



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

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*

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : KELLY-JEAN SCHIENBEIN (158)

Inspection No. /

No de l'inspection : 2013_140158_0041

Log No. /

Registre no: S-0285,-S-0289,S-0290,S-0291

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jan 13, 23, 2014

Licensee /

Titulaire de permis : WIKWEMIKONG NURSING HOME LIMITED
2281 Wikwemikong Way, P.O. Box 114, Wikwemikong,
ON, P0P-2J0

LTC Home /

Foyer de SLD : WIKWEMIKONG NURSING HOME
2281 Wikwemikong Way, P.O. Box 114, Wikwemikong,
ON, P0P-2J0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Cheryl Osawabine-Peltier

**To WIKWEMIKONG NURSING HOME LIMITED, you are hereby required to comply
with the following order(s) by the date(s) set out below:**



**Ministry of Health and
Long-Term Care**

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

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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2013_140158_0013, CO #002;
existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. 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.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain.

O. Reg. 79/10, s. 48 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the home's skin and wound care program, specifically ensuring that a clinically approved instrument is used for wound assessments and that the home's wound care routines, wound care interventions and wound treatment protocols for skin tears, stage one wounds and stage two wounds are implemented. The plan shall be submitted in writing to Kelly-Jean Schienbein, Long Term Care Homes Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 159 Cedar Street, Suite 403, Sudbury, Ontario, P3E 6A5 or Fax at 705.564.3133. This plan must be submitted by January 31, 2014 and fully be implemented by March 1, 2014.

Grounds / Motifs :



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1. A Compliance Order was issued in the Follow Up Inspection # 2010_154_1856_08Nov102644. The Compliance Order was re-issued in Inspection # 2011_188_1856_11Mar100511 and re-issued in Follow Up Inspection # 2013_140158_0013, which was completed in June 2013. (158)

2. On December 18, 2013, the Inspector reviewed the home's "Skin Care and Wound Management" policy, which identified wound care routines, wound care interventions and wound treatment protocols for skin tears, stage one wounds and stage two wounds. The policy identified that a resident with impaired skin integrity will have a skin assessment within 24-hrs of admission, using a clinically approved instrument and that the resident's plan of care will be completed. The policy also identified that the medical directive, used to treat the wound, is written on the physician's order sheet.

When resident # 01 was admitted into the home, staff # S-110 identified in resident # 01 admission notes that the resident did have a wound present upon admission. A skin and wound assessment using a clinically approved instrument was completed 10 days after resident # 01 admission. The Inspector reviewed resident # 01 plan of care on December 18, 2013 and the identification of resident # 01 wound and subsequent interventions were not documented. A written treatment for resident # 01 wound was not documented on the doctor's order sheet.

The licensee failed to ensure that the skin and wound care program, which promotes skin integrity, prevents the development of wound and pressure ulcers and provides effective skin and wound interventions was implemented in the home.

(158)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 01, 2014



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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 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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 23rd day of January, 2014

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** KELLY-JEAN SCHIENBEIN

**Service Area Office /
Bureau régional de services :** Sudbury Service Area Office



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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

Sudbury Service Area Office
159 Cedar Street, Suite 403
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar, Bureau 403
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 13, 23, 2014	2013_140158_0041	S-0285,-S- 0289,S- 0290,S-0291	Follow up

Licensee/Titulaire de permis

WIKWEMIKONG NURSING HOME LIMITED
2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P-2J0

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

WIKWEMIKONG NURSING HOME
2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P-2J0

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

KELLY-JEAN SCHIENBEIN (158)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 16 -19, 2013

Logs # S-000285-13, S-000289-13, S-000290-13, S-000291-13 and S-00045-13 were reviewed.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Food Service Supervisor, Registered Nursing Staff, Personal Support Workers, maintenance staff and residents.

During the course of the inspection, the inspector(s) conducted a walk through of various resident care areas, observed staff to resident interactions, reviewed health care records of residents and reviewed various policies and procedures within the home.

