment, the registered staff completed a weekly assessment. During an interview with RN #100, they confirmed to the Inspector that no further skin assessments had been completed for resident #011 since first initiated. RN #100 stated that after the initial assessment of the new skin issue had been completed, a re-assessment of resident #011's altered skin integrity should have been, but was not scheduled or completed seven days later.

The Inspector interviewed ADOC #110 regarding resident #011's altered skin integrity. The ADOC stated that if the registered staff had initiated a skin assessment for a new issue, a reassessment was required, at minimum weekly to monitor the issue. They stated that a weekly assessment of resident #011's altered skin integrity should have been completed. [s. 50. (2) (b) (iv)]

3. Resident #021 was previously identified in CO #001 from Inspection #2016\_264609\_0029 as having had altered skin integrity and had not received an assessment using a clinically appropriate tool. In part a) of the order, the licensee was to:

ensure that any resident exhibiting altered skin integrity receives an assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Inspector #616 conducted a record review where resident #021 was identified as having acquired an area of altered skin integrity. The plan of care for resident #021 identified their impaired skin integrity and that registered nurses would follow the resident's treatment record and completed weekly documentation.

The Inspector reviewed resident #021's health record from the date of compliance March 23, 2017. The health record identified the area of altered skin integrity, clinical instructions, as well as identified a separate nursing measure to document the care weekly. The Inspector found that 25 per cent of the scheduled weekly assessments were missing.

During an interview with RN #102, they stated where the staff identified residents with skin issues and that registered staff completed and documented the residents' skin assessments in the resident's health records. They added that specific altered skin integrity issues were assessed weekly by registered staff.

During the Inspector's interview with ADOC #110, they confirmed that the required assessment tool had not been completed for resident #021 as scheduled. [s. 50. (2) (b) (iv)]

4. Inspector #616 conducted a record review related to skin issues for resident #002 where they were identified as having a specific area of altered skin integrity. The plan of care indicated that registered staff were to document any changes weekly and as needed, related to this area of altered skin integrity.

The health records for a focused period of time were reviewed by the Inspector. Weekly assessments of resident #002's specific area of altered skin integrity were identified and scheduled every seven days. The Inspector reviewed the corresponding scheduled assessments during this review period and found that 45 per cent of the scheduled weekly assessments were missing.

During an interview with the ADOC #110 they verified the date that the last assessment had been completed of this area. They confirmed that the next assessment had been completed a number of weeks later. The ADOC stated that a specific assessment tool





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should have been but was not completed for specific dates in the reviewed period. [s. 50.  
(2) (b) (iv)]

***Additional Required Actions:***

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

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**Issued on this 29th day of August, 2017**

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

**Original report signed by the inspector.**



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**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*

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JENNIFER KOSS (616)

**Inspection No. /**

**No de l'inspection :** 2017\_463616\_0010

**Log No. /**

**No de registre :** 029694-16, 029697-16, 004143-17, 004147-17

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Aug 14, 2017

**Licensee /**

**Titulaire de permis :** EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST, SUITE 700,  
MARKHAM, ON, L3R-9W2

**LTC Home /**

**Foyer de SLD :** EXTENDICARE FALCONBRIDGE  
281 FALCONBRIDGE ROAD, SUDBURY, ON, P3A-5K4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Laura Halloran

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To EXTENDICARE (CANADA) 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**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 # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Linked to Existing Order /****Lien vers ordre  
existant:** 2016\_264609\_0029, CO #001;**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**

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section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

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

The licensee shall prepare, submit and implement a plan for achieving compliance to:

- a) Ensure that any resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives 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.
- b) Ensure that any resident who exhibits altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

This plan shall be submitted in writing, to Jennifer Koss, Long-Term Care Homes Inspector, Long-Term Care Inspections Branch, Ministry of Health and Long-Term Care, Long-Term Care Homes Division, 159 Cedar Street, Suite 403, Sudbury ON P3E 6A5, by email at [SudburySAO.moh@ontario.ca](mailto:SudburySAO.moh@ontario.ca). Alternatively, the plan may be faxed to the Inspector's attention at (705) 564-3133.

This plan must be received by August 25, 2017 and fully implemented by September 8, 2017.

**Grounds / Motifs :**

1. 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 is specifically designed for skin and wound assessment.

During Inspection #2016\_264609\_0029, Compliance Order (CO) #001 related to O. Reg. 79/10, s. 50 (2) was issued on February 24, 2017. The licensee was ordered to:

- a) Ensure that any resident exhibiting altered skin integrity receives 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.
- b) Ensure that any resident exhibiting altered skin integrity is reassessed at least



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

weekly by a member of the registered nursing staff, if clinically indicated.

The compliance due date was March 23, 2017.

Regarding part a) of the order, two complaints were received by the Director on September 16, and December 12, 2016, regarding the lack of personal care of resident #002.

During a telephone call with the complainant in June 2017, they specified to Inspector #616 that one of their concerns was related to the infrequency of skin and wound assessments for resident #002. Most recently, the complainant reported that resident #002 had acquired an area of altered skin integrity to a specific site. The complainant stated their concern was the timeliness of registered staff becoming aware of this altered skin integrity.

Resident #002 was not available for interview or observations at the time of this inspection.

