

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 23, 2020	2020_624196_0018	010530-20, 010531- 20, 010532-20	Follow up

Licensee/Titulaire de permisThe Corporation of the City of Thunder Bay
Office of the City Clerk 500 Donald St. East THUNDER BAY ON P7E 5V3**Long-Term Care Home/Foyer de soins de longue durée**Pioneer Ridge
750 Tungsten Street THUNDER BAY ON P7A 5C2**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): August 6, 7, 10 - 13, 17 and 18, 2020.

The following intakes were inspected in this follow up inspection:

- a follow up intake for Compliance Order (CO) #001 issued during inspection #2020_703625_0002 under s. 50. (2) of Ontario Regulation (O. Reg.) 79/10, related to skin and wound care;**
- a follow up intake for CO #002 issued during inspection #2020_703625_0002 under s. 50. (2) of O. Reg. 79/10, related to skin and wound care; and**
- a follow up intake for CO #003 issued during inspection #2020_703625_0002 under s. 129. (1) of O. Reg. 79/10, related to safe storage of drugs.**

This inspection was conducted concurrently with Critical Incident System (CIS) inspection #2020_624196_0017 and with Complaint inspection #2020_624196_0016.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Clinical Managers (CMs), Best Practice Clinician Registered Nurse (BPC RN), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Resident Assessment Instrument (RAI) Coordinator, Personal Support Workers (PSWs), and residents.

The following Inspection Protocols were used during this inspection:

Medication

Skin and Wound Care

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

2 WN(s)

0 VPC(s)

2 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. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that controlled substances were stored in a separate locked area within the locked medication cart.

The licensee has failed to comply with Compliance Order (CO) #003 related to Ontario Regulation 79/10, subsection 129 (1) from inspection 2020_703625_0002 issued on May 21, 2020, with a compliance due date (CDD) of June 2, 2020.

One medication cart was observed to be unlocked.

In an interview, two RPNs reported that the medication carts were to be locked when the carts were within the medication room and the staff were not present.

In an interview, a CM reported that the medication cart was to be locked when it was in the medication room if the registered staff was not in the medication room and that the controlled substances were to be locked within the locked medication cart.

The DOC confirmed that the medication carts within the medication rooms was to be locked within the room when staff were not present.

Sources: Review of CO #003 from 2020_703625_0002, the home's follow up action plan, medication management policy and registered staff memorandum regarding medication management and storage; interviews with RPNs, a CM, the DOC and other staff. [s. 129. (1) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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 a resident who exhibited 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.

The licensee has failed to comply with Compliance Order #001 and #002 related to s. 50 (2) of Ontario Regulation 79/10 from inspection 2020_703625_0002 issued on May 21, 2020, with a compliance due date (CDD) of June 21, 2020.

In an interview with the BPC RN, they reported that the the wound tracker in MED e-care was the clinically appropriate assessment tool that was developed and implemented by the home for initial and weekly skin and wound assessments and for significant changes.

The inspector reviewed a resident's skin and wound care records which identified an area of altered skin integrity as documented in the progress notes. An initial wound assessment was not located in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that the initial assessment of the area of altered

skin integrity for the resident was documented in the progress notes and not in the wound tracker.

In an interview, an RPN reported that initial wound assessments were supposed to be done in the wound tracker in MED e-care and sometimes they may make a progress note.

In an interview, a CM reported that initial wound assessments were to be documented in the wound tracker in MED e-care. They further reported that progress notes were not to be used for wound assessments and all applicable areas of the wound tracker was to be used to document.

Sources: Review of CO #001 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with an RPN, a CM, the BPC RN and other staff. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident that exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

In an interview with the BPC RN, they reported that the the wound tracker in MED e-care was the clinically appropriate assessment tool that was developed and implemented by the home for initial and weekly skin and wound assessments and for significant changes.