The following Inspection Protocols were used during this inspection:

**Hospitalization and Death
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home
Skin and Wound Care**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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



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Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
 - 2. 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. O. Reg. 79/10, s. 48 (1).**
 - 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
 - 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**
-

Findings/Faits saillants :



1. On December 18, 2013, the Inspector reviewed the home's "Skin Care and Wound Management" policy, which identified wound care routines, wound care interventions and wound treatment protocols for skin tears, stage one wounds and stage two wounds. The policy identified that a resident with impaired skin integrity will have a skin assessment within 24-hrs of admission, using a clinically approved instrument and that the resident's plan of care will be completed. The policy also identified that the medical directive, used to treat the wound, is written on the physician's order sheet.

When resident # 01 was admitted into the home, staff # S-110 identified in resident # 01 admission notes that the resident did have a wound present upon admission. A skin and wound assessment using a clinically approved instrument was completed 10 days after resident # 01 admission. The Inspector reviewed resident # 01 plan of care on December 18, 2013 and the identification of resident # 01 wound and subsequent interventions were not documented. A written treatment for resident # 01 wound was not documented on the doctor's order sheet.

The licensee failed to ensure that the skin and wound care program, which promotes skin integrity, prevents the development of wound and pressure ulcers and provides effective skin and wound interventions was implemented in the home. [s. 48. (1) 2.]

2. A Compliance Order was issued in the Follow Up Inspection # 2010_154_1856_08Nov102644. The Compliance Order was re-issued in Inspection # 2011_188_1856_11Mar100511 and re-issued in Follow Up Inspection # 2013_140158_0013, which was completed in June 2013. [s. 48. (1) 2.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).



Findings/Faits saillants :

1. On December 16, 2013, during a tour of the home, the Inspector observed that resident # 02 was using the toilet in a washroom located in the hallway located on one of the home's units. The door to the washroom was wide open and privacy was not provided to resident # 02. [s. 3. (1) 8.]
2. On December 17, 2013 at 15:15h, the Inspector observed that staff # S-104 assisted resident # 02 onto the toilet in the washroom located in one of the home's units. The door was left opened and a privacy screen, which was in the hall was not used to provide privacy to resident # 02.
The licensee did not ensure that resident # 02 was afforded privacy in caring for their personal care was provided. [s. 3. (1) 8.]

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 ensuring that residents, including resident # 02, are afforded privacy in caring for their personal needs, specifically toileting assistance, to be implemented voluntarily.

**WN #3: 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).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. Resident # 04 was admitted to the hospital and was re-admitted to the home twenty five days later.

On December 18, 2013, the Inspector reviewed resident # 04 health care record. It was documented in resident # 04 progress notes that the hospital had communicated to the home the changes to resident # 04 care needs.

On December 18, 2013, the Inspector spoke with staff # S-110 who confirmed that resident # 04 condition had significantly changed.

Resident # 04 plan of care was reviewed by the Inspector on December 18, 2013.

Resident # 04 plan of care identified resident # 04 care needs required prior to their return from hospital and did not identify their current care needs. Although acute and chronic pain was identified, the interventions were generic and not specific to resident # 04 new pain.

The licensee did not ensure that there is a written plan of care for resident # 04 that sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. When resident # 01 was admitted into the home, staff # S-110 identified in resident # 01 admission notes that the resident did have a wound, present upon admission.



The Inspector reviewed resident # 01 plan of care on December 16, 2013, which identified that resident # 01 was at risk for skin breakdown, however, the identification of resident # 01 present wound and subsequent interventions were not documented in the plan of care.

