

**Order of the Director
Public Report
Cover Sheet****Date of the Order:** February 25, 2025**Director Order Number:** DO #001**Inspection Number:****Order Type:** Compliance Order s. 155 (1) (a)**Licensee:** Regional Municipality of Waterloo**Long Term Care Home and City:** Sunnyside Home, Kitchener**ORDER OF THE DIRECTOR SUMMARY**

Compliance Order #001 was issued in inspection report #2024-1585-0007 for the licensee's non-compliance with s. 6(4)(b) under the Fixing Long Term Care Act, 2021 (FLTCA).

Following a review of CO #001 pursuant to s. 169 of the FLTCA, CO #001 is altered and substituted by this Director's Order.

Order of the Director Public Report

Date of the Order: February 25, 2025
Director Order Number: DO #001
Inspection Number:
Order Type: Compliance Order s. 155 (1) (a)
Licensee: Regional Municipality of Waterloo
Long Term Care Home and City: Sunnyside Home, Kitchener

ORDER OF THE DIRECTOR SUMMARY

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Following a review of CO #001 pursuant to s. 169 of the FLTCA, CO #001 is altered and substituted by this Director's Order.

Background

Compliance Order #001 was issued in inspection report #2024-1585-0007 for the licensee's non-compliance with s. 6(4)(b) under the Fixing Long Term Care Act, 2021 (FLTCA). Following a review of CO #001 pursuant to s. 169 of the FLTCA, CO #001 is altered and substituted by this Director's Order.

Order: DO #001

To Regional Municipality of Waterloo, you are hereby required to comply with the following order by the date(s) set out below:

Pursuant to

Order pursuant to FLTCA, 2021,

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

Order

Regional Municipality of Waterloo, ('the licensee') is ordered:

1. Ensure that all nurses who work on the identified home area, as well as the wound care team nurses, review the LTC home's "Skin and Wound Program, s-50, revised/approved September 17, 2024" and receive education on the program. Education on the program must specifically address when a referral is to be made to other interdisciplinary team members, including but not limited to, the Nurse Practitioner (NP), Physician, and/or the Nurse Specializing in Wound Ostomy and Continence with respect to a resident's altered skin integrity.
2. Keep a record at the LTC home of the education provided, including the staff members who received the education, the person(s) providing it, the content of the education, the date(s) it was provided and a signature of the staff member indicating that they completed the education.

Grounds

The licensee did not ensure that the skin and wound care program for the LTC home was implemented as required.

The LTC home's skin and wound care program as captured in "Residents Care Service Manual, Number s-50 Policy revised/approved April 1, 2024," directed staff to complete a referral to the NP and/or Physician when a resident experienced worsening or difficult to heal altered skin integrity.

A further revised/approved version of the program policy dated September 17, 2024, directed staff that when residents with ongoing skin integrity issues experienced worsening or difficult to heal altered skin integrities, the RN/Team Lead or RPN should make a referral to the NP and/or Physician.

With respect to an identified resident's altered skin integrity:

- There was an 11-week period from May 1-July 20, 2024, in which assessments completed by several different RPNs indicated that the had an open area associated with excoriation.
- On May 11, 2024, an RPN assessed the resident and identified the open area as a pressure injury. Three days later, RPN #107 documented that the open area was not a pressure injury but rather Moisture-Associated Skin Damage (MASD).
- On May 18, 2024, RPN #107 documented that the sacrum looked worse and changed the resident's treatment. However, there was no referral to the NP/Physician, as required by the referral protocol of the skin and wound care program, despite the skin impairment worsening.
- By June 22, 2024, an assessment conducted by an RPN identified that the resident had now developed two open areas. Following this assessment, there was no referral to the NP/Physician despite delayed healing and the addition of another open area.
- On July 7, 2024, a floor RPN reported to a treatment RPN that the resident's wound was worse than before.

RPN #107 indicated that if the first line of treatment did not work and the area of the

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skin was not improving, they would contact either the NP or Team Lead RN and have them reach out to the Physician.

Resident #001's skin impairment was difficult to heal during the 11-week period, and at times, had a worsening progress to healing. There was no referral to the NP/Physician, as required by the program, despite the delayed healing, additional open area and worsening condition.

There was a 10-week period from September 4-November 11, 2024, in which several RPNs indicated that resident #001 had a wound documented as either a pressure injury or MASD.

- On September 4, 2024, RPN #107 indicated that resident #001's sacrum was deteriorating and there was an open area with excoriation.
- Several times, the residents wound was described as deteriorating, in fact, there are only three times from September 4-October 10, 2024, in which staff indicate the progression was improving.
- On October 17, 2024, an RPN identified the wound was deteriorating and an intervention to offload pressure to the resident's coccyx was implemented. The RPN updated the resident's treatment, updated the Team Lead and discussed adding an air mattress. They also and made a referral to the Registered Dietitian for nutritional assessment for wound healing. However, there was no referral to the NP/Physician to assess the residents worsening skin impairment.
- On October 23, 2024, the NP was notified via the doctor's rounds list that resident #001 had a decreased appetite. However, there was no indication that the resident had worsening skin impairment.
- On November 1, 2024, resident #001's wound was described as deteriorating and was now identified as a stage 2 pressure injury. There was no referral to the NP/Physician for assessment until November 12, 2024, despite several indications prior that the wound was worsening and difficult to heal.

When staff failed to make a referral to the NP or physician during times of healing difficulties or worsening skin impairment for resident #001, I find that the licensee was non-compliant with s. 53(1)2 of the Regulation for not implementing the program as required by the Regulation.

When staff did not make a referral to the NP or physician at times when resident #001's skin impairment was having difficulty healing or when it was worsening, I find that the licensee was non-compliant with s. 53(1)2 of the Regulation for not implementing its skin and wound care program as required by the Regulation and in a manner consistent with the licensee's referral protocol as part of the program.

This order must be complied with by: March 24, 2025

REVIEW/APPEAL INFORMATION**TAKE NOTICE**

Pursuant to s. 170 of the Fixing Long-term Care Act, 2021 the licensee has the right to appeal any of the following to Health Service Appeal Review Board (HSARB):

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
Toronto, ON M5S 1S4

Director

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

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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.