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

**Toronto District**
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

# Original Public Report

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| **Report Issue Date:** September 12, 2023 | |
| **Inspection Number:** 2023-1562-0004 | |
| **Inspection Type:**<br>Complaint<br>Critical Incident | |
| **Licensee:** City of Toronto | |
| **Long Term Care Home and City:** Kipling Acres, Etobicoke | |
| **Lead Inspector**<br>Kehinde Sangill (741670) | **Inspector Digital Signature**<br>Kehinde Sangill Digitally signed by Kehinde Sangill Date: 2023.09.22 11:31:06 -04'00' |
| **Additional Inspector(s)**<br>Kirthiga Ravindran (000760)<br>Maya Kuzmin (741674) | |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 17, 18, 21-25 and 28, 2023.

The following intake(s) were inspected:

- Intake: #00091299 - [CI: M545-000021-23] related to responsive behaviour.
- Intake: #00091648 - [CI: M545-000022-23] related to fall with injury.
- Intake: #00093285 - Complaint related to multiple care concerns.
- Intake: #00091155 - Complaint related to skin and wound care and improper care of a resident.
- Intake: #00091511 - Complaint related to Infection Prevention and Control (IPAC), housekeeping and improper care of a resident.

The following intakes were completed in this inspection:

- Intake #00090881 – [M545-000018-23], Intake #00090246 – [M545-000016-23], Intake #00090759 – [M545-000017-23], and Intake #00091934 – [M545-000023-23] were related to falls.

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

Resident Care and Support Services

Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Falls Prevention and Management

# INSPECTION RESULTS

## WRITTEN NOTIFICATION: Plan of care

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when their care needs changed.

**Rationale and Summary**

A resident's care plan indicated that they were to be up in a chair daily. The resident was re-assessed by the Medical Doctor (MD), who recommended that the resident be up in a chair every other day to manage their medical condition. However, the resident's written plan of care was not revised.

More than two months later, two Registered Practical Nurses (RPNs) documented on two separate dates that the resident stayed in bed all day. They stated they were aware of the recommended schedule, and it was followed on both dates.

The Nurse Manager (NM) indicated that the MD's recommendation was communicated to staff two days after the resident was re-assessed.

More than four months after the MD's recommendation, the resident's plan of care remained unrevised and stated the resident was to be up in a chair daily.

There was no risk to the resident as the MD's recommendation was followed despite the care plan not being revised.

**Sources:** Resident's clinical records; staff interviews.
[741674]

## 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) (i)

The licensee has failed to ensure that a resident, who was 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.

**Rationale and Summary**

A resident was identified with an area of altered skin integrity. The area was treated by the MD and an order was initiated in the resident's electronic Treatment Administration Record (eTAR). An initial skin and wound assessment was not completed for the identified area of altered skin integrity.

A Registered Nurse (RN) and NM indicated that registered staff are required to complete a skin and wound assessment when an area of altered skin integrity is initially identified.

The RN acknowledged that an initial skin and wound assessment was not completed for the resident when the area of skin impairment was identified. The NM noted that a skin and wound assessment should have been completed immediately after the area of skin impairment was discovered and treated.

Failure to complete an initial skin and wound assessment for a resident may hinder the ability to evaluate effectiveness of the wound treatment and increased the risk of the resident not receiving care based on current needs.

**Sources:** Resident's clinical records; staff interviews.
[741670]

## 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 has failed to ensure that a resident's altered skin integrity was reassessed at least weekly by a member of the registered staff.

**Rationale and Summary**

A resident was treated for an area of altered skin integrity on a specified date. A review of the weekly skin and wound assessment tab in Point Click Care (PCC) showed that the first skin and wound assessment was completed for the identified area of altered skin integrity four weeks later.

The RN and NM verified that the skin and wound assessment was not completed at least weekly as clinically indicated. The NM noted that the assessment was missed because the resident had multiple

absences during that period. However, they acknowledged that no skin and wound assessment was completed the week the resident was in the home.

The home's skin and wound policy directs registered staff to assess skin impairment weekly and complete a weekly skin and wound assessment.

Failure to complete weekly skin and wound assessment for the resident increased the risk of changes in the skin impairment not being identified and addressed in a timely manner.

**Sources:** Resident's clinical records, Skin care and Wound prevention and Management policy (RC-0518-02, published September 15, 2022); staff interviews.
[741670]