The licensee did not ensure that there is a written plan of care for resident # 01 that sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

3. On December 17, 2013, the Inspector observed that resident # 02 was sitting in their wheel chair (w/c) in a 45 degree angle and at a risk of sliding out of the chair. Resident # 02 feet were not supported on the footrest. The resident's plan of care identified that when the resident is sitting in his w/c, ensure that their feet are well supported and that the resident is sitting at 90 degrees angle to prevent sliding. The licensee did not ensure that resident # 02 was provided with the care, as specified in their plan of care. [s. 6. (7)]

4. On December 18, 2013, the Inspector observed that resident # 03 was sitting in their wheel chair (w/c) with their feet unsupported. There were no foot rests on the wheel chair. The resident's plan of care identified that when the resident is sitting in their w/c, ensure that their feet are well supported in the foot rests and that the resident is sitting at 90 degrees angle to prevent sliding. The licensee did not ensure that resident # 03 was provided with the care as specified in their plan of care. [s. 6. (7)]

5. Resident # 04 was admitted to the hospital and was re-admitted to the home twenty five days later.

On December 18, 2013, the Inspector reviewed resident # 04 health care record. It was documented in resident # 04 progress notes that the hospital had communicated to the home the changes to resident # 04 care needs.

On December 18, 2013, the Inspector spoke with staff # S-110 who confirmed that resident # 04 condition had significantly changed.

The Inspector reviewed the resident's health care record and did not find that a change in status assessment was completed in MDS. Resident # 04 plan of care was reviewed and the plan of care did not identify the resident's change. The licensee did not ensure that resident # 04 was reassessed and the plan of care reviewed and revised when resident # 04 care needs changed. [s. 6. (10) (b)]



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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 ensuring that the written plans of care for resident # 01 and resident # 04, set out clear directions to staff and others who provide direct care to the residents, ensuring that care as specified in the plan of care is provided to resident # 02 and resident # 03 and ensuring that residents, especially resident # 04 are reassessed and their plans of care are reviewed and revised when their care needs change, to be implemented voluntarily.

WN #4: 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 :



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Homes Act, 2007**

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

1. On December 17, 2013, staff # S-111 stated to the Inspector that resident # 02 was exhibiting altered skin integrity. The Inspector reviewed resident # 02 health care record. The weekly skin and wound assessments completed by the Registered staff showed that resident # 02 had altered skin integrity. The records also showed that resident # 02 received one of the home's wound care treatment protocol for a wound. The Inspector noted that the only assessment completed by the dietitian was completed three months ago and did not identify any skin impairment issues. As of December 17, 2013, the dietitian had not assessed resident # 02. The licensee did not ensure that resident # 02, who is exhibiting altered skin integrity was assessed by a registered dietitian who is a member of the staff of the home. [s. 50. (2) (b) (iii)]

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 ensuring that residents who are exhibiting altered skin integrity are assessed by a registered dietitian who is a member of the staff of the home, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training



Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

1. An order for LTCHA s. 26 (1) was issued in April 2013 during Inspection 2013_099188_0013. The order directed the home to ensure that all staff members of the home receive training/re-training regarding one of the home's policies. On December 16, 2013, the Inspector spoke with the DOC, who identified that a "read and sign" training session of this policy, was held for the staff, four months ago. On December 16, 2013, the Inspector reviewed the home's staff schedule and compared it to the pre-populated names on the "read and sign" training attendance sheet for this policy. There were 10 staff members on this sheet, who had not signed or dated that they had read the policy. Throughout the inspection, the Inspector interviewed 5 of the 10 staff members (listed on the attendance sheet) and they stated that they had not participated in the policy "read and sign" training session. The licensee did not ensure that staff receive training in the area of a specific policy prior to performing their responsibilities. [s. 76. (2) 5.]



WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. On December 16 and 17, 2013, a strong urine smell in one of the washrooms located in one of the home's units was noted by the Inspector. The Inspector spoke with the staff # 110, who identified that procedures to address incidents of lingering odours, were not developed. On December 17, 2013, two residents whose bedroom is in close proximity to this washroom stated to the Inspector that the smell is constant and bothersome. The licensee did not ensure that incidents of lingering odours were addressed. [s. 87. (2) (d)]

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 17. (1)	CO #001	2013_140158_0013	158
LTCHA, 2007 S.O. 2007, c.8 s. 26. (1)	CO #001	2013_099188_0013	158
O.Reg 79/10 s. 50. (2)	CO #003	2013_140158_0013	158



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

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

Issued on this 23rd day of January, 2014

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

A handwritten signature in cursive script, appearing to read "Scherber".