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

**Hamilton District**
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

# Original Public Report

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| **Report Issue Date:** August 21, 2024 |
| **Inspection Number:** 2024-1376-0003 |
| **Inspection Type:**<br>Complaint<br>Critical Incident |
| **Licensee:** 1365853 Ontario Limited |
| **Long Term Care Home and City:** Maple Park Lodge, Fort Erie |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 19, 23-25, 29-31, 2024

The following intake(s) were inspected:

- Intake: #00112273 - Critical Incident (CI) #2891-000011-24 - Fall of resident.
- Intake: #00114543 - Case# 245-2024-874 - Complainant related to: prevention of abuse and neglect, Skin and wound care, housekeeping, pest control.

The following intakes were completed:

- Intake: #00110823 - CI #000009-24 - Fall of resident.

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services

Infection Prevention and Control
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 (2)**
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident had a fall, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

**Rationale and Summary**
On date in March, 2024 a resident experienced a fall and was sent to the hospital. The resident's clinical records did not show that a post-fall assessment was completed after their fall. This was acknowledged by staff and Administrator.

Failure to complete a post-fall assessment put the resident at risk of not having a comprehensive assessment completed to identify the contributing factors that led to the fall.

**Sources**: Resident's clinical records, home's policy "Falls Prevention and Management", March 2023, interview with staff.

## 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 (1) 4.**
Skin and wound care
s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:
4. Treatments and interventions, including physiotherapy and nutritional care. O. Reg. 246/22, s. 55 (1).

The licensee has failed to comply with the skin and wound care program for a resident.

In accordance with Ontario Regulation 246/22 s. 11 (1) (b), the licensee is required to ensure there is a skin and wound care program that provides treatments and interventions, and must be complied with.

Specifically, staff did not comply with the policy "Skin and Wound Care Program: Wound Care Management", dated October 2023, which was included in the home's skin and wound care program.

**Rationale and Summary**
A resident was experiencing altered skin integrity during the month of April 2024. The resident was ordered to have the wound care and dressing change every two days. The resident's records for this wound care was documented as occurring every three days on three different occurrences during the month of April.

The home's policy titled "Skin and Wound Care Program: Wound Care Management", dated October 2023, outlined that the nurse or wound care lead was to record the treatment regimen on the Treatment Administration Record (TAR).

Staff confirmed that the wound care order for the resident was not transcribed into the resident's TAR correctly.

Failure to follow the home's policy for "Skin and Wound Care: Wound Management" led to risk of improper wound healing for the resident.

**Sources:** Resident's clinical records, Home's policy titled "Skin and Wound Care Program: Wound Management', October 2023, interview with wound care lead.

## 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)**
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

The Licensee failed to ensure a resident who was exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

**Rationale and Summary**
On a date in April, 2024 a resident was assessed to have altered skin integrity. The resident's progress notes on a date in April, 2024 indicated that staff reported that the resident's dressing to areas of altered skin integrity were off and that the areas had worsened. Their clinical records did not show a weekly skin assessment completed.

Staff acknowledged that weekly skin assessments were not completed and should have been.

By not completing weekly skin assessments for the resident it posed a risk of not identifying a worsening skin alteration.

**Sources**: Resident's clinical records, home's policy "Skin and wound care program", October 2023, interview with staff.

## WRITTEN NOTIFICATION: Responsive behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident who was demonstrating responsive behaviours received assessments and that the resident's responses to interventions

were documented.

**Rationale and Summary**
The resident had responsive behaviours documented in their care plan. There were no documented assessments made in relation to these responsive behaviours present in the resident's clinical records.

The Director of Care (DOC) acknowledged that there were no assessments made.

Failure to ensure that action was taken to respond to the behavioural needs of the resident put them at risk for receiving improper care.

**Sources:** Home's policy "responsive behaviours", March 2023, resident's clinical records, interview with DOC and Administrators and other staff.