

**Original Public Report**

<b>Report Issue Date</b>	May 25, 2022		
<b>Inspection Number</b>	2022_1117_0002		
<b>Inspection Type</b>	<input type="checkbox"/> Critical Incident System <input checked="" type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
<b>Licensee</b>	People Care Communities Inc.		
<b>Long-Term Care Home and City</b>	People Care Hilltop, Cambridge.		
<b>Lead Inspector</b>	Helene Desabrais #615		Choose an item.

**INSPECTION SUMMARY**

The inspection occurred on the following date(s): May 5, 6, 9, 10, 11, 12, 18, 19, 2022.

The following intake(s) were inspected:

- Intake #007617-22 (Complaint) related to skin and wound management, staffing and recreation and activities.
- Intake #008535-22 (Complaint) related to staffing and prevention of abuse, neglect and retaliation.
- Intake # 004795-22 (Follow-up) related to infection prevention and control, CDD March 31, 2022.

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference	Inspection #	Order #	Inspector (ID) who complied the order
O. Reg. 79/10 s. 229. (4)	2022_981218_0003	001	Helene Desabrais (615)

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

- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect

- Recreational and Social Activities
- Reporting and Complaints
- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Staffing, Training and Care Standards

## INSPECTION RESULTS

### WRITTEN NOTIFICATION COMPLAINTS PROCEDURE — LICENSEE

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

Non-compliance with s. 22(1) under the Long-Term Care Home Act, 2007.

The licensee has failed to ensure that when receiving a written complaint concerning the care of a resident, they shall immediately forward it to the Director.

Prior to April 11, 2022, the Executive Director of Nursing Care (EDNC) received an electronic mail (e-mail) from a family member expressing concerns about the care and management of a resident's wound.

During an interview the EDNC stated they did not immediately forward the complaint to the Director.

Sources: Resident's clinical records, interview with the EDNC.

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### WRITTEN NOTIFICATION SKIN AND WOUND CARE

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

Non-compliance with Ontario Regulation (O.Reg.) 79/10 s.50(2)(b)(iv) under the LTCHA, 2007.

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

Review of a resident's clinical records indicated that the resident had a wound and there were no weekly wound assessments completed on seven occasions when there should have been.

During an interview the Executive Director of Nursing Care (EDNC) shared that they were also unable to locate the required weekly wound assessments identified by Inspector #615. The EDNC and an Registered Practical Nurse (RPN), both stated that the resident's skin and wound assessments were not always completed weekly and should have been.

Not completing weekly wound assessments for the resident posed a risk that the wound could have worsened as the effectiveness of the wound care was not being evaluated.

Sources: Resident's clinical record and interview with the EDNC and an RPN.

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