

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: January 7, 2025

Inspection Number: 2024-1585-0007

Inspection Type:

Complaint
Critical Incident

Licensee: Regional Municipality of Waterloo

Long Term Care Home and City: Sunnyside Home, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 17-20, 30-31, 2024 and January 6-7, 2025

The following intake(s) were inspected:

- Intake: #00130130 - CI #M578-000153 alleged neglect of a resident
- Intake: #00133259 - Complaint alleging improper skin and wound care for a resident

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Reporting and Complaints

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Integration of assessments, care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee failed to ensure that the physician, and two wound care Registered Practical Nurses (RPNs) collaborated with each other in the assessment of a resident's wound to ensure their assessments were consistent with and complemented each other.

Sources: clinical record review for the resident, and interview with an RPN.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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 injuries, skin tears or wounds,

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

The licensee failed to ensure that a resident's wound was reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

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Three weekly skin assessments were missed and wound photographs were not taken consistently with the weekly skin assessments, as required by the home's policy.

Sources: Skin and Wound Care Program" policy s-50, version 13, revised April 1, 2024, clinical record review for the resident, and interview with the DOC.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

As outlined in the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, revised September 2023, section 7.3 (b) stated that the IPAC lead is responsible for ensuring that audits are performed, at least quarterly, to ensure that all staff can perform the IPAC skills required for their role.

The licensee failed to ensure that the IPAC lead completed department-specific audits for all IPAC related tasks of each staffing role on a quarterly basis.

Sources: Interview with the IPAC lead

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COMPLIANCE ORDER CO #001 Plan of care

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The inspector is ordering the licensee to comply with a Compliance Order

[FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

a) Ensure that all nurses who work on Pioneer Tower home area, as well as the wound care team nurses, review the home's Skin and Wound Program, s-50, revised September 17, 2024, specifically related to when and how to involve other interdisciplinary team members, including but not limited to the NP, physician, and the Nurse Specializing in Wound Ostomy and Continence (NSWOC) for the management of resident wounds.

b) Keep a document in the home of the staff members name who completed the education, who provided the education, what the education consisted of, the date it occurred, and a signature by the staff member who completed

c) Audit all residents with wounds on Pioneer Tower home area to ensure the appropriate referrals to the interdisciplinary team have been completed for those wounds that meet the definition of "worsening or difficult to heal altered skin integrities".

d) Keep a written record of the audit, including the resident's name, location, the date the wound was identified, the type of wound and which team members are involved in their wound management.

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Grounds

The licensee has failed to ensure that there was a collaboration with the Nurse Practitioner (NP) and/or Physician in the wound care management for a resident.

The home's "Skin and Wound Care Program" policy s-50, revised April 1, 2024, stated that worsening or difficult to heal altered skin integrities will be referred to the Nurse Practitioner and/or physician.

At the time of the inspection, compliance concerns were identified with the home's skin and wound care program. A resident had an area of altered skin integrity for the course of 11 months and the wound care team did not involve the NP or physician until ten months after the wound was acquired. There was risk to the resident as the plan of care was not developed in collaboration with other team members, such as the NP and physician.

Sources: Skin and Wound Care Program" policy s-50, version 13, revised April 1, 2024, clinical record review for the resident, and interviews with an RPN, Nurse Specializing in Wounds, Ostomy and Continence (NSWOC) and the NP.

This order must be complied with by February 19, 2025

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REVIEW/APPEAL INFORMATION

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

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

The written request for review must include:

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

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

Director

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

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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

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Director

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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.