The inspector reviewed a resident's skin and wound care records which identified two areas of altered skin integrity. On one specified date, there was an initial assessment of the first area of altered skin integrity noted on the wound tracker and on another specified date, there was an initial assessment of the second area of altered skin integrity, was also noted on the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that the wound tracker that was to be used to document weekly wound assessments for the first area of altered skin integrity was not completed until a specified date, and not completed as required on four other dates.

The BPC RN further confirmed that the wound tracker for the resident's second area of altered skin integrity had not been completed from the date of the initial assessment on a

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specified date through to the date of the review. They further reported a weekly wound assessment should have been done on two specified dates and this was not done.

In an interview, the DOC reported that the wound tracker in Med e-care was to be used to document initial wound assessments and weekly wound assessments. They further reported that weekly wound assessments were to be completed every seven days.

Sources: Review of CO #002 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with an RPN, a CM, the BPC RN, DOC and other staff. [s. 50. (2) (b) (iv)]

3. The inspector reviewed a resident's skin and wound care records which identified two areas of altered skin integrity. On a specified date, there was an initial assessment of the first area of altered skin integrity noted in the wound tracker, and an initial assessment of the second area on another date, in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that the wound tracker that was to be used weekly for the first area of altered skin integrity was not completed on three dates and it should have been. They further confirmed that the wound tracker should have been completed for the second area on a specific date, and it had not been completed.

Sources: Review of CO #002 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with the BPC RN and other staff. [s. 50. (2) (b) (iv)]

4. The inspector reviewed a resident's skin and wound care records which identified two areas of altered skin integrity. On a specified date, there was an initial assessment of the first area noted on the wound tracker, and an initial assessment of the second area was noted on another date in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that on three dates, weekly wound assessments of the first area had not been completed in the wound tracker and they should have been done. In addition, the second area had not had a weekly wound assessment done on a specified date, as required.

An assessment completed on a specified date, indicated the status and details of the first

area of altered skin integrity. The next assessment of this particular area, indicated the deteriorated condition and the details of the altered skin integrity.

In a further interview, the BPC RN confirmed to the inspector that a weekly wound assessment of the first area of altered skin integrity had not been completed after one specified date to another, and assessments should have been done.

Sources: Review of CO #002 from 2020_703625_0002, a resident health care records, home's skin and wound care management policy, and actions to correct order document; interviews with the BPC RN and other staff. [s. 50. (2) (b) (iv)]

5. The inspector reviewed a resident's skin and wound care records which identified an area of altered skin integrity as documented in the progress notes on a specified date. An initial wound assessment was not located in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that weekly wound assessments were not completed in the wound tracker on two specified dates.

In an interview, a RPN reported that initial wound assessments were supposed to be done in the wound tracker in Med e-care and sometimes they may make a progress note. The RPN further reported that weekly wound assessments were supposed to be done every seven days but sometimes they couldn't get them done. When asked how they know when a weekly wound assessment was required, they reported that the night staff printed a list of residents that required a weekly wound assessment that day.

In an interview, a CM reported that initial wound assessments were to be documented in the wound tracker in Med e-care and the weekly assessments were to be done every seven days in the same wound tracker. They further reported that progress notes were not to be used for wound assessments and all applicable areas of the wound tracker was to be used to document.

Sources: Review of CO #002 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with an RPN, a CM, the BPC RN and other staff. [s. 50. (2) (b) (iv)]

6. The inspector reviewed a resident's skin and wound care records which identified an area of altered skin integrity. On a specified date, there was an initial assessment of this

area noted in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. BPC RN reported that they had received a note from an RPN on a specified date with concerns about this resident's altered skin integrity deterioration. The BPC RN stated the note indicated the concern in detail.

In an interview, a RPN reported to the inspector that this resident's area of altered skin integrity had deteriorated after a period of time and the RPN had specific concerns.

In an interview, another RPN reported to the inspector that a detailed note in the resident's progress notes could be done for an initial wound assessment; they wanted staff to use the wound tracker; and our manager had implemented the wound tracker to do weekly assessments for all wounds, around a month ago.

In an interview, an RN reported that the wound tracker was where initial and weekly wound assessments were to be recorded.

In an interview, a CM reported that registered staff were to document an initial wound assessment in the wound tracker and could use the text box to add detail; and this would also be used for a significant change of a wound. The CM further added that weekly wound assessments were to be done in the wound tracker every seven days and staff were not to use the progress notes for wound assessments.

An assessment completed on a specified date, indicated the status and details of the area of altered skin integrity. The next assessment of this particular area, almost two weeks later, and again approximately a week after that date, indicated the deteriorated condition and the details of the altered skin integrity.

The BPC RN confirmed that weekly wound assessments of the area of altered skin integrity had not been completed in the wound tracker over a ten day period and again for a 14 day period, and they should have been.

Sources: Review of CO #002 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with two RPNs, an RN, a CM, the BPC RN, and other staff. [s. 50. (2) (b) (iv)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 28th day of September, 2020

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LAUREN TENHUNEN (196)

Inspection No. /

No de l'inspection : 2020_624196_0018

Log No. /

No de registre : 010530-20, 010531-20, 010532-20

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Sep 23, 2020

Licensee /

Titulaire de permis : The Corporation of the City of Thunder Bay
Office of the City Clerk, 500 Donald St. East, THUNDER
BAY, ON, P7E-5V3

LTC Home /

Foyer de SLD : Pioneer Ridge
750 Tungsten Street, THUNDER BAY, ON, P7A-5C2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Lee Mesic

To The Corporation of the City of Thunder Bay, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / 2020_703625_0002, CO #003;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs;
and

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Order / Ordre :

The licensee must be compliant with s. 129 (1) of Ontario Regulation 79/10.

Specifically, the licensee must:

-Educate an RPN on the home's medication policy related to the safe storage of controlled substances; and

-Document the education, including the date and the staff member who provided the education.

Grounds / Motifs :

1. The licensee has failed to ensure that controlled substances were stored in a separate locked area within the locked medication cart.

The licensee has failed to comply with Compliance Order (CO) #003 related to Ontario Regulation 79/10, subsection 129 (1) from inspection

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

2020_703625_0002 issued on May 21, 2020, with a compliance due date (CDD) of June 2, 2020.

One medication cart was observed to be unlocked.

In an interview, two RPNs reported that the medication carts were to be locked when the carts were within the medication room and the staff were not present.

In an interview, a CM reported that the medication cart was to be locked when it was in the medication room if the registered staff was not in the medication room and that the controlled substances were to be locked within the locked medication cart.

The DOC confirmed that the medication carts within the medication rooms was to be locked within the room when staff were not present.

Sources: Review of CO #003 from 2020_703625_0002, the home's follow up action plan, medication management policy and registered staff memorandum regarding medication management and storage; interviews with RPNs, a CM, the DOC and other staff.

An order was made by taking the following factors into account:

Severity: There was minimal risk of harm as the medication room door was locked.

Scope: This was an isolated incident as there was one observation in which a medication cart was found to be unlocked.

Compliance History: The licensee continues to be in non-compliance with s.129 (1) of O. Reg. 79/10, resulting in a compliance order (CO) being re-issued. CO #003 was issued on May 21, 2020 (inspection #2020_703625_0002) with a compliance due date of June 2, 2020. In the past 36 months, there was one written notification (WN) in this same section issued to the home .

(196)

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Oct 01, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /

Lien vers ordre existant: 2020_703625_0002, CO #001;

2020_703625_0002, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

The licensee must be compliant with s. 50 (2) (b) of O. Reg. 79/10.

Specifically, the licensee must prepare, submit and implement a plan to ensure registered nursing staff are following the home's skin and wound policy regarding initial and weekly wound assessments and the use of the wound tracker.

The plan must include but is not limited to:

- The type of retraining involved, including who will be responsible for the retraining and when it will be completed;
- The person(s) responsible for monitoring that the policy is being complied with, the frequency of monitoring and how it will be documented;
- The person(s) responsible for implementing an action plan if monitoring demonstrates the policy is not complied with; and
- Actions to address sustainability once the home has been successful in ensuring compliance with this policy.

Please submit the written plan for achieving compliance for inspection 2020_624196_0018 to Lauren Tenhunen, LTC Homes Inspector, MLTC, by email to SudburySAO.moh@ontario.ca by October 6, 2020.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds / Motifs :

1. The licensee has failed to ensure that a resident who exhibited 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.

The licensee has failed to comply with Compliance Order #001 and #002 related to s. 50 (2) of Ontario Regulation 79/10 from inspection 2020_703625_0002 issued on May 21, 2020, with a compliance due date (CDD) of June 21, 2020.

In an interview with the BPC RN, they reported that the the wound tracker in MED e-care was the clinically appropriate assessment tool that was developed and implemented by the home for initial and weekly skin and wound

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

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Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

assessments and for significant changes.

The inspector reviewed a resident's skin and wound care records which identified an area of altered skin integrity as documented in the progress notes. An initial wound assessment was not located in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that the initial assessment of the area of altered skin integrity for the resident was documented in the progress notes and not in the wound tracker.

In an interview, an RPN reported that initial wound assessments were supposed to be done in the wound tracker in MED e-care and sometimes they may make a progress note.

In an interview, a CM reported that initial wound assessments were to be documented in the wound tracker in MED e-care. They further reported that progress notes were not to be used for wound assessments and all applicable areas of the wound tracker was to be used to document.

Sources: Review of CO #001 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with an RPN, a CM, the BPC RN and other staff. [s. 50. (2) (b) (i)] (196)

2. The licensee has failed to ensure that a resident that exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

In an interview with the BPC RN, they reported that the the wound tracker in MED e-care was the clinically appropriate assessment tool that was developed and implemented by the home for initial and weekly skin and wound assessments and for significant changes.

The inspector reviewed a resident's skin and wound care records which identified two areas of altered skin integrity. On one specified date, there was an

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

initial assessment of the first area of altered skin integrity noted on the wound tracker and on another specified date, there was an initial assessment of the second area of altered skin integrity, was also noted on the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that the wound tracker that was to be used to document weekly wound assessments for the first area of altered skin integrity was not completed until a specified date, and not completed as required on four other dates.

The BPC RN further confirmed that the wound tracker for the resident's second area of altered skin integrity had not been completed from the date of the initial assessment on a specified date through to the date of the review. They further reported a weekly wound assessment should have been done on two specified dates and this was not done.

In an interview, the DOC reported that the wound tracker in Med e-care was to be used to document initial wound assessments and weekly wound assessments. They further reported that weekly wound assessments were to be completed every seven days.

Sources: Review of CO #002 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with an RPN, a CM, the BPC RN, DOC and other staff. [s. 50. (2) (b) (iv)] (196)

3. The inspector reviewed a resident's skin and wound care records which identified two areas of altered skin integrity.

On a specified date, there was an initial assessment of the first area of altered skin integrity noted in the wound tracker, and an initial assessment of the second area on another date, in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that the wound tracker that was to be used weekly for the first area of altered skin integrity was not completed on three dates and it should have been. They further confirmed that the wound

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

tracker should have been completed for the second area on a specific date, and it had not been completed.

Sources: Review of CO #002 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with the BPC RN and other staff. [s. 50. (2) (b) (iv)] (196)

4. The inspector reviewed a resident's skin and wound care records which identified two areas of altered skin integrity. On a specified date, there was an initial assessment of the first area noted on the wound tracker, and an initial assessment of the second area was noted on another date in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that on three dates, weekly wound assessments of the first area had not been completed in the wound tracker and they should have been done. In addition, the second area had not had a weekly wound assessment done on a specified date, as required.

An assessment completed on a specified date, indicated the status and details of the first area of altered skin integrity. The next assessment of this particular area, indicated the deteriorated condition and the details of the altered skin integrity.

In a further interview, the BPC RN confirmed to the inspector that a weekly wound assessment of the first area of altered skin integrity had not been completed after one specified date to another, and assessments should have been done.

Sources: Review of CO #002 from 2020_703625_0002, a resident health care records, home's skin and wound care management policy, and actions to correct order document; interviews with the BPC RN and other staff. [s. 50. (2) (b) (iv)] (196)

5. The inspector reviewed a resident's skin and wound care records which identified an area of altered skin integrity as documented in the progress notes on a specified date. An initial wound assessment was not located in the wound

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tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. The BPC RN confirmed that weekly wound assessments were not completed in the wound tracker on two specified dates.

In an interview, a RPN reported that initial wound assessments were supposed to be done in the wound tracker in Med e-care and sometimes they may make a progress note. The RPN further reported that weekly wound assessments were supposed to be done every seven days but sometimes they couldn't get them done. When asked how they know when a weekly wound assessment was required, they reported that the night staff printed a list of residents that required a weekly wound assessment that day.

In an interview, a CM reported that initial wound assessments were to be documented in the wound tracker in Med e-care and the weekly assessments were to be done every seven days in the same wound tracker. They further reported that progress notes were not to be used for wound assessments and all applicable areas of the wound tracker was to be used to document.

Sources: Review of CO #002 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with an RPN, a CM, the BPC RN and other staff. [s. 50. (2) (b) (iv)] (196)

6. The inspector reviewed a resident's skin and wound care records which identified an area of altered skin integrity.

On a specified date, there was an initial assessment of this area noted in the wound tracker.

In an interview, the BPC RN and the inspector reviewed the resident's skin and wound care records. BPC RN reported that they had received a note from an RPN on a specified date with concerns about this resident's altered skin integrity deterioration. The BPC RN stated the note indicated the concern in detail.

In an interview, a RPN reported to the inspector that the resident's area of

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altered skin integrity had deteriorated after a period of time and the RPN had specific concerns.

In an interview, another RPN reported to the inspector that a detailed note in the resident's progress notes could be done for an initial wound assessment; they wanted staff to use the wound tracker; and our manager had implemented the wound tracker to do weekly assessments for all wounds, around a month ago.

In an interview, an RN reported that the wound tracker was where initial and weekly wound assessments were to be recorded.

In an interview, a CM reported that registered staff were to document an initial wound assessment in the wound tracker and could use the text box to add detail; and this would also be used for a significant change of a wound. The CM further added that weekly wound assessments were to be done in the wound tracker every seven days and staff were not to use the progress notes for wound assessments.

An assessment completed on a specified date, indicated the status and details of the area of altered skin integrity. The next assessment of this particular area, almost two weeks later, and again approximately a week after that date, indicated the deteriorated condition and the details of the altered skin integrity.

The BPC RN confirmed that weekly wound assessments of the area of altered skin integrity had not been completed in the wound tracker over a ten day period and again for a 14 day period, and they should have been.

Sources: Review of CO #002 from 2020_703625_0002, a resident's health care records, home's skin and wound care management policy, and actions to correct order document; interviews with two RPNs, an RN, a CM, the BPC RN, and other staff. [s. 50. (2) (b) (iv)]

An order was made by taking the following factors into account:

Severity: There was actual risk of harm as two of five residents reviewed, that had not had weekly wound assessments documented in their respective wound trackers, had deterioration in their wounds.

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Scope: This was widespread as five out of five residents that were reviewed had not had consistent weekly wound assessments documented in their respective wound trackers.

Compliance History: The licensee continues to be in non-compliance with s. 50 (2) (b) of O. Reg. 79/10 resulting in a Compliance Order (CO) being re-issued. CO #001 and CO #002 was issued on May 21, 2020 (inspection #2020_703625_0002) with a compliance due date (CDD) of June 21, 2020. In the past 36 months, there was a Voluntary Plan of Correction (VPC) in this same section issued to the home. (196)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Nov 03, 2020

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2007, c. 8

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foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

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Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

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2007, c. 8

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foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of September, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Lauren Tenhunen

Service Area Office /

Bureau régional de services : Sudbury Service Area Office