Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: October 18, 2023

Inspection Number: 2023-1558-0007

Inspection Type:
Complaint
Critical Incident

Licensee: The Corporation of the County of Hastings

Long Term Care Home and City: Hastings Manor Home for the Aged, Belleville

Lead Inspector	**Inspector Digital Signature**
Patricia OBrien (000730)	Patricia E O'Brien Digitally signed by Patricia E O'Brien Date: 2023.10.31 10:54:31 -04'00'

Additional Inspector(s)
Cathi Kerr (641)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 7, 11, 12, 14, 2023

The following intake(s) were inspected:

- Intake: #00093827 -CIS # M538-000056-23 Staff to resident alleged abuse
- Intake: #00094219 -CIS # M538-000059-23 Staff to resident alleged sexual abuse
- Intake: #00095660 -CIS # M538-000062-23 Fall sustaining injury
- Intake: #00095746 -Complaint related to skin integrity

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)

The licensee has failed to comply with their written policy related to falls prevention and management for resident.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee is required to ensure that their written policy related to falls prevention and management for resident is complied with.

Specifically, staff did not comply with the resident's Head Injury Policy post resident fall.

Rationale and Summary:

Resident sustained an unwitnessed fall resulting in injury.

The Head Injury Routine Policy (HIR) indicates an HIR assessment is required for all falls with possible head injury. The policy indicates that the registered staff must record blood pressure, pulse, respirations, pupils and level of consciousness every fifteen minutes for one hour, then every thirty minutes for one hour, then every hour for four hours.
In a review of residents health record it was noted that the HIR assessment was not complete for resident post fall.

During an interview with an RPN they confirmed that the HIR assessment was incomplete. The DOC agreed that the Head Injury Assessment should have been filled out and completed.

Failure to complete an HIR assessment following an unwitnessed fall poses a risk to resident as they were not monitored for neurological symptoms after sustaining an unwitnessed fall with possible head injury.

Sources: Falls Prevention and Management Program Policy, Head Injury Routine Policy , resident electronic head injury routine 24hr, interview with RPN and DOC. [000730]

WRITTEN NOTIFICATION: SKIN AND WOUND CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

The licensee failed to ensure that resident, who was exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, received immediate treatment and interventions to reduce or relieve pain, promote healing and prevent infection, as required.

Rationale and Summary:

During interviews with the Inspector, resident and two RPNs each indicated that the resident had open areas on skin, that were weeping, and required bi-weekly dressing changes. Inspector #641 reviewed the resident's health care record, including progress notes and the electronic Treatment Administration Record (e-TAR), which indicated that the resident required wound care twice weekly. There was no documentation of wound care having been completed to the resident between identified dates in August, 2023.

During an interview with the Inspector, the ADON, who was the skin and wound team lead, stated that there was a lack of documentation of the wound care resident received to the open areas.

Not completing wound care on resident for twelve days places the resident at increased risk for potential complications and deterioration of the wound.

Sources: Residents health care record including eTAR and progress notes, interviews with the ADON and RPNs. [641]

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) (iv)

The licensee failed to ensure that resident, who was exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, as clinically indicated.

Rationale and Summary:

A review of resident progress notes and eTAR indicated that resident had open wounds in two locations that required bi-weekly wound care treatments. The Inspector observed a wound assessment tool completed on a specified date in July 2023 for resident and then the wound was reassessed on a specified date in September 2023. There was one wound assessment tool completed for the other wound on a specified date in September 2023. There was no evidence of a prior assessment of the wound being completed. The treatment for wound care to that wound had been ordered on a specified date in June 2023.

During an interview with Inspector #641, the ADON indicated that residents wounds would require a weekly wound reassessment and this should have been done by the registered nursing staff who completed the wound care. This assessment would be completed using the wound assessment tool. The ADON stated that a review of the resident's chart indicated that there were missing wound reassessments for residents wounds.

There was an increased risk to the resident of potential deterioration of the wounds when their wounds were not reassessed at least weekly by a member of the registered nursing staff.

Sources: Resident's health care record including eTAR, Wound Assessment Tools, and progress notes, interviews with the ADON and RPNs. [641]

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) (c)

The licensee failed to ensure that the equipment and supplies were readily available at the home for resident, as required to relieve pressure, treat pressure injuries and promote healing.

Rationale and Summary:

Resident had an order for pressure related supplies, twice weekly. The Inspector reviewed resident progress notes and eTAR which documented that on a specified date in August 2023, there were no supplies available so the treatment was not completed. There was no documentation that supplies were available to apply to the resident for the rest of the month of August.

During an interview with the ADON, they stated that the supplies were ordered from their supplier. The ADON advised that on follow-up with the supplier, they became aware that supplies were on back order and not available. They received an order at that time from the nurse practitioner for a generic pressure bandage so supplies could be obtained for resident.

Not having the supplies available posed an increased risk to resident's health and well-being.

Sources: Resident's health care record including eTAR and progress notes, interviews with the ADON and RPNs. [641]