

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

**Central East District**  
33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

**Original Public Report**

<b>Report Issue Date:</b> August 14, 2023	
<b>Inspection Number:</b> 2023-1546-0003	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Regional Municipality of Durham	
<b>Long Term Care Home and City:</b> Fairview Lodge, Whitby	
<b>Lead Inspector</b> Elaina Tso (741750)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Eric Tang (529) Ana Best (741722) Vernon Abellera (741751)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): July 13-14, 17-21, 24-26, 2023.</p> <p>The following intakes were inspected:</p> <ul style="list-style-type: none"> <li>• Eight intakes were related to resident to resident physical abuse.</li> <li>• Four intakes were related to responsive behaviours.</li> <li>• One intake was related to staff to resident verbal abuse.</li> <li>• One intake was related to staff to resident verbal abuse and neglect.</li> <li>• One intake was related to related fall with injury.</li> </ul> <p>Six intakes were completed in this inspection related to falls.</p>
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

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Responsive Behaviours  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 79/10, s. 50 (2) (b) (iii)

The licensee has failed to ensure that a resident with altered skin integrity was assessed by a Registered Dietitian (RD).

#### Rationale and Summary

A CIR was submitted to the Director related to a resident's injury and requiring additional treatment from an external care facility. The resident returned to the long-term care home (LTCH) with an altered skin integrity. The home's Skin and Wound Care policy stated that when a resident exhibits altered skin integrity, a dietary referral should have been initiated and a nutritional assessment was to be completed. The resident's health records indicated that a dietary referral was not initiated, and no record of a nutritional assessment was completed for the resident's altered skin integrity. An RPN and the RD confirmed that both were not completed.

Failure to initiate a dietary assessment increased the risks for impaired skin integrity and wound healing for the resident.

**Sources:** Skin and Wound Care Policy; resident's health records; interviews with RPN and the RD. [741751]

### WRITTEN NOTIFICATION: Plan of care

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that a fall prevention intervention was applied to a resident as specified in the plan of care.

#### Rationale and Summary

A CIR was submitted to the Director related to a resident's fall resulting in an injury.

The resident's health records indicated that as part of the fall interventions, nursing staff were to provide a fall prevention intervention and ensure it was applied. An observation was made, and the intervention was not applied to the resident.

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A Personal Support Worker (PSW) confirmed that the intervention should have been applied for the resident as per their care plan. An RPN and the Physiotherapist (PT) confirmed that the intervention documented in the resident's care plan and Kardex, was to be applied at all times.

Failing to ensure the falls prevention intervention was applied posed a risk to the resident for further injury.

**Sources:** CIR, resident's health records, observation, interviews with PSW, RPN and the PT. [741722]

**WRITTEN NOTIFICATION: Skin and wound care****NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

The licensee has failed to ensure that two residents who exhibited altered skin integrity, received a skin and wound assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument.

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 50 (2) (b) (i) of O. Reg. 79/10. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 55 (2) (b) (i) under the O. Reg. 246/22.

**Rationale and Summary Non-compliance with s. 50 (2) (b) (i) of O. Reg. 79/10 under the LTCHA:**

1) A CIR was submitted to the Director related to a resident's fall that resulted in an injury requiring additional treatment from an external care facility. The resident returned to the LTCH with an altered skin integrity.

The home's policy required registered staff to complete a skin assessment titled, "Head to Toe Skin Assessment tool" when residents exhibit altered skin integrity upon readmission. The resident's health records indicated that the required skin assessment was not completed, and the skin and wound lead confirmed the same.

Failure to conduct a skin assessment for resident's altered skin integrity prevented the home from establishing a baseline of the altered skin issue, and potentially lead to a delay in treatments and skin healing.

**Sources:** CIR, Skin and Wound Care Policy, resident's health records, interviews with the skin and wound lead. [741751]

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**Rationale and Summary Non-compliance with s. 55 (2) (b) (i) of O. Reg. 246/22 under the FLTCA:**

2) A CIR was submitted to the Director related to a resident's fall resulting in an injury that required additional treatment from an external care facility. The resident returned to the LTCH with an altered skin integrity.

The home's policy required registered staff to complete a skin assessment titled, "Head to Toe Skin Assessment tool" when residents exhibit altered skin integrity upon readmission. The resident's health records indicated that the required skin assessment was not completed, and an RPN confirmed the same.

Failure to complete a skin and wound care assessment for the resident, might have impacted staff from monitoring and managing the resident's skin conditions.

**Sources:** CIR, Skin and Wound Care Policy, resident's health records, interviews with RPN and the skin and wound lead. [741722]

**WRITTEN NOTIFICATION: Skin and wound care**

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee has failed to ensure that two residents with altered skin integrity were reassessed at least weekly by a member of the registered nursing staff.

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 50 (2) (b) (iv) of O. Reg. 79/10. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 55 (2) (b) (iv) under the O. Reg. 246/22.

**Rationale and Summary Non-compliance with s. 50 (2) (b) (iv) of O. Reg. 79/10 under the LTCHA:**

1) A CIR was submitted to Director related to a resident's fall that resulted in an injury requiring additional treatment from an external care facility. The resident returned to the LTCH with an altered skin integrity.

A review of the resident's health records, indicated that their altered skin integrity was not healed until few weeks later. However, the required weekly skin assessments could not be found, and the skin and wound lead confirmed the required assessments were not completed. The skin and wound lead further asserted the skin assessment tool was to be completed at least weekly until the wound was healed.

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Failure to conduct a weekly skin and wound assessment for resident's altered skin integrity prevented the home from establishing a baseline of the skin problem, and potentially lead to a delay in treatments and skin healing.

**Sources:** CIR, resident's health records, interview with the skin and wound lead. [741751]

**Rationale and Summary Non-compliance with s. 55 (2) (b) (iv) of O. Reg. 246/22 under the FLTCA:**

2) A CIR was submitted to the Director related to a resident's fall resulting in an injury that required additional treatment from an external care facility. The resident returned to the LTCH with an altered skin integrity.

There was no record of weekly skin assessment tool completed for the resident's altered skin integrity over an identified period.

An RPN and the skin and wound lead indicated that the registered nursing staff were to complete the weekly skin assessment for residents with altered skin integrity until healed. Both staff confirmed that the weekly skin assessments were not completed for the resident.

Failure to complete a weekly skin assessment might have prevented the staff from monitoring the wound, posing a risk for prolonged wound healing.

**Sources:** CIR, resident's health records, interviews with RPN and the skin and wound lead. [741722]