

**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**

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**Public Copy/Copie du rapport public**

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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>
May 31, 2021	2021_754764_0009	006079-21	Complaint

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**Licensee/Titulaire de permis**

The Wexford Residence Inc.  
1860 Lawrence Avenue East Toronto ON M1R 5B1

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

The Wexford  
1860 Lawrence Avenue East Scarborough ON M1R 5B1

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

NAZILA AFGHANI (764)

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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): April 26, 27, 28, 29, May 3, 4 and 5, 2021.**

**The following intake was completed in this complaint inspection: log #006079-21 related to skin and wound care.**

**During the course of the inspection, the inspector(s) spoke with The Executive Director (ED), Director of Care (DOC), Skin and Wound Care Coordinator, Screener, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Physiotherapist (PT) and Residents.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation  
Skin and Wound Care**

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

**2 WN(s)**

**2 VPC(s)**

**0 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. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the written policies and protocols for the skin care and wound management program were complied with for residents #001 and #017.

O. Reg. 79/10, s. 48 (1) 2 requires a skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. As required by O. Reg. 79/10, s. 30 (1) there must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes.

Skin care and wound management program policy with index #E-20, last reviewed March 18, 2021, indicated a Braden scale assessment must be completed upon a significant change in a resident's health status. A Braden scale assessment was required when an altered skin integrity progressed to a different stage.

Resident #001's assessment record showed that resident had an area of altered skin integrity and 20 days later a Braden scale assessment was done; 45 days after the assessment, the altered skin integrity progressed to a different stage but no Braden scale assessment was completed.

Interview with RPN #104 indicated that Braden scale assessment should be done with any change in condition of the altered skin integrity. They stated that it was missed for resident #001.

Resident #017's assessments record showed that resident had a new area of altered skin integrity on March and the Braden scale assessment was opened in PCC a month

later, but was not completed when resident's altered skin integrity progressed to a different stage within one and half months.

The skin and wound coordinator indicated that Braden scale should be used for wound deterioration or a significant change and they agreed that it was not always done as Resident Assessment Instrument-Minimum Data Set (RAI-MDS) assessment captured the significant change.

Interview with DOC revealed that Pressure Ulcer Risk Scale (PURS) and Braden scale assessment were capturing the same risk and stated the policy was not complied in using the Braden scale assessment for changes in wound staging..

Sources:

skin care and wound management program policy with index #E-20, Residents' #001 and #017's assessment records, interview with RPN #104, skin and wound coordinator and DOC. [s. 8. (1) (a),s. 8. (1) (b)]

***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 the written policies and protocols for skin care and wound management program are complied with, to be implemented voluntarily.***

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**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 :**

The licensee has failed to ensure that residents #001, #017 and #018, who were exhibiting altered skin integrity, received weekly wound assessments.

Review of resident #001's weekly wound assessment in clinical health records showed; resident #001 had a progressed altered skin integrity. No prior assessment of this area was found in the electronic record indicating altered skin integrity before this date.

RPN #104 confirmed that nothing was documented before resident #001's altered skin integrity had progressed. They stated that once a week, every 7 days, the altered skin integrity should be re-assessed.

Resident #001's weekly assessments showed gaps between 8 to 14 days in a 3 months period. Over this period the altered skin integrity worsened, and the resident was hospitalized.

Resident #017 had an area of altered skin integrity for two months. The resident's weekly wound assessments showed a gap of 14 days during this period. The altered skin integrity was stable but became bigger in size during this period.

Resident #018 had an area of altered skin integrity for five months and the resident's weekly wound assessments showed gaps between 8-9 days. At the end of six months, the altered skin integrity size became bigger and was recorded as deteriorating.

The skin and wound care coordinator indicated that weekly wound assessments should be performed every 7 days and if there were longer gaps in the assessments, it did not meet the expectation of weekly skin and wound assessment.

#### Sources:

skin care and wound management program policy with index #E-20, Clinical records of residents #001, #017 and #018, interview with RPN #104 and skin and wound coordinator. [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 residents with altered skin integrity are reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.***

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Issued on this 14th day of June, 2021

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

**Original report signed by the inspector.**