

**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**

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Mar 19, 2021 | 2021_669642_0004 | 025206-20 | Complaint |

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

Extendicare Van Daele
39 Van Daele Street Sault Ste. Marie ON P6B 4V3

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

AMY GEAUVREAU (642)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 22-26, 2021.

The following complaint was inspected during this inspection:

One Complaint that was submitted to the Director regarding alleged concerns about a residents incontinence, skin conditions and health care concerns.

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care (DOC), Physician, Registered Dietitian (RD), Physiotherapist (PT), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, family members, and residents.

The Inspector also conducted a tour of the resident care areas, reviewed relevant resident records and policies, observed resident rooms, resident common areas, and the delivery of resident care and services, including staff to resident interactions.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Infection Prevention and Control
Skin and Wound Care**

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

2 WN(s)

2 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>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. 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 who had altered skin integrity, was provided a weekly skin and wound assessment by a member of the registered nursing staff, as clinically indicated.

A review of the home's complaint investigation file, identified that a resident had altered skin integrity, and there were written physician medical orders which identified; the order's required weekly skin assessments until the skin integrity areas were resolved.

Review of the resident skin assessments on the Point of Care (PCC) identified there were a specific amount of weeks of assessments that were not completed.

After an interview with the Acting Director of Care (DOC), and their review of the resident's medical file, the specific amount of skin and wound assessments, were identified as not being completed. This presented a minimal risk to the resident related to possible infection.

Sources: Complainant interview; policy titled, Skin and Wound Program: Prevention of Skin Breakdown, RC-23-01-02, last revised date December 2019; physician medical orders for a resident; resident's weekly skin and wound assessment on PCC; the home's complaint investigation file; Interviews with the Acting DOC, Registered Nurse and other staff. [s. 50. (2) (b) (iv)]

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 for when a resident is exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, ensuring the resident is reassessed at least weekly by a member of the registered staff, if clinically indicated, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that a hand hygiene program was in place in accordance with the Ontario evidence-based hand hygiene (HH) program, “Just Clean Your Hands” (JCYH) related to staff assisting residents with HH before and after meals.

Observations completed on specific units identified that residents’ hands were not cleaned prior to and after meals. The home’s HH program was based on the JCYH program which required that staff to assist residents to clean their hands before and after meals, snacks and activities. Review of the home's HH program did not include a process for staff to assist residents to clean their hands before and after a meal.

The failure to have a hand hygiene program in place in accordance with EBPs presented a minimal risk to residents related to the possible ingestion of disease-causing organisms that may have been on their hands.

Sources: Observations of residents on specific units; Interviews with the Acting Director of Care, and other staff; the home’s policy Hand Hygiene, #IC-02-01-08 last revised October 2020, and “Just Clean Your Hands” program resources. [s. 229. (9)]

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 there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents, to be implemented voluntarily.

Issued on this 1st day of April, 2021

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

Original report signed by the inspector.