

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

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| Report Issue Date: October 23, 2023 | |
| Inspection Number: 2023-1608-0005 | |
| Inspection Type: Complaint Critical Incident | |
| Licensee: The Corporation of the County of Lambton | |
| Long Term Care Home and City: Marshall Gowland Manor, Sarnia | |
| Lead Inspector Cheryl McFadden (745) | Inspector Digital Signature |
| Additional Inspector(s) Kristen Murray (731) | |

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 26, 27, 28, 29, 2023 and October 3, 4, 5, 2023.

The following intake(s) were inspected:

- Intake: #00093489/CI #613-000048-23: related to drugs.
- Intake: #00093925/CI #613-000051-23: related to fall’s prevention.
- Intake: #00095143/ CI #613-000056-23: related to fall’s prevention.
- Intake: #00095314/ CI #613-000057-23: related to care and services during resident transfer.
- Intake: #00095388, complaint related to pest control and care and services.

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

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Falls Prevention and Management

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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 (7)

The licensee failed to ensure that the care set out in the plan of care for a resident related to their skin and wound treatments was provided to the resident as specified in the plan.

Summary and Rationale

A resident had an area of altered skin integrity. The resident had an order to change the dressing for the area, however, the dressing changes were not completed as ordered.

A Registered Nurse (RN) acknowledged that some treatment sections for the resident's dressing changes in the electronic treatment administration record (eTAR) were blank. The RN stated that if a treatment was not documented, it wasn't completed. The Director of Care (DOC) acknowledged that according to the eTAR and the progress notes, treatments were not always completed for resident's wound and should have been.

There was risk of the resident's wound worsening when their treatments were not completed as per the treatment order.

Sources: Clinical records for a resident, including their eTAR, orders, progress notes and care plan; interviews with a RN and the DOC. [731]

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) (a) (ii)

The licensee failed to ensure that a resident, who was at risk of altered skin integrity, received a skin assessment by a member of the registered nursing staff upon any return from hospital.

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Summary and Rationale

A resident had a history of altered skin integrity. The resident returned to the home on two separate occasions and no skin assessments were completed on either day.

The home's Skin and Wound Care policy stated registered staff should have completed a skin screening tool upon the resident's return to the home.

The Registered Nurse (RN) and Director of Care (DOC) acknowledged that head to toe skin assessments were not completed when the resident returned to the home on both occasions.

There was risk to the resident related to not having skin assessments completed when they returned to the home.

Sources: The home's Skin and Wound Care Policy (number 3-5-19-6), last revised September 13, 2023; Clinical records for a resident, including their assessments, care plan and progress notes; interviews with an RN and the DOC. [731]

COMPLIANCE ORDER CO #001 Skin and Wound Care

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee must:

- A) Provide education to all Registered Nursing Staff on completing weekly skin and wound assessments, and keep a documented record of the education, including the materials, the date, the individual who provided the education, and the individuals who attended the education,
- B) Conduct weekly audits to ensure weekly skin and wound assessments are completed for a resident for any existing or new areas of altered skin integrity, and
- C) Document and continue the auditing until the resident is no longer required to be reassessed weekly.

Grounds

The licensee failed to ensure that a resident exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

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Summary and Rationale

A resident had an area of altered skin integrity. The resident did not have weekly skin and wound assessments completed for five out of six weeks.

The home's Skin and Wound Care policy stated wounds should have been assessed and documented weekly.

A Registered Nurse (RN) and the Director of Care (DOC) acknowledged that weekly skin and wound assessments were not completed for the resident.

There was risk to the resident related to not having weekly skin assessments completed and their area of altered skin integrity worsened during the absence of assessments.

Sources: The home's Skin and Wound Care Policy (number 3-5-19-6), last revised September 13, 2023; Clinical records for a resident, including their assessments, care plan and progress notes; interviews with an RN and the DOC. [731]

This order must be complied with by November 27, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.