



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

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

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

**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**

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**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 # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 15, 2016	2016_353589_0008	024358-15	Complaint

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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 ROUGE VALLEY  
551 Conlins Road TORONTO ON M1B 5S1

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

JOANNE ZAHUR (589), SARAH KENNEDY (605)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 16, 17, 18, 19, 22, 23, 24, 25, 26, 29, March 1, 2, 3, 4, 7, 8, and 9, 2016.**

**This complaint inspection was inspected concurrently with the resident quality inspection (RQI) #2016\_353589\_0005.**

**Findings of non-compliance related to s. 6.(10)(b) will be issued in RQI report #2016\_353589\_0005.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Practical Nurse (RPN, Registered Nurse (RN), Personal Support Workers (PSWs), Minimum Data Set-Resident Assessment Instrument (MDS-RAI) coder and Substitute Decision Maker/Complainant (SDM).**

**During the course of the inspection, the inspector(s) conducted a tour of the home, observed staff and resident interactions and the provision of care, record review of health records, staff training records, and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Contenance Care and Bowel Management  
Falls Prevention  
Prevention of Abuse, Neglect and Retaliation  
Skin and Wound Care**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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>Legendé</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. 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 failed to ensure a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff, upon return from hospital.

Resident #008 was admitted on an identified date in October 2013, with multiple underlying health conditions.

Record review of the home's "Weekly Wound Care Record" revealed resident #008 had an incident of impaired skin integrity on an identified date in March 2015, to an identified area of the body. Further review of the home's weekly wound care records revealed the identified area of impaired skin integrity had healed on an identified date in April 2015.

Record review of the progress notes revealed that resident #008 had been hospitalized



on an identified date in June 2015 and returned to the home on an identified date in July 2015. Further review of the skin assessment records revealed the resident did not receive a skin assessment until an identified date in July 2015, which was two days after he/she returned from the hospital. The skin assessment revealed impaired skin integrity to an identified area of the body.

Interview with Staff #160 revealed that he/she had not completed a head to toe skin assessment for resident #008 upon re-admission from hospital on an identified date in July 2015.

Interview with Staff #138, who is also the skin and wound care lead confirmed that a head to toe skin assessment had not been completed for resident #008 by a member of the registered staff upon re-admission from hospital. [s. 50. (2) (a) (ii)]

2. The licensee failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, have been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Record review of a skin assessment completed on an identified date in July 2016, revealed new impaired skin integrity to an identified area of the body. Record review of progress notes revealed that resident #008 was hospitalized from an identified date in June 2015 to an identified date in July 2015 for a period of six days.

Interview with Staff #131 revealed that residents exhibiting impaired skin integrity are to have weekly skin assessments completed every Tuesday by a member of the registered nursing staff.

Record review of the treatment administration record (TAR) revealed that on five identified dates in July and August 2015, weekly skin assessment were not completed for an identified impaired skin integrity to an identified body area of resident #008.

Interview with Staff #138 confirmed that resident #008 did not receive weekly skin assessments for a period of five weeks between identified dates in July and August 2015, by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the resident exhibiting altered skin integrity received a skin assessment by a member of the registered staff upon any return from hospital and that residents exhibiting impaired skin integrity are to have weekly skin assessments completed by a member of the registered nursing staff, to be implemented voluntarily.***

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Issued on this 20th day of April, 2016

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

**Original report signed by the inspector.**