

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

Rapport d'inspection prévue  
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**

---

<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>
Oct 18, 2019	2019_805638_0022	019613-19	Other

---

**Licensee/Titulaire de permis**

North Shore Health Network (fka Blind River District Health Centre)  
525 Causley Street P.O. Box 970 BLIND RIVER ON P0R 1B0

---

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

North Shore Health Network - Eldcap Unit  
525 Causley Street P.O. Box 970 BLIND RIVER ON P0R 1B0

---

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

RYAN GOODMURPHY (638)

---

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

---

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): October 15 - 16, 2019.**

**This inspection is a Sudbury Service Area Office initiated inspection.**

**Inspector, Keara Cronin (759) attended this inspection during orientation.**

**During the course of the inspection, the inspector(s) spoke with the LTC Manager, Registered Practical Nurses (RPN), Personal Support Workers (PSW), Dietary Aides and residents.**

**The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, reviewed relevant licensee policies, procedures, programs and resident health care records.**

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

**Dining Observation**

**Falls Prevention**

**Medication**

**Reporting and Complaints**

**Residents' Council**

**Skin and Wound Care**

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

**2 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>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 the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received 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.

A) Resident #001 was identified through an interview with the LTC Manager as having an area of altered skin integrity.

Inspector #638 reviewed resident #001's electronic health care records and identified a progress note that stated the resident had a new area of altered skin integrity. The Inspector noted that the assessment of the area did not include units of measurement to identify the size of the area.

The Inspector reviewed resident #001's electronic and paper health care records and was unable to identify any assessment of the area of altered skin integrity using a clinically appropriate assessment instrument specifically designed for skin and wound assessments.

In an interview with Inspector #638, PSW #103 indicated that they monitored residents during care for skin integrity concerns and reported any changes to registered staff.

During an interview with Inspector #638, RPN #104 and RPN #105 indicated that they documented their assessment of new areas of altered skin integrity in the skin and wound header in the Point Click Care (PCC) electronic progress notes.

In an interview with Inspector #638, the LTC Manager indicated that resident #001 had developed an area of altered skin integrity on a specific date. The Inspector inquired if the area had been assessed and the LTC Manager indicated that they saw the area and that registered staff had made a progress note on the area but did not use the assessment tool designed for skin and wound concerns.

B) Resident #007 was identified as having an area of altered skin integrity on a specific date. The Inspector was unable to identify any completed assessment using a clinically appropriate tool on the resident's area of altered skin integrity. The next notation identified related to the area of altered skin integrity 16 days later, which indicated that the area of altered skin integrity had healed.

C) Resident #007 was identified as having a different area of altered skin integrity on a specific date. The Inspector was unable to identify any completed assessment using a clinically appropriate tool on the resident's area of altered skin integrity. The next notation identified related to the area was 10 days later, which indicated that the resident still had an area of altered skin integrity which was a specific size in length.

In an interview with the LTC Manager, the Inspector reviewed if the clinically appropriate tool had been used for the residents and the LTC Manager indicated that if it were a small area of altered skin integrity, they may just treat the area and make a notation instead of using the assessment tool. The Inspector reviewed the legislative requirements related to assessment and the LTC Manager indicated that the areas had been assessed and charted on, but they did not use the clinical assessment tool specifically designed for skin and wound assessments. [s. 50. (2) (b) (i)]

***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 any resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument designed for skin and wound assessments, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service  
Specifically failed to comply with the following:**

**s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,**

- (a) procedures are developed and implemented to ensure that,**
  - (i) residents' linens are changed at least once a week and more often as needed,**
  - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
  - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
  - (iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

**Findings/Faits saillants :**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

1. The licensee has failed to ensure procedures were implemented to ensure that residents' personal items and clothing were labelled in a dignified manner within 48 hours of admission and of acquiring.

During a tour of the home Inspector #638 noted, in a specific public resident washroom, two used and unlabelled deodorant sticks.

In an interview with Inspector #638, PSW #101 indicated that resident personal items were labelled by direct care staff upon receiving them. The Inspector reviewed their findings with the PSW; they indicated that the two sticks of deodorant should have been labelled and that they were not aware of who they belonged to and had to dispose of the items.

During an interview with Inspector #638, RPN #104 and RPN #105 indicated that all resident personal items were labelled using the labeler or black marker. When asked what they would do if they found items such as deodorant that were used and not labelled, the RPNs both indicated they would dispose of the items because they could not be certain to whom the items belonged.

In an interview with Inspector #638, the LTC Manager indicated that direct care staff labelled resident personal items and indicated that it probably did not happen all the time. The LTC Manager acknowledged that ensuring everything was always being labelled was a never ending challenge. [s. 89. (1) (a)]

---

**Issued on this 18th day of October, 2019**

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

**Original report signed by the inspector.**