

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: May 2, 2024	
Inspection Number: 2024-1002-0003	
Inspection Type: Follow up	
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
Long Term Care Home and City: Kentwood Park, Picton	
Lead Inspector Carrie Deline (740788)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 24 - 26, 2024

The following intake(s) were inspected:

- Intake: #00109054 - Follow-up #: 001 - O. Reg. 246/22 - s. 55 (2) (b) (i)

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found NOT to be in compliance:

Order #001 from Inspection #2024-1002-0001 related to O. Reg. 246/22, s. 55 (2) (b) (i) inspected by Carrie Deline (740788)

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The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Conditions of Licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

CO #001 from inspection #2024-1002-0001 served on February 13, 2024, with a compliance due date of March 27, 2024, to O. Reg. 246/22 s. 55(2)(b)(i), related to a resident with altered skin integrity not being assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment was found to be in non-compliance at the time of this inspection, as outlined below.

The licensee has failed to ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, were reassessed at least weekly by a member of the registered nursing staff when clinically indicated using a clinically appropriate assessment instrument.

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Rationale and summary:

The licensee was required to complete weekly assessments using a clinically appropriate tool on all residents with altered skin integrity, audits of the assessments, and education on the LTCH's policies related to wound care.

The licensee has failed to complete weekly assessments for three residents. The residents altered skin integrity had not been assessed using a clinically appropriate assessment instrument specifically designed for skin and wound assessment. The residents skin integrity was assessed using a tool called the TRC skin documentation tool. This tool is not considered a clinically appropriate assessment tool as confirmed, in an interview with the Inspector, by the Director of Clinical Services from OMNI healthcare.

The licensee has failed to complete a weekly audit of all residents where a weekly wound reassessment was clinically indicated. Inspector #740788 reviewed the weekly skin and wound care audits to be completed for residents requiring wound care. A resident was noted to have altered skin integrity on a specific date in a TRC Skin documentation tool but was not captured on the audit.

The licensee has failed to maintain documentation of the audits including when it was completed, who completed and corrective action taken. Inspector #740788 reviewed the audit provided by the LTCH where none of the above were listed on the audit.

The licensee failed to conduct education on the LTCH's **Wound Assessment and documentation policy**. Education was provided to the Registered staff on a policy OTP-HLHS-3.7 dated March 29, 2022. The policy was revised by OMNI Health care on March 18, 2024 and staff were not educated on this revised copy.

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This posed a risk to the resident as a lack of weekly reassessments of the resident's wound and staff education on the process could allow for potential deterioration of wounds.

Sources: resident's health care records, interview with the Wound Care Lead, other registered staff, the Director of Clinical Services, and the Director of Care (DOC), skin and wound care policies.

[740788]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.



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

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Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.