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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: December 20, 2023
Inspection Number: 2023-1283-0003
Inspection Type: Critical Incident
Licensee: Nipigon District Memorial Hospital
Long Term Care Home and City: Nipigon District Memorial Hospital, Nipigon

Lead Inspector	**Inspector Digital Signature**
Eva Namysl (000696)	Eva Namysl Digitally signed by Eva Namysl Date: 2023.12.28 12:44:24 -05'00'

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 3-5, 2023.

The following intake(s) were inspected:

- Intake related to improper/incompetent care of resident by staff.

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

NC # 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.

The licensee has failed to comply with following the skin and wound care program policy by not referring resident with altered skin integrity to a physiotherapist (PT) or registered dietician (RD).
In accordance with O. Reg 246/22 s. 11 (1) (b), where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with. Specifically, staff did not comply with the home's policy "LTC-710: Skin and Wound Care Program" dated March 2021.

Rationale and Summary
A resident had altered skin integrity that required an assessment by a RD and a PT. The home's Skin and Wound Care Program policy indicated registered staff should make referrals to interdisciplinary team members such as a RD and PT for wound healing recommendations. The Associate Director of Care (ADOC) confirmed that a referral and assessment by the RD and PT were not done for the resident and should have been.

Sources: Resident's health records, plan of care, progress notes; Home's policy: Skin

and Wound Care Program LTC 7-10, dated March 2021; and Interview with ADOC. [000696]

WRITTEN NOTIFICATION: Skin and wound care

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
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 ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure a resident who is exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, 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 had experienced altered skin integrity. Review of the resident's progress notes, revealed incomplete and inaccurate documentation regarding assessment of altered skin integrity. Staff reported a clinically appropriate assessment instrument was not used until an electronic one was initiated for the resident at a later time.

Not using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment posed a moderate risk and impact to the

resident.

Sources: Resident's plan of care, progress notes and skin and wound assessments; Home's internal critical incident investigation file; Interviews with registered staff. [000696]

COMPLIANCE ORDER CO #001 Skin and wound care

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)
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 ulcers, skin tears or wounds,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee has failed to comply with s. 55 (2) (b) (ii)
The licensee shall:
a) Develop and implement an auditing process for residents who have altered skin integrity, to ensure that their treatment orders are up to date and are being followed. The audits must be completed weekly for a minimum of four weeks;
b) Maintain a documented record of the completed audits and the corrective action taken if concerns were identified during the auditing process.

Grounds
The licensee has failed to ensure a resident, who was exhibiting altered skin

integrity, including skin breakdown, pressure injuries, skin tears or wounds, received interventions to reduce pain, promote healing, and prevent infection.

Rationale and Summary
A resident experienced a change in status. The home's internal investigation determined the staff had not consistently followed the resident's treatment plan related to altered skin integrity.

There was high risk and impact to the resident when the staff did not follow the resident's treatment plan as it caused actual harm to the resident.

Sources: Resident's medical records; CI report; Home's internal investigation file; Interviews with RPN. [000696]

This order must be complied with by February 6, 2024

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

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.