Inspector #616 conducted a record review related to the altered skin integrity to this specified site. RN #101 documented in a progress note where altered skin integrity was noted in this location. The RN further documented their treatment of the site and their intervention to reduce further skin impairment and discomfort.

The Inspector reviewed completed assessments and did not locate a completed assessment for this new skin issue.

The Inspector reviewed the home's policy titled "Skin and Wound Program: Wound Care Management, #RC-06-12-02", last updated July 2016, which indicated that a resident who exhibited any form of altered skin integrity received a skin assessment by a nurse using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment; and was to be re-assessed at least weekly by a nurse, if clinically indicated.

The Inspector interviewed RN #100 and RN #101. Both RNs stated that registered staff completed and documented an initial assessment of a new skin issue in the resident's health record. They explained the difference in skin integrity assessment tools and which was used for specific issues.

ADOC #110 confirmed that when resident #002's altered skin integrity was observed, the registered staff should have, but did not complete an initial skin assessment using the appropriate assessment tool. (616)

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

Inspector #616 conducted a record review related to skin issues for resident #002 where they were identified as having a specific area of altered skin integrity. The plan of care indicated that registered staff were to document any changes weekly and as needed, related to this area of altered skin integrity.

The health records for a focused period of time were reviewed by the Inspector. Weekly assessments of resident #002's specific area of altered skin integrity were identified and scheduled every seven days. The Inspector reviewed the corresponding scheduled assessments during this review period and found that 45 per cent of the scheduled weekly assessments were missing.

During an interview with the ADOC #110 they verified the date that the last assessment had been completed of this area. They confirmed that the next assessment had been completed a number of weeks later. The ADOC stated that a specific assessment tool should have been but was not completed for specific dates in the reviewed period. (616)

3. Resident #021 was previously identified in CO #001 from Inspection #2016\_264609\_0029 as having had altered skin integrity and had not received an assessment using a clinically appropriate tool. In part a) of the order, the licensee was to: ensure that any resident exhibiting altered skin integrity receives an assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Inspector #616 conducted a record review where resident #021 was identified as having acquired an area of altered skin integrity. The plan of care for resident #021 identified their impaired skin integrity and that registered nurses would follow the resident's treatment record and completed weekly documentation.

The Inspector reviewed resident #021's health record from the date of

compliance March 23, 2017. The health record identified the area of altered skin integrity, clinical instructions, as well as identified a separate nursing measure to document the care weekly. The Inspector found that 25 per cent of the scheduled weekly assessments were missing.

During an interview with RN #102, they stated where the staff identified residents with skin issues and that registered staff completed and documented the residents' skin assessments in the resident's health records. They added that specific altered skin integrity issues were assessed weekly by registered staff.

During the Inspector's interview with ADOC #110, they confirmed that the required assessment tool had not been completed for resident #021 as scheduled. (616)

4. Resident #011 was previously identified in CO #001 from Inspection #2016\_264609\_0029 as having had a new area of altered skin integrity for which assessments had not been completed. In part b) of the order, the licensee was to: ensure that any resident who exhibits altered skin integrity is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Inspector #616 conducted a record review related to skin and wound issues for resident #011 since the compliance due date of March 23, 2017. The Inspector found that a new skin issue had been identified with completion of the corresponding skin assessment by staff on the same day. The Inspector found no further assessments related to this new skin issue.

The Inspector reviewed the home's policy titled "Skin and Wound Program: Wound Care Management, #RC-06-12-02", last updated July 2016, which indicated that a resident who exhibited any form of altered skin integrity received a skin assessment by a nurse using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment; and was to be re-assessed at least weekly by a nurse, if clinically indicated.

The Inspector interviewed RN #100 and RN #101. RN #101 stated that registered staff completed and documented an initial assessment of a new skin issue in the resident's health record. RN #101 explained that following the initial assessment, the registered staff completed a weekly assessment. During an interview with RN #100, they confirmed to the Inspector that no further skin



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assessments had been completed for resident #011 since first initiated. RN #100 stated that after the initial assessment of the new skin issue had been completed, a re-assessment of resident #011's altered skin integrity should have been, but was not scheduled or completed seven days later.

The Inspector interviewed ADOC #110 regarding resident #011's altered skin integrity. The ADOC stated that if the registered staff had initiated a skin assessment for a new issue, a reassessment was required, at minimum weekly to monitor the issue. They stated that a weekly assessment of resident #011's altered skin integrity should have been completed.

The decision to re-issue this Compliance Order was based on the scope and severity which continues to be a pattern of potential for actual harm to the residents by the home's registered staff not completing initial, as well as weekly skin assessments. The home's history includes a Compliance Order issued in RQI Inspection #2016\_264609\_0029 and a Written Notification related to this section of O. Reg. 79/10, issued in RQI Inspection #2015\_282543\_0014. (616)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Sep 08, 2017





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**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 or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
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](http://www.hsarb.on.ca).



**Ministry of Health and  
Long-Term Care**

**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*

**Ministère de la Santé et  
des Soins de longue durée**

**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*

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and  
Long-Term Care**

**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*

**Ministère de la Santé et  
des Soins de longue durée**

**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*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 14th day of August, 2017**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Jennifer Koss

**Service Area Office /**

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