

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**Sudbury Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 25, 2021	2021_829757_0007	019767-20	Complaint

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**Licensee/Titulaire de permis**Board of Management of the District of Kenora  
1220 Valley Drive Kenora ON P9N 2W7**Long-Term Care Home/Foyer de soins de longue durée**Northwood Lodge  
51 Highway 105 P.O. Box 420 Red Lake ON P0V 2M0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

DAVID SCHAEFER (757)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 8-12 and 15-18, 2021.**

**The following intake was inspected during this complaint inspection:  
-A complaint regarding allegations of abuse and neglect and resident care concerns related to pain management, skin and wound care, and nutrition.**

**This inspection was conducted concurrently with critical incident system inspection #2021\_829757\_0008 and follow-up inspection #2021\_829757\_0006.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Nurse Practitioner (NP), Registered Dietitian (RD), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Dietary Aide, residents, and family members.**

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

**Dignity, Choice and Privacy**

**Falls Prevention**

**Infection Prevention and Control**

**Medication**

**Nutrition and Hydration**

**Pain**

**Prevention of Abuse, Neglect and Retaliation**

**Reporting and Complaints**

**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**4 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the protocols included in the required Pain Management Program were complied with for a resident.

Ontario Regulation (O. Reg.) 79/10, s. 48 (1) requires an interdisciplinary pain management program to identify and manage pain in residents to be developed and implemented in the home.

O. Reg. 79/10, s. 52 (1) 1. requires that the program provides for "communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired".

Specifically, staff did not comply with the home's pain management protocols, which indicated that the program focused on communication and assessment methods for residents who were cognitively impaired; that a numerical or facial expression pain scale was to be used as needed to determine resident pain intensity; and that if interventions had not been effective in managing pain, staff were to initiate alternative approaches and update the care plan as necessary.

A resident's care plan indicated that staff were to assess the intensity of the resident's pain. While staff routinely assessed the resident for pain, the intensity of the resident's pain was not regularly assessed.

Following an assessment related to the management of this resident's pain, the home was advised to implement certain assessment instruments for accurately assessing their pain. The home indicated that they would trial these assessment instruments for the resident; however, this had not been implemented in the resident's care or included in their care plan at the time of inspection.

Sources: A resident's electronic progress notes, pain management care plan, and pain management assessment; Policy "Pain Management Protocols"; Interviews conducted with the Director of Care (DOC), Nurse Practitioner (NP), and other relevant staff members. [s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that pain management protocols are complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (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,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when a resident exhibited altered skin integrity, they 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; and was reassessed at least weekly by a member of the registered nursing staff.

The home's skin and wound program indicated that when a resident presented with altered skin integrity, registered staff were to perform wound assessments using the electronic "PN-WA" wound note template.

An area of altered skin integrity was identified on a resident. This area was initially assessed by a Registered Practical Nurse (RPN); however, this assessment was not completed using the home's clinically appropriate skin and wound assessment instrument. An assessment using the PN-WA wound assessment was not completed for this area of altered skin integrity until approximately two months after initially being identified. Following this assessment, additional gaps in weekly skin and wound assessment using the PN-WA assessment instrument were identified.

Another area of altered skin integrity was later identified on this resident. The area was initially assessed using the PN-WA tool. An additional assessment using the tool was not completed until over a month later, where it was identified that the area of altered skin integrity had worsened.

Sources: A resident's progress notes, PN-WA assessments, and medication administration record (MAR); Policy "Skin and Wound Care Program"; Interviews conducted with the DOC, an RPN, and other relevant staff members. [s. 50. (2) (b) (iv)]

### ***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears, or wounds are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**

**Specifically failed to comply with the following:**

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

On one day, two doses of medications prescribed for a resident, including a medication for pain management, were not administered to the resident at the prescribed time. A progress note for this day indicated that following the missed medications, pain management strategies were not effective for the resident.

Sources: A resident's electronic progress notes, physical health care records, and medication administration record (MAR); Interviews with an RPN and the DOC. [s. 131. (2)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that for a complaint received regarding a resident, a documented record was kept in the home that included the requirements set out in O. Reg. 79/10, s. 101 (2).

A written complaint was sent to the home related to resident care concerns. The home indicated that they did not have a documented record in the home which included the type of action to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; and any response made in turn by the complainant.

Sources: Complaint letter to the home; Letter of response from the home to the complainant; Interviews with the Administrator and DOC. [s. 101. (2)]

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**Issued on this 29th day of March, 2021**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**