

**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**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119, rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du rapport 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>
Jun 23, 2021	2021_704682_0009	005829-21	Complaint

---

**Licensee/Titulaire de permis**

The Corporation of Haldimand County  
45 Munsee Street Box 400 Cayuga ON N0A 1E0

---

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

Grandview Lodge / Dunnville  
657 Lock Street West Dunnville ON N1A 1V9

---

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

AILEEN GRABA (682), ROSEANNE WESTERN (508)

---

**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): May 31, June 1, 2, 3, 7, 9, 10, 11, 2021 (on-site), June 4, 8, 15 and 16, 2021 (off-site).**

**This Complaint inspection was completed with the following intake: 005829-21 related to skin and wound management, pain management, personal support services, prevention of abuse/ retaliation, plan of care, resident bill of rights and nutrition.**

**This Complaint inspection was completed concurrently with Critical Incident System inspection #2021\_569508\_0012.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Environmental Services Manager (ESM), maintenance and housekeeping staff, Registered Dietitian (RD), Resident Assessment Instrument (RAI) Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), agency staff, families and residents.**

**During the course of this inspection, the inspector(s) toured the home, reviewed investigative notes, critical incident submissions, resident health records, staffing schedules, staff training records, policies and procedures, visitation protocols and photographs, observed Infection Prevention and Control (IPAC) practices, residents and provision of care.**

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

**Infection Prevention and Control**

**Nutrition and Hydration**

**Pain**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

**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 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 was specifically designed for skin and wound assessment.

A complaint alleged that a resident was not provided care as specified in their plan of care.

The licensee's Skin/Wound Care policy directed registered staff that upon discovery of a pressure ulcer, a baseline assessment using a clinically appropriate assessment instrument (weekly wound assessment) was to be completed. A resident's progress note identified that they had a new alteration in skin integrity, the area was cleansed and treated to prevent further breakdown. A review of the home's weekly wound assessments/observations did not include a wound assessment related to the finding of altered skin integrity. A registered practical nurse (RPN) confirmed that when the resident's altered skin integrity was identified, registered staff did not use a clinically appropriate assessment tool. By registered staff not completing a skin assessment with a

clinically appropriate instrument, the resident was at risk for an inconsistent process in the treatment and promotion of skin integrity.

Sources: Complaint, Resident's electronic medical record, Skin/Wound Care policy, Interview with RPN. [s. 50. (2) (b) (i)]

2. The licensee failed to ensure that a resident exhibiting altered skin integrity was assessed by a registered dietitian who was a member of the staff of the home, and any changes made to the residents plan of care relating to nutrition and hydration were implemented.

A complaint alleged that a resident was not provided care as specified in their plan of care.

The licensee's Skin/Wound Care policy directed registered staff to send a referral to the registered dietitian (RD) when identifying residents at risk for altered skin integrity. A resident's progress note identified that they had a new alteration in skin integrity, the area was cleansed and treated to prevent further breakdown. A review of the resident's clinical record did not include a RD assessment or a nutritional referral related to the new alteration in skin integrity. The registered dietitian (RD) confirmed they were involved in the resident's care but did not assess the resident when the new area of skin breakdown was identified. A RPN and RD both stated that a nutritional referral to the RD was not completed. The resident was at risk for inadequate nutrition related to their new skin integrity issues, when the RD did not reassess the resident care needs.

Sources: Complaint, Resident's electronic medical record, Skin/Wound Care policy, Interview with staff. [s. 50. (2) (b) (iii)]

***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 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; (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, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A complaint alleged that a resident was not provided care as specified in their plan of care. According to the resident's care plan, they were totally dependent on staff for activities of daily living (ADL's). Skin and wound assessments had indicated that the resident had an alteration in skin integrity. On an identified date, observations identified that the resident was not provided assistance with their (ADL's) by the home's staff. A personal support worker (PSW) confirmed they were assigned to the resident and they did not provide assistance with ADL's. Because the care set out in the plan of care was not provided as specified, the resident was placed at risk for further alteration in skin integrity.

Sources: Complaint, Observations, Electronic Medical Record (EMR), Skin and wound assessment, Interview with staff. [s. 6. (7)]

---

**Issued on this 24th day of June, 2021**

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

**Original report signed by the inspector.**