

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée***

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119, rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

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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>
Nov 25, 2019	2019_569508_0032	017462-19	Complaint

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**Licensee/Titulaire de permis**

The Governing Council of the Salvation Army in Canada  
2 Overlea Blvd TORONTO ON M4H 1P4

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**Long-Term Care Home/Foyer de soins de longue durée**

R. H. Lawson Eventide Home  
5050 Jepson Street NIAGARA FALLS ON L2E 1K5

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

ROSEANNE WESTERN (508)

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

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

**This inspection was conducted on the following date(s): Novemerb 15, 18, 19, 2019.**

**Complaint inspection, log # 017462-19, related to skin and wound management was inspected during this inspection.**

**During the course of the inspection, the inspector toured the facility, observed the provision of care, reviewed resident clinical records, relevant policies and procedures and staff training records.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Resident Care (DRC), the Nurse Manager, registered staff, residents and family members.**

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

**Pain**

**Skin and Wound Care**

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

**3 WN(s)**

**2 VPC(s)**

**1 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. 48. Required programs**

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

- s. 48. (2) Each program must, in addition to meeting the requirements set out in section 30,**
- (a) provide for screening protocols; and O. Reg. 79/10, s. 48 (2).**
  - (b) provide for assessment and reassessment instruments. O. Reg. 79/10, s. 48 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the pain program must, in addition to meeting the requirements set out in section 30, where every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act, specifically the pain program and must, (b) provide for assessment and reassessment instruments.

A complaint was submitted to the Director on an identified date in 2019, related to skin and wound management. Resident #001 had an identified condition and was cognitively impaired.

On an identified date in 2019, the resident's family member brought forth concerns to staff that the resident was exhibiting a behaviour related to their condition.

A treatment plan was discussed with the physician and it was decided to try to apply a specific type of bandage to an identified area of the resident's body.

Eight (8) days later, a family member visiting resident #001 identified that the bandages were dirty and the resident had an alteration in skin integrity on the affected area. They reported this to registered staff who removed the bandages as requested by the family member. RPN #102 indicated that the dressings were visibly aged, and the resident had an alteration in skin integrity. Resident had also verbalized that they had pain.

Review of the home's Pain Management Policy indicated that when a resident's pain is not relieved by initial interventions, the resident will be assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Review of the resident's clinical records indicated that it was undetermined if the resident had pain after the bandages had been removed as no pain assessment had been conducted.

During discussion with the DRC, it was identified that the home was using a Pain Assessment in Advanced Dementia (PAINAD) scale; for cognitively impaired residents; however, were not using a pain assessment instrument for residents who were not cognitively impaired.

It was confirmed during interview with the DRC that a clinically appropriate assessment

instrument specifically designed for pain had not been implemented in the time of this inspection. [s. 48. (2) (b)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that there was a written plan of care for resident #001 that set out clear directions to staff and others who provided care to the resident.

A complaint was submitted to the Director related to the management of resident #001's skin and wound care. Resident #001 had an identified condition and was cognitively impaired.

On an identified date in 2019, the resident's family member brought forth concerns to staff that the resident was exhibiting a behaviour related to their condition.

A treatment plan was discussed with the physician and it was decided to try to apply a specific type of bandage to an identified area of the resident's body.

On an identified date in 2019, the resident's family member brought forth concerns to staff that the resident was exhibiting a behaviour related to their condition.

During review of the resident's clinical records, it was identified that there was a plan to use this specific type of bandage; however, there were no clear directions on when to change the bandages or if and when monitoring of the affected area was to be done.

It was confirmed with the Director of Resident Care that there were no clear directions in the resident's plan of care for staff who provided care to the resident. [s. 6. (1) (c)]

***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 there is a written plan of care for residents that sets out clear directions to staff and others who provide care to the resident, to be implemented voluntarily.***

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**WN #3: 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 the resident exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, that 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.

A complaint was submitted to the Director on an identified date in 2019 related to the management of resident #001's skin and wound care. Resident #001 had an identified condition and was cognitively impaired.

On an identified date in 2019, the resident's family member brought forth concerns to staff that the resident was exhibiting a behaviour related to their condition.

A treatment plan was discussed with the physician and it was decided to try to a specific type of bandage to an identified area of the resident's body.

Eight (8) days later, a family member visiting resident #001 identified that the bandages were dirty and the resident had an alteration in skin integrity on the affected area. They reported this to registered staff who removed the bandages as requested by the family member. RPN #102 indicated that the dressings were visibly aged, and the resident had

an alteration in skin integrity. Resident had also verbalized that they had pain.

During this inspection, the resident's clinical records were reviewed and it was identified that there were no orders to monitor or change the bandages that had been applied. It was also identified that the resident had an alteration in their skin integrity and staff did not conduct a skin assessment using a clinically appropriate assessment instrument.

It was confirmed during record reviews and during interview with the DRC that when the resident exhibited altered skin integrity including skin breakdown that they did not receive 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. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that the resident who 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, when clinically indicated.

Resident #002 had alterations in their skin integrity in several areas of their body. A review of the resident's clinical record indicated that treatments were being provided; however, over an identified period, weekly wound wound assessments were not always being conducted.

It was confirmed during record review and during interview with the DRC that the resident who exhibited skin integrity including skin breakdown, pressure ulcers and wounds were not reassessed at least weekly by a member of the registered nursing staff, when clinically indicated. [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 that when the resident is exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, that they receive 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 and is reassessed at least weekly, if clinically indicated, to be implemented voluntarily.***

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Issued on this 27th day of November, 2019

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

**Original report signed by the inspector.**

**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

**Ordre(s) de l'inspecteur**

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 Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** ROSEANNE WESTERN (508)

**Inspection No. /**

**No de l'inspection :** 2019\_569508\_0032

**Log No. /**

**No de registre :** 017462-19

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Nov 25, 2019

**Licensee /**

**Titulaire de permis :** The Governing Council of the Salvation Army in Canada  
2 Overlea Blvd, TORONTO, ON, M4H-1P4

**LTC Home /**

**Foyer de SLD :** R. H. Lawson Eventide Home  
5050 Jepson Street, NIAGARA FALLS, ON, L2E-1K5

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Lynne Blake

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To The Governing Council of the Salvation Army in Canada, 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 # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 48. (2) Each program must, in addition to meeting the requirements set out in section 30,  
(a) provide for screening protocols; and  
(b) provide for assessment and reassessment instruments. O. Reg. 79/10, s. 48 (2).

**Order / Ordre :**

The licensee must be compliant with r. 48(2)(b) of the O. Reg. 79/10,

Specifically, the licensee must:

1. Implement a clinically appropriate pain assessment instrument specifically designed for this purpose;
2. Provide all registered nursing staff education on the pain assessment tool implemented, including the home's pain management policy and maintain records on this training.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the pain program must, in addition to meeting the requirements set out in section 30, where every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act, specifically the pain program and must, (b) provide for assessment and reassessment instruments.

A complaint was submitted to the Director on an identified date in 2019, related to skin and wound management. Resident #001 had an identified condition and was cognitively impaired.

On an identified date in 2019, the resident's family member brought forth

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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

**Ordre(s) de l'inspecteur**

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

concerns to staff that the resident was exhibiting a behaviour related to their condition.

A treatment plan was discussed with the physician and it was decided to try to apply a specific type of bandage to an identified area of the resident's body.

Eight (8) days later, a family member visiting resident #001 identified that the bandages were dirty and the resident had an alteration in skin integrity on the affected area. They reported this to registered staff who removed the bandages as requested by the family member. RPN #102 indicated that the dressings were visibly aged, and the resident had an alteration in skin integrity. Resident had also verbalized that they had pain.

Review of the home's Pain Management Policy indicated that when a resident's pain is not relieved by initial interventions, the resident will be assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Review of the resident's clinical records indicated that it was undetermined if the resident had pain after the bandages had been removed as no pain assessment had been conducted.

During discussion with the DRC, it was identified that the home was using a Pain Assessment in Advanced Dementia (PAINAD) scale; for cognitively impaired residents; however, were not using a pain assessment instrument for residents who were not cognitively impaired.

It was confirmed during interview with the DRC that a clinically appropriate assessment instrument specifically designed for pain had not been implemented in the time of this inspection. [s. 48. (2) (b)]

In keeping with Ontario Regulation 79/10, section 299(1), this Compliance Order is made based on the application of the factors of severity of no harm/risk (1), scope of widespread (3), and previous non-compliance in a different subsection (2).

(508)

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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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 :**

Feb 28, 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

**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 Health and 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:

**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

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 Health and 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](http://www.hsarb.on.ca).

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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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

**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 de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



**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

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 de la Santé et 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](http://www.hsarb.on.ca).

**Issued on this 25th day of November, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Roseanne Western

**Service Area Office /**

**Bureau régional de services :** Hamilton Service Area Office