

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

Amended Public Report Cover Sheet (A1)

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| Amended Report Issue Date: February 28, 2025 |
| Original Report Issue Date: January 7, 2025 |
| Inspection Number: 2024-1585-0007 (A1) |
| Inspection Type: Complaint Critical Incident |
| Licensee: Regional Municipality of Waterloo |
| Long Term Care Home and City: Sunnyside Home, Kitchener |

AMENDED INSPECTION SUMMARY

This report has been amended to:
A Director Review was requested by the home. As a result, compliance order (CO) #001 was substituted with a Director's Order and issued in a separate report.

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Inspection Type:

Complaint
Critical Incident

Licensee: Regional Municipality of Waterloo

Long Term Care Home and City: Sunnyside Home, Kitchener

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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

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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

AMENDED INSPECTION RESULTS

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 (RPN) 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.

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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.

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

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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

(A1) Appeal/DREV #: DREV-0043 #212

The following non-compliance(s) has been amended: NC #004